Neighborhood Stabilization Program Owner's Certification of Continuing Program Compliance

To: ARKANSAS DEVELOPMENT FINANCE AUTHORITY:

Certification	From:				To:		
Dates:	1.0	January ¹	1.			cember 3	1.
Project Name:		- January	-,	ı		, , , , , , , , , , , , , , , , , , , 	-,
Project Address:					City:		Zip:
Contact	Phone:				Fax:		<u> </u>
Information:							
Email:							
Project Owner:							
Name of responsib	ole party ex	cecuting					
Certification:		_					
Name of person pr	reparing ce	ertification:					
No Building	gs have be	en placed in Se	rvice: Comple	ete above t	hen comp	lete pgs	4, 5, & 6
PROJECT INFORM	MATION:						
Total # of NSP Uni	ts:						
Fixed or Floating:			Fixed			Flo	pating
Total Required 50°	% units:						•
Total Required 120	0% units						
		0 bedroom	1 bedroom	2 bedroo	m 3 be	droom	4 bedroom
RENTS							
Current units at 50)%						
Current units at 51	%-60%						
Current units at 61	%-120%						
	105						
UTILITYALLOWAN	VCE						
Have the utility all	owenese b	aan undatad in					
Have the utility alle		een upaatea m		Yes		Ш	No
Has there been a r		so in the last					
twelve months?	ciit iiici ca	sc iii tiic iast		Yes		Ш	No
twelve months.							
List other Project Funding:							

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Certification is due by February 1st of each year.

	The undersigned, on behalf of (Ownership Entity) hereby
	certifies all NSP assisted units comply with the NSP Program Regulations as they apply to the
	following:
1.	The owner certifies that they have complied with all requirements as outlined in the NSP
	Agreement.
	☐ Yes
_	□ No
2.	The project meets the Unit Income designation requirements as outlined in the NSP Agreement.
	☐ Yes
	□ No
3.	Project rents are within NSP Rent Limits Published by HUD (based on a three tier rent schedule,
	unit size and percentage of income of the household).
	∐ Yes
	□ No
4.	The owner certifies that they have all tenants execute a lease and/or attach a Lease Addendum
	that allows changes to address NSP rent and recertification requirements.
	☐ Yes
	□ No
5.	The owner has updated the utility allowance in the last twelve months and adjusted the rents as
J .	applicable to maintain compliance with the current rent limits.
	∐ Yes
	□ No
6.	The owner certifies that all households have been income certified at initial occupancy per NSP
	Program Requirements.
	☐ Yes
7	— 140
7.	The owner certifies that all households have been recertified within 12 months of the move-in date
	utilizing ADFA's Self Certification Form or completing a full recertification.
	□ Yes
	□ No
8.	The owner has completed outreach, marketed the project according to the Affirmative Fair
	Housing Marketing Plan, (AFHMP), and has adopted and follows the projects tenant selection
	policies and criteria.
	. □ Yes
	∐ No

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9.		ner certifies that they have maintained a waiting list of all applicants and select from this ording to their written tenant selection procedures. The waiting list has been maintained
		ing to the record retention policy.
		Yes
10	The ow	No ner certifies that each building and all NSP-assisted units in the project are suitable for
	occupa	
		Yes
		No
11.	Agreen	ner certifies that they have retained the NSP Program Records as outlined in the NSP nent and will maintain these records (5) years after the applicable Required Affordability
	Period.	
		Yes
40		No
12.		ner certifies that they have Maintained ADFA's tenant data reporting with any is by the 15 th of the following month of the change.
		Yes
	$\overline{\Box}$	No
13	The ow	no ner certifies that they have updated all program documents to ADFA's Property
		ement Portal as required annually.
		Yes
		No
	_	
	If you h	ave answered NO to any of the above questions, it will be necessary to provide an
	•	ation below:
	uestio	Dravida avalenation for any questions analysed NO
	lumber	Provide explanation for any questions answered NO
I	lullibei	

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Important Note: Failure to complete this form in its entirety will result in non-compliance with program requirements. In ADDITION, only the responsible party is authorized to execute this form. The project is otherwise in compliance with NSP Program and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

	Name of Ownership Entity
	Signature of Owner Responsible Party
	(Printed Name of Responsible Party)
:	
e:	

ACKNOWLEDGMENT

STATE OF			
COUNTY OF	_		
On thisday of appeared foregoing instrument.			-
Given under my hand and seal this	day of _	, 20 .	
(Seal)	Notary	y Public	
My commission Expires:			

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CURRENT OWNERSHIP AND MANAGEMENT INFORMATION

	CURRENT OWNERSHIP			
Legal Owner Name and Taxpayer EIN:				
Owner Complete Mailing Address:				
Owner Contact Person, including phone number, email address, and fax number:				
Name of General Partner and person responsible for signing documents:				
Status of Partnership (LP, LLC, etc.):				
MANAGEMENT CONTACT INFORMATION				
Management Company Name and EIN:				
Management Company Complete Mailing Address:				
Management Company Contact Person:				
Management Company Contact Person's Phone Number				
Management Company Contact Person's email address:				
Management Company's fax number:				

Annual Document Upload List Due February 1st

Advertisements Completed Jan thru Dec of Certification Year
Audited Financials
Bank Statements for December of Certification Year Operating Account, Reserve Account and Security Deposit
Budgets for Upcoming Year
Building Certifications for Certification Year-Smoke Alarms, Elevators, etc.
Evictions for previous year
Move Out Reason for previous year
Property Insurance Policy – Current
Property Paid Tax Receipt (example 2022 we should see 2020 paid receipt)
Rent Roll (Mang. with set aside designations)
Rent Schedules — (per bedroom/bath/set aside)
Rent Special Notices for Certification Year
Social Services Provided for Certification Year – (requirements in LURA)
Utility Allowance Verification documents and Chart
Waiting List Jan thur Dec of Certification Year

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