

Certification Dates (information due for December 31 annually)			
From		To	
Project Name			Project Number
Project Street Address		City	State ZIP Code
Affordability Start Date (Date of Initial Occupancy)		Affordability End Date	
Tax ID Number of Ownership Entity			
<input type="checkbox"/> No buildings have been Placed in Service. If this applies, please check the box and proceed to page 2 to sign and date this form.			

The undersigned, an authorized agent on behalf of the Owner and Project listed above, hereby certifies that:

1. The Project continues to comply with all Capital Magnet Fund (CMF) regulatory requirements contained in 12 C.F.R. § 1807.401.
 YES NO
2. If an CMF-assisted 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 to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.
 YES NO
3. The project was Placed in Service no later than six months from the Certification of Occupancy (CO) date.
 YES NO
4. The maximum income limit for all units in the project was 120% of AMI or less.
 YES NO
5. At least twenty percent (20%) of the units in the project leased by low-, very low-, and extremely low-income families.
 YES NO
6. Any noncompliance resulting from a CMF-assisted unit that was occupied by tenants that are over-income was resolved in accordance with 12 C.F.R. § 1807.401(g).
 YES NO
7. Residents were given at least 30 days prior written notice before the implementation of any rent increase.
 YES NO
8. The Owner has:

(a) received, upon initial occupancy, an annual Tenant Income Certification (TIC) from each resident of a CMF-assisted unit and documentation to support that certification;
 YES NO

(b) annually re-certified tenant eligibility for a CMF-assisted unit by receipt of a new TIC and supporting documentation and;
 YES NO

(c) verified each tenant's income source documents each year.
 YES NO

9. Each CMF-assisted unit in the Project has been rent-restricted under the Regulatory Agreement and under 12 C.F.R. § 1807.401.

YES NO

10. No tenants in CMF-assisted units were evicted or had their tenancies terminated other than for good cause.

YES NO

11. No tenants had an increase in the gross rent with respect to an CMF-assisted unit not otherwise permitted under 12 C.F.R. § 1807.401.

YES NO

12. All CMF-assisted units in the Project are and have been available for use by the general public and used on a non-transient basis.

YES NO

13. No claim of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this Project. A claim 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 the Pennsylvania Human Relations Commission or a substantially equivalent local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court.

YES NO

If "No", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

14. 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 any applicable government unit responsible for making building code inspections did not issue a report of a violation for any building or CMF-assisted unit in the Project.

YES NO

15. Request(s) for protection under the Violence Against Women Act of 2013 have been made by any tenant of this Project.

YES NO

If "Yes", attach statement regarding resolution under separate cover marked "confidential".

16. 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

17. For the projects comprised of buildings (or any part of a building) originally constructed or built prior to 1978, federal regulations (24 CFR Part 35) governing lead-based paint will be applicable. (Implementation dates for these 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 If NO please explain: If applicable, provide evidence that tenant file includes copy of any clearance certifications:

18. All common areas and facilities, 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

19. There has been no change in the ownership or management of the Project:

YES NO

If "Yes", complete page 4 detailing the changes in ownership or management of the Project.

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 PHFA.

The Project is otherwise in compliance with 12 C.F.R. § 1807.401, including any HUD Regulations, the Tax Credit Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Ownership Entity	Date
By	Title

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" ON QUESTIONS 1-13

Question Number	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

TRANSFER OF OWNERSHIP

Date of Change		Taxpayer ID Number	
Legal Owner Number	General Partnership		Status of Partnership (LLC, etc.)

CHANGE IN OWNER CONTACT

Date of Change		Taxpayer ID Number	
Legal Owner Number	General Partnership		Status of Partnership (LLC, etc.)

CHANGE IN MANAGEMENT CONTACT

Date of Change		Management Company Name	
Management Company Address			
City		State	Zip Code
Management Contact		Management Contact Phone Number	
Management Contact Fax Number		Management Contact Email Address	