

VERTICAL HOUSING PROGRAM

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Certification Period: January 1, 2016 through December 31, 2016

Property Name:	
Property Address:	
City, State and Zip:	

The undersigned _____ as, or on behalf of _____ (Owner), hereby certifies the following:

1. The Property has maintained the mix of residential and non-residential uses as originally presented in the Property Application, as identified in Exhibit B (attached to the Property Use Agreement):
YES NO

2. The Property qualifies for a 10-year partial exemption from ad-valorem property taxes imposed by local taxing districts, as identified in the certification issued by the Department (OHCS) under ORS 307.857 (7), and beginning with the execution of the Property Use Agreement, because it consists of the equivalent of: (check one)
 - One** residential equalized floor – qualifies for a **20%** improvement exemption
 - Two** residential equalized floors – qualifies for a **40%** improvement exemption
 - Three** residential equalized floors – qualifies for a **60%** improvement exemption)
 - Four or More** residential equalized floors – qualifies for an **80%** improvement exemption

3. Of the total eligible equalized floors, the following selected number of floors are restricted to affordable (or low-income) households earning up to 80% of the area median income (AMI), adjusted by family size, as determined by the Department: (check one)
 - None** – does not qualify for a land exemption
 - One** low-income equalized floor – qualifies for a **20%** land exemption
 - Two** low-income equalized floors – qualifies for a **40%** land exemption
 - Three** low-income equalized floors – qualifies for a **60%** land exemption
 - Four** or More low-income equalized floors – qualifies for an **80%** land exemption

4. No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for 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:
No Finding Finding
If "Finding", state the nature of the finding on a separate sheet of paper and attach to this certification.

5. 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 entity responsible for making building code inspections did not issue a report of a violation for any building in the property.
YES NO
If "No", state the nature of the violation on a separate sheet of paper and attach to this certification.

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

6. Per OAR 813-013-0050 (4), “Modifications to or transfers of ownership of a Certified Vertical Housing Development Property must receive prior written approval from the Department”. Failure to obtain prior written approval may result in the decertification of all or a portion of the Certified Property. (check one)

No Change - owner of record remains the same as what was represented in the Property Application

Changes – current owner differs from what the Property Application represented

Please note that 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 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 Code, including any Treasury Regulations, the applicable State 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: _____