



- 5) The lease agreement used for each unit was the same lease as was originally put into effect at the start of the property. It includes all provisions required by the PHFA Multifamily Housing Management Programs Property Operations Manual and includes all required provisions and does not include prohibited provisions.

YES       NO       NA      **If NO or NA, please explain:**

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- 6) The Resident Grievance Procedure was in effect throughout the entire year.

YES       NO      **If NO, please explain:**

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- 7) For CHDOs only: The project has maintained a Resident Participation Program which has participated in the management of the project.

YES       NO       NA      **If NO or NA, please explain:**

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- 8) For the projects comprised of buildings (or any part of a building) originally constructed or built prior to 1978, a new federal regulation (24 CFR Part 35) governing lead-based paint will be applicable. (Implementation dates for these new regulations may vary from jurisdiction to jurisdiction and based on program participation.) If applicable, Owner must have a clearance certification (performed by a qualified entity under the regulations) for (1) each unit occupied by a resident household with a child under the age of six receiving tenant-based rental assistance or (2) any project available for general occupancy receiving federally funded project-based rental assistance. The project is fully compliant with any applicable requirements of 24 CFR Part 35.

YES       NO       NA

If applicable, provide evidence that tenant file includes copy of any clearance certifications.

- 9) a. An up-to-date Affirmative Fair Housing Marketing Plan is in the property files, and a copy of this AFHMP has been submitted to PHFA.

YES       NO

- b. This plan has been reviewed by the owner and the affirmative marketing requirements have been met.

YES       NO

- c. If the affirmative marketing requirements have not been met, the owner has attached a plan of corrective action to meet the requirements.

YES       NO       NA      **If NO or NA, please explain:**

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- d. If accessible units are vacant or are not filled with residents needing the features, outreach and marketing efforts are made to appropriate organizations serving persons with disabilities. A record of these outreach efforts are kept at the site for review.

YES       NO       NA      **If NO or NA, please explain:**

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- 10) The Equal Housing Opportunity slogan, logo, or statement was used in all advertisements, public service announcements, press releases, and information mailings.

YES       NO      **If NO, please explain:**

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- 11) The owner permitted residents to make reasonable accommodations/modifications to the units.

YES       NO       NA      **If NO or NA, please explain:**

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\*12) Was one of the following methods used to outreach low income residents for property related employment and contracting opportunities?

YES  NO

- Attempt to recruit low-income residents through: local advertising media, signs prominently displayed at the property site, contacts with community organizations and public or private agencies operating within the metropolitan area (or non-metropolitan county) in which the property is located, or similar methods.
- Participation in a HUD program or other programs which promotes the training or employment of low-income residents.
- Participation in a HUD program or other programs that promote the award of contracts to business concerns, which meet the definition of Section 3 business concerns.
- Coordination with Youthbuild Programs administered in the metropolitan area in which the property is located.
- Other (Please explain) \_\_\_\_\_

If NO, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\*13) a. An Affirmative Action Plan has been drafted and is maintained in the property records, along with all of the following records that support this Plan:

- Applicants for employment by race, color, religion, sex, national origin, ancestry, age, disability, familial status, and sources of applicants, e.g., response to vacancy announcement, word-of-mouth, advertising in journals, etc.
- Test scores and rankings on employment eligibility lists by race, color, religion, sex, national origin, ancestry, age, and disability, familial status.
- Employees (existing and new) hired by race, color, religion, sex, national origin, ancestry, age, and disability, familial status.
- Initial placement of employee after hire, office/location to which the employee was assigned, and position by race, color, religion, sex, national origin, ancestry, age, and disability, familial status.
- Employee transfers and promotions by race, color, religion, sex, national origin, ancestry, age, and disability, familial status; position and office/location from which transferred or promoted; and position and office/location to which transferred or promoted.
- Voluntary and involuntary employment terminations by race, color, religion, sex, national origin, ancestry, age, and disability, familial status; type of termination and reason.

YES  NO  NA **If NO or NA, please explain:**

\_\_\_\_\_

b. The Affirmative Action Officer (AAO) has reviewed all of the above records to assure compliance with all aspects of the Plan. The AAO has prepared an annual report to all supervisory and managerial personnel of the property owner who have responsibilities under the Plan. The EEO Director, AAO, or other appropriate person will seek explanations for the deficiencies and offer assistance in overcoming them where appropriate.

