

# OWNER'S CERTIFICATE OF CONTINUING LIHTC PROGRAM COMPLIANCE

To: West Virginia Housing Development Fund  
 C/O Spectrum Enterprises, Inc.  
 545 Shore Road  
 Cape Elizabeth, ME 04107

<input type="checkbox"/> No buildings have been Placed in Service <input type="checkbox"/> At least one building has been placed in Service but owner elects to begin credit period in the following year. If either of the above applies, please check the appropriate box, and proceed to page 3 to sign and date this form.
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<b>Certification Dates:</b>	<b>From:</b> January 1, 20	<b>To:</b> December 31, 20
<b>Project Name:</b>		<b>Project No:</b>
<b>Project Address:</b>		<b>City:</b> _____ <b>Zip:</b> _____
<b>Tax ID # of Ownership Entity:</b>		

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Owner"), hereby certifies to the Department of Housing and Community Development ("the Authority") that:

- I. The project met the minimum requirements of: (check one)
- 20 - 50 test under Section 42(g)(1)(A) of the Code
  - 40 - 60 test under Section 42(g)(1)(B) of the Code

And, if applicable to the project: (check)

- 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code;

- II. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B)) of any building in the project, or that there was a change and description of the change;
- NO CHANGE**       **CHANGE**

If "**Change**" list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3.

- III. The owner has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority described in paragraph (b)(1)(vii) of Section 1.42-5;
- YES**       **NO**

- IV. Each low-income unit in the project has been rent-restricted under Section 42(g)(2);
- YES**       **NO**

- V. All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court;
- YES**       **NO**

- VI. The buildings and low-income units in the project were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the State or local government unit responsible for making local health, safety, or building code inspections did not issue a violation report for any building or low-income unit in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Authority under paragraph (c)(1) of Section 1.42-5. In addition, the owner must state whether the violation has been corrected;
- YES**       **NO**



**Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.**

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

By: \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Ownership Entity)  
\_\_\_\_\_  
(Owner Phone Number)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Signed sealed and delivered in the presence of:**

Notary: \_\_\_\_\_

Witness: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

(NOTARY PUBLIC SEAL)

**PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “NO” OR “CHANGE” ON QUESTIONS 1-14.**

Question #	Explanation

**CHANGES IN OWNERSHIP OR MANAGEMENT**  
(to be completed **ONLY** if “CHANGE” marked for question 14 above)

**TRANSFER OF OWNERSHIP**

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

**CHANGES IN OWNER CONTACT**

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

**CHANGES IN MANAGEMENT CONTACT**

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	