

Neighborhood Stabilization Program Owner's Certification of Continuing Program Compliance

To: ARKANSAS DEVELOPMENT FINANCE AUTHORITY:

Certification Dates:	From: January 1,	To: December 31,
Project Name:		
Project Address:	City:	Zip:
Contact Information:	Phone:	Fax:
Email:		
Project Owner:		
Name of responsible party executing Certification:		
Name of person preparing certification:		

No Buildings have been placed in Service: Complete above then complete pgs 4, 5, & 6

PROJECT INFORMATION:

Total # of NSP Units: _____

Fixed or Floating: **Fixed** **Floating**

Total Required 50% units: _____

Total Required 120% units: _____

	0 bedroom	1 bedroom	2 bedroom	3 bedroom	4 bedroom
<i>RENTS</i>					
Current units at 50%					
Current units at 51%-60%					
Current units at 61%-120%					
<i>UTILITY ALLOWANCE</i>					

Have the utility allowances been updated in the last 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has there been a rent increase in the last twelve months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

List other Project Funding:

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 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
 No
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

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)

Title: _____

Date: _____

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, a notary public, personally appeared _____, and acknowledge that he/she executed the foregoing instrument.

Given under my hand and seal this _____ day of _____, 20____.

(Seal)

Notary Public

My commission Expires: _____

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