YES  NO  NA **If NO or NA, please explain:**

\_\_\_\_\_

- 14) All vacant units for which there is no assigned applicant moving in are listed on the PAHousingSearch website and occupancy is updated monthly.

YES

NO

If NO, please explain:

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**THIS CERTIFICATION IS MADE UNDER PENALTY OF PERJURY. IF, AT ANY TIME, THE AGENCY DETERMINES THAT THE OWNER OF THE PROPERTY IS NOT IN COMPLIANCE WITH PennHOMES PROGRAM REQUIREMENTS AND LOAN CLOSING DOCUMENTS, THE AGENCY SHALL PURSUE ALL RIGHTS AND REMEDIES THAT THE AGENCY MAY HAVE PURSUANT TO THE LOAN DOCUMENTS OR AS PROVIDED BY LAW.**

Ownership Entity:  \_\_\_\_\_

Ownership Entity Tax ID #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

***\*Properties receiving 1992-93 HOME funds from DCED through a local government lender and properties that receive HOME funds from Participating Jurisdictions. PHFA is not responsible for review of these items. This is the responsibility of the local government lenders. (Items 12 and 13.)***

ATTACHMENTS

- Rent Schedule
- TIC's
- Housing Services Report (if applicable)

PENNSYLVANIA HOUSING FINANCE AGENCY

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

YEAR ENDING DECEMBER 31, \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

TAX CREDIT NUMBER: a/k/a  
TC \_\_\_\_\_ - \_\_\_\_\_ REGION #: \_\_\_\_\_  
TC \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OCCUPANCY INFORMATION (As of December 31)

\_\_\_\_\_ Number of low-income units occupied.  
\_\_\_\_\_ Number of low-income units vacant.  
\_\_\_\_\_ Number of market rate units occupied.  
\_\_\_\_\_ Number of market rate units vacant.  
\_\_\_\_\_ TOTAL NUMBER OF UNITS

CERTIFICATION

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

1) The project meets 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.
- 15-40 test for "deep rent-skewed" developments under Section 42(g)(4) and 142(d)(4)(B) of the Code.

2) There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project

\_\_\_ **NO CHANGE**                      \_\_\_ **CHANGE**

If **CHANGE**, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3) The owner has received a Tenant Income Certification from each low-income resident and documentation to support the certification at their initial occupancy.

\_\_\_ **YES**                      \_\_\_ **NO**                      If **NO**, please explain:

\_\_\_\_\_

4) **Each low-income unit in the project has been rent-restricted under Section 42(g)(2)(A), (B), (C), and (E) of the Code:**

\_\_\_ **YES**                      \_\_\_ **NO**                      If **NO**, please explain:

5) All units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42(I)(3)(B)(iii) of the Code):

\_\_\_ **YES**                      \_\_\_ **NO**                      \_\_\_ **HOMELESS**

6) No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this project. 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 a **FINDING**, please explain:

\_\_\_\_\_

- (7) Each building in the project 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 project:

YES  NO

If **NO**, state nature of violation.

---

- 8) ***There has been no change in the eligible basis (as defined in Section 42(d) of the Code) of any building in the project since last certification submission:***

NO CHANGE  CHANGE

If **CHANGE**, state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing).

---

- 9) ***All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances, were provided on a comparable basis without charge to all tenants in the buildings:***

YES  NO If NO, please explain:

---

- 10) a. 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 project 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.

YES  NO  NA If NO or NA, please explain:

---

- b. 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 project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment:

YES  NO  NA If NO or NA, please explain:

---

- 11) ***There has been no change in the ownership or management of the project:***

NO CHANGE  CHANGE

***If CHANGE, please identify current owner and/or management agent, phone number, address, email address and date of ownership transfer.***

**Current Owner:** \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Ownership Transferred: \_\_\_\_\_

**Current Management Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

12) Tax Credit Owner's Utility Certification.

I have obtained accurate utility allowances using one of the following methods: 1) PHA Utility Allowance, 2) Local Utility Company Estimate, 3) State Housing Credit Agency Estimate, 4) HUD Utility Schedule Model, or 5) Energy Consumption Model.

I acknowledge this process to be an annual requirement of the LIHTC Program and certify to the adherence to this requirement for this calendar year.

OR

All utilities are included in rent and are not paid separately by the tenant.

YES       NO

13) All residents listed in the attached Rental Schedule are eligible under the provisions of the Indenture for Restrictive Covenants.

