

PHFA Only	
HMR:	
DATE:	



CAPTIAL MAGNET FUND  
ANNUAL OWNER CERTIFICATION

<b>Year Ending December 31,</b>					
<b>Project Name</b>				<b>PHFA Number</b>	
<b>Project Street Address</b>					
<b>City</b>			<b>State</b>		<b>Zip</b>
<b>Affordability Start Date (Date of Initial Occupancy)</b>				<b>Affordability End Date</b>	
<b>Total Number of CMF Units</b>					
<b>Tax ID Number of Ownership Entity</b>					
<input type="checkbox"/>	<b>No buildings have been Placed in Service.</b> If applicable, check the box and sign and date on page 3.				

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

- The Project continues to comply with all Capital Magnet Fund (CMF) regulatory requirements contained in 12 C.F.R. § 1807.401.

**YES**                       **NO**

- For CMF-assisted units that were vacant during the year, reasonable attempts were made to rent the unit or the next available unit to income-qualified applicants.

**YES**                       **NO**

- The project was Placed in Service no later than six months from the Certification of Occupancy (CO) date.

**YES**                       **NO**

- The maximum income limit for all units in the project was 120% of AMI or less.

**YES**                       **NO**

**If NO, 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**

- At least twenty percent (20%) of the units in the project were leased by low-, very low-, and extremely low-income families.

**YES**                       **NO**

CMF Annual Owner Certification

6. Residents were given at least 30 days prior written notice before the implementation of any rent increase.
- YES                       NO
7. 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
8. 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
9. Lease agreements were terminated or not renewed only for good cause, repeated lease violations, violations of state, federal or local code, or completion of tenancy for transitional housing.
- YES                       NO
10. All increases in gross rent for CMF-assisted units were compliant with 12 CFR § 1807.401 and residents were provided a 30 days prior written notice.
- YES                       NO
11. All CMF-assisted units in the Project are available for use by the general public and used on a non-transient basis.
- YES                       NO
12. A 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 "YES", state nature of violation on page 4 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.**
13. Each building in the Project is suitable for occupancy, according to 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
14. The project received a request for protection under the Violence Against Women Act of 2013 by a tenant.
- YES                       NO

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

CMF Annual Owner Certification

15. Owner has 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

16. 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                       N/A - **Property built after 1978, or is excluded (please explain on page 4).**

17. Ownership and/or management have remained unchanged over the past 12 months.

- YES                       NO                      **If NO, complete page 4 detailing the changes in ownership or management of the Project.**

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. Project-based rental assistance was added to the Project since the last annual report submission.

- YES                       NO

**If “YES”, please attach a copy of the HAP Contract/Rental Assistance Agreement.**

**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.

<b>Ownership Entity</b>		<b>Date</b>	
<b>Owner Signature</b>		<b>Title</b>	

**PLEASE EXPLAIN ANY ITEMS THAT NEED CLARIFICATION:**

Question Number	Explanation

**CHANGES IN OWNERSHIP OR MANAGEMENT**

*(Complete ONLY IF "NO" is marked in question 17 above)*

**TRANSFER OF OWNERSHIP**

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

**CHANGE IN OWNER CONTACT**

<b>Name</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of Change</b>		<b>Email Address</b>	
<b>Phone Number</b>		<b>Fax Number</b>	

**CHANGE IN MANAGEMENT CONTACT**

<b>Management Company</b>		<b>Date of Change</b>	
<b>Management Company Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Management Contact</b>		<b>Phone Number</b>	
<b>Fax Number</b>		<b>Email Address</b>	