

PHFA Only	
HMR:	
DATE:	



HOUSING OPTIONS GRANT - MF
ANNUAL OWNER CERTIFICATION

Year Ending December 31,		Grantee Name				
Project Name						
Project Street Address						
City			State		Zip	
Total Number of HOP-MF Units			HOP-MF Unit #s			
Tax ID Number of Ownership Entity						
<input type="checkbox"/>	No buildings have been Placed in Service. If applicable, check the box and sign and date on page 2.					

The undersigned Owner hereby certifies that:

- This project meets the rent and income requirements of the federal Low Income Housing Tax Credit Program as published annually by HUD and all HOP-MF-assisted units in the Project are rent-restricted to low-income households at or below 60% AMI.

YES NO

If "NO", please explain:

- For new construction and construction conversion developments, at least 10% of the total HOP units are affordable to households at or below 20% AMI or extremely low-income households.

YES NO N/A

If "NO" or "N/A", please explain:

- Owner/Agent participated in PAHousingSearch.com by providing vacant unit and occupancy information, including monthly updates.

YES NO N/A

If "NO" or "N/A", please explain:

HOP Grant - MF Annual Owner Certification

4. All leases and rental agreements meet the requirements of state law and all Agency guidance for notice, lease terms and resident protections.

YES NO

If "NO", please explain:

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Note: Failure to complete this form in its entirety and/or failure to comply with the HOP-MF Grant terms, including the affordability restrictions, may result in the recapture of any Grant funds disbursed plus interest. **In addition, only an Owner or general partner of the Grantee is permitted to sign this form, unless otherwise permitted by PHFA or the Commonwealth Cornerstone Group (“CCG”).** This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Ownership Entity		Date	
Owner Signature		Title	

Please submit this report by January 31st of each year to HousingManagement@phfa.org. Attach a completed [Rent Schedule](#) demonstrating the rent and utility allowances (if applicable) paid by each household residing in a HOP-MF unit.

Primary Contact:

Name		Title			
Address					
City		State		Zip Code	
Phone Number		Email Address			

Secondary Contact:

Name		Title			
Address					
City		State		Zip Code	
Phone Number		Email Address			