YES       NO       NA      If NO or NA, please explain:

---

14) **The project is fully compliant with all terms and provisions of the Restrictive Covenants Agreement.**

YES       NO       NA      If NO or NA, please explain:

---

15) For projects that received an allocation of tax credits based upon a certification that a percentage of units will be set aside for specific selection or resident criteria or implementation of a supportive service program, specific conditions are set forth in the Indenture of Restrictive Covenants for Low Income Housing Tax Credits (the "Indenture"). **Owner should be familiar with the specific set asides set forth in the Indenture.**

a. The Owner has provided significant funding and program support for lower income residents affected by life changes associated with preparing for and retaining employment.

YES       NO       NA      If NO, please explain:

---

b. The Owner has provided supportive services pursuant to a certain supportive services plan submitted to the Agency in connection with the allocation of tax credits to tenants age 62 years and older, which allows them to maintain an independent lifestyle.

YES       NO       NA      If NO, please explain:

---

c. The Owner has established a financially viable program with services in place to foster a conversion of the facility to homeownership at the end of the compliance period and in the event units are not converted to homeownership at the end of the compliance period, all remaining rental units were rented to qualified low-income residents.

YES       NO       NA      If NO, please explain:

---

d. The Owner has established an internal rental subsidy to subsidize rents for \_\_\_\_\_ units set aside as accessible housing to persons with disabilities from funds available for increased equity raised from additional developer's fee. The tenant's portion does not exceed the rent affordable to persons with income at or below 20 percent of the area median income.

YES       NO       NA      If NO, please explain:

---

e. \_\_\_\_\_ units in the project have been set aside as accessible housing to persons with disabilities. The tenant's portion does not exceed the rent affordable to persons with income at or below 20 percent of the area median income.

YES       NO       NA      If NO, please explain:

---

f. \_\_\_\_\_ units in the project were available to persons who need accessible features of the units. During the first 30 days of rent-up, said units were available to such persons, and, thereafter, Owner has established a policy to allow the units to be occupied by persons who need the accessible feature to the greatest extent feasible and said policy has been incorporated in the lease provisions.

YES       NO       NA      If NO, please explain:

---

g. At least 20 percent of the units in the project were rented to, and rents were maintained at levels affordable to, tenants whose income does not exceed 40 percent of area median gross income.

**YES**       **NO**       **NA**      **If NO, please explain:**

---

h. 1. At least \_\_\_\_\_ units were available to tenants at or below \_\_\_\_\_ percent of area median gross income, or such number of units consistent with the applicable fraction for the project.

**YES**       **NO**       **NA**      **If NO, please explain:**

---

2. At least \_\_\_\_\_ units were affordable to tenants at or below \_\_\_\_\_ percent of area median gross income, or such number of units consistent with the applicable fraction for the project.

**YES**       **NO**       **NA**      **If NO, please explain:**

---

i. The Owner set-aside at least \_\_\_\_\_ percent of the units in the development for residents who are physically or mentally disabled, including persons with HIV/AIDS, transitional or permanent housing for the homeless, seasonal farm workers, or extra accessible units and has provided supportive services to these residents.

**YES**       **NO**       **NA**      **If NO, please explain:**

---

16) For the preceding 12-month period, no tenants in low-income units were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42.

**YES**       **NO**       **NA**      **If NO, please explain:**

---

17) Did the Owner receive a waiver from Agency pursuant to IRS Notice 2011-83 to provide temporary housing to households displaced by Hurricane Irene or Tropical Storm Lee?

**YES**       **NO**

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18) Did any household displaced by Hurricane Irene or Tropical Storm Lee temporarily reside in any low-income unit?

**YES**       **NO** If Yes, please answer 1-3 below.

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1. The Owner has maintained certain information concerning each household displaced by Hurricane Irene or Tropical Storm Lee who seeks temporary housing in the project, specifically the name, address of damaged residence, social security number, and statement signed under penalties of perjury by each displaced individual that, because of damage to the individual's residence in a Pennsylvania jurisdiction designated for Individual Assistance by FEMA as a result of the devastation caused in Pennsylvania by Hurricane Irene or Tropical Storm Lee, the individual requires temporary housing.

**YES**       **NO**

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2. The owner has listed vacant units on PAHousingSearch.com.

**YES**       **NO**

---

3. The Owner has maintained records which contain the date the displaced household began temporary occupancy and the date the project will discontinue providing temporary housing.

**YES**       **NO**

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*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 applicable State Allocation Plan and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.**

Ownership Entity: \_\_\_\_\_

Ownership Entity  
Tax ID #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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