

LIHTC OWNER'S CERTIFICATE OF EXTENDED USE COMPLIANCE

Mail To: Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, OR 97301-1266

Certification Dates:	From: January 1, _____	To: December 31, _____	
Property Name:			Property No:
Property Address:			City: _____ Zip: _____
Tax ID # of Ownership Entity:	Property is 100% LIHTC: <input type="checkbox"/> YES <input type="checkbox"/> NO		Year Extended Use Period Began: _____

The undersigned _____ as, or on behalf of

_____ (the "Owner"), hereby certifies that:

1. The property has maintained the applicable fraction by leasing to households whose incomes at placement met the minimum requirements stated within the Reservation and Extended Use Agreement of the: (check one)

- 20 - 50 test** (20% of the units at 50% of area median income)
- 40 - 60 test** (40% of the units at 60% of area median income)

2. The owner has obtained a Tenant Income Certification from each low-income household, along with third-party documentation to support each certification:

- YES** **NO**

3. Each low-income unit in the property has remained rent-restricted in accordance with the Reservation and Extended Use Agreement, including units where household income has increased above the area median income limit:

- YES** **NO**

- Is there a unit designated for staff? **YES** **NO**
- Is there more than one designated staff unit? **YES** **NO**
- Does each staff- household LIHTC income-qualify? **YES** **NO**
- Is rent being collected for the staff unit/s? **YES** **NO**
- Has staff unit been approved by OHCS** **YES** **NO (if NO, submit OHCS.11 and explanation)**
- Has staff unit been changed?** **YES** **NO (if YES, submit OHCS.11 and explanation)**

List current staff unit/s: _____

4. All low-income units in the property are and have been for use by the general public who qualify under the applicable election and used on a non-transient basis (except for transitional housing for the homeless):

- YES** **NO** **HOMELESS**

5. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred at this property. A finding of discrimination includes an adverse final decision by the Secretary 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:

- FINDING** **NO FINDING**

6. Each building in the property is and has been 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 building code inspections did not issue a report of a violation for any building or low income unit in the property.

- YES** **NO**

If "No", state nature of violation of habitability standards on page 3 and attach a copy of the violation report. Submit documentation of all corrections made.

7. The owner has made every attempt (within financial reason) to continue to provide tenant services as stated in the initial application:

YES NO

8. Any evictions of tenants of a low-income unit in any building were executed only for good cause, as required in Section 42(h)(6)(B)(i) of the Code, as described in Q&A of Rev. Rul. 2004-82.

YES NO

9. An extended low-income housing commitment as described in Section 42(h)(6) was in effect, including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the property to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the property otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment:

YES NO

10. The owner has complied with all other rules and restrictions as required under the current year's Qualified Allocation Plan (QAP) and within the Reservation and Extended Use Agreement:

YES NO

11. There has been no change in the ownership or management of the property in the past 12 months:

CHANGE NO CHANGE

12. There is a possibility that a change in ownership or management may occur in the next 12 months:

CHANGE NO CHANGE

If "Change", complete page 4 detailing the changes in ownership or management of the property. (*Note: Change in Management Agent requires pre-approval from OHCS*)

If possibility of change list details.

Attached hereto is:

- ♦ The Annual Reporting Spreadsheet ("Required" form, [OHCS.10](#))
- ♦ The current utility allowance information (PHA or source documentation must be provided)

Please note that failure to complete this form in its entirety will result in noncompliance with program requirements and may result in the denial of future allocations of housing credits. In addition, any individual other than an owner or general partner of the property is not permitted to sign this form, unless documentation to support signature authority is attached.

Under penalty of perjury, the undersigned certifies that the information presented within this document, as well as all attachments provided, is true and accurate and that the property is in compliance with the Reservation and Extended Use Agreement, the applicable Qualified Allocation Plan, and all other applicable laws, rules, and regulations. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Print Name: _____

Organization: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

PROPERTY NAME: _____

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

Question #	Explanation

PROPERTY CONTACT INFORMATION

Property Name: _____ Address: _____

Contact Information: *(Please **print** clearly or type information submitted)*

Designated Owner: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Vested Owner *(of real property):* _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Individual with Signing Authority *(if different):* _____

Management Company: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Portfolio Manager: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

On-site Manager: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Party responsible for correspondence with this office (check one): Owner Management Agent

Property Contact Information form completed by:

Print Name: _____

Organization: _____

Signature: _____

Date: _____