

**OWNER'S CERTIFICATE OF CONTINUING  
1602 PROGRAM COMPLIANCE**

To: Development Bank of American Samoa  
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 # or S.S. # of Owner(s):</b>			

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Owner"), hereby certifies to the

Development Bank of American Samoa ("the Authority") that:

- I. The project met the minimum requirements of the 40 - 60 test under Section 42(g)(1)(B) of the Code.  
 YES                       NO
  
- 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 DBAS 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.  
 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
  
- VII. There was no change in the eligible basis (as defined in Section 42(d)) of any building in the project, or if there was a change, the nature of the change (e.g., a common area has become commercial space, or a fee is now charged for a tenant facility formerly provided without charge);  
 NO CHANGE                       CHANGE

If "**Change**", state nature of the change on page 3.

VIII. All tenant facilities included in the eligible basis under Section 42(d) of any building in the project, such as swimming pools, other recreational facilities, and parking areas, were provided on a comparable basis without charge to all tenants in the building;

YES  NO

IX. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income.

YES  NO

X. An extended low-income housing commitment as described in Section 42(h)(6) was in effect.

YES  NO

XI. All low-income units in the project were used on a nontransient basis.

YES  NO

XII. There has been no change in the ownership or management of the project;

NO CHANGE  CHANGE

If "Change", complete page 3 detailing the changes in ownership or management of the project.

XIII. The Owner complies with Internal Revenue Service ("IRS") Revenue Ruling 2004-82, Prohibiting the eviction of a Low Income tenant (other than for good cause) from any low-income unit (no-cause eviction protection) and any increase in the gross rent with respect to the unit not otherwise permitted under § 42.

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)

\_\_\_\_\_  
(Ownership Entity)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Owner Phone Number)

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

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

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

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

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

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

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

(NOTARY PUBLIC SEAL)

**CHANGES IN OWNERSHIP OR MANAGEMENT**  
(to be completed **ONLY** if “CHANGE” marked for question 12 above)

**PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “NO” OR “CHANGE”.**

Question #	Explanation

**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:	