

HOME OWNER'S CERTIFICATE OF CONTINUING PROGRAM 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: _____

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

1. The owner is in compliance with the initial, annual, and self-certification requirements as specified in 24 CFR Part 92 and the Oregon Housing current HOME compliance manual.
 YES NO
2. Each HOME unit in the property has been rent restricted or had rents adjusted per the provisions of 24 CFR Part 92: Current rents have been pre-approved by OHCS: YES NO
 Provide the date of the last rent increase approval: _____
3. All low-income units in the property are and have been for use by the general public and used on a non-transient basis.
 YES NO
4. Each HOME unit in the property has been inspected and is suitable for occupancy, taking into account local health, safety, and building codes (*or other habitability standards as required by HUD and OHCS*), and the state or local government unit responsible for making building code inspections did not issue a report of violation for any building or HOME unit in the property: YES NO
 If "No", state nature of violation on page 2 and attach a copy of the violation report and any documentation of correction.
5. An extended low-income housing commitment was in effect, including the requirement 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. 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
6. There has been no change in the ownership or management of the property in the past 12 months:
 CHANGE NO CHANGE
 If "Change", complete page 3 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.
7. The Owner is aware of the conflict of interest provisions outlined in 24 CFR 92.356 and hereby certifies they are not in violation of this regulation.
 YES NO

Attached hereto is:

- ♦ The Annual HOME Monitoring Report listing all activity in unit for the reporting year.
- ♦ 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. 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 with 24 CFR Part 92 and all other applicable laws, rules, and regulations.

Print Name: _____ Organization: _____
 Title: _____ Phone: _____
 Signature: _____ Date: _____

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.

PROPERTY NAME: _____

**PLEASE EXPLAIN ANY ITEMS THAT WERE
ANSWERED “NO”, “CHANGE” OR “FINDING” ON QUESTIONS 1-6**

Question #	Explanation

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.

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: _____

HOME MONITORING REPORT:

Property: _____

Date: _____

Address: _____

Reporting Period: _____

County: _____

Person Completing Report: _____

Number of Units in Property: _____

Fixed **Floating (check applicable)

Number of HOME Units: _____

Date of Last Unit Inspections: _____

Number of HOME Like Units: _____

***Date of last Utility Allowance Review: _____

Number of Low HOME Units: Studio _____ 1 bdrm _____ 2 bdrm _____ 3 bdrm _____ 4 bdrm _____

Number of High HOME Units: Studio _____ 1 bdrm _____ 2 bdrm _____ 3 bdrm _____ 4 bdrm _____

Unit #	# of Bdrm	Low/High HOME Unit	HOME Like Unit	Tenant Name	Current HH Size	Current HH Income (Gross)	Move-in Date	Date unit became HOME (floating)	Move-in HH Income (Gross)	Date of Last Income Recert.	Current Low/High HOME Rent	Gross Unit Rent	Tenant Paid Rent	Current UA	Subsidy Pmt.
*101	2	L	X	Doe	3	\$9,600	01/01/10	02/01/10	\$14,000	01/01/11	569	485	405	80	N/A

*First Row is an Example
 **All units (including non-home units) should be listed on this report if the property has floating HOME units
 ***Documentation of last utility allowance review should be attached

