



PHFA Only	
HMR:	
DATE:	

**HOUSING TRUST FUND
ANNUAL OWNER CERTIFICATION**

Year Ending December 31,					
Project Name				PHFA Number	
Project Street Address					
City			State		Zip
Total Number of HTF Units			HTF 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 3.				

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 Housing Trust Fund (HTF) regulatory requirements contained in 24 CFR Part 93.
☐ **YES** ☐ **NO**
2. The Owner has: (1) received, upon initial occupancy, a signed Tenant Income Certification (TIC) from each resident of an HTF-assisted unit and documentation to support that certification; (2) re-certified tenant eligibility for an HTF-assisted unit by receipt of a new TIC and supporting documentation or by receipt of a tenant self-certification, and; (3) verified each tenant's income source documents at least once every 6 years.
☐ **YES** ☐ **NO**
3. All HTF-assisted units in the Project were rent-restricted under the Regulatory Agreement and under 24 CFR Part 93.
☐ **YES** ☐ **NO**
4. 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**
5. All increases in gross rent for HTF-assisted units were compliant with 24 CFR Part 93.
☐ **YES** ☐ **NO**
6. All HTF-assisted units in the Project are available for use by the general public and used on a non-transient basis.
☐ **YES** ☐ **NO**

7. 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 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

8. 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 HTF-assisted unit in the Project.

☐ YES ☐ NO

9. 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".

10. 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

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

☐ YES ☐ NO ☐ N/A

12. When a household's income in an HTF-assisted unit increased above the allowable limit, the next available unit was rented to a household with a qualifying income.

☐ YES ☐ NO ☐ N/A

13. 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.

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

☐ YES ☐ NO

If "No", complete page 3 detailing the changes in ownership or management of the Project.

15. Actions were taken to affirmatively market rental housing units within the Project as required by 24 CFR Part 93.

☐ YES ☐ NO

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.**

HTF Annual Owner Certification

The Project is otherwise in compliance with 24 CFR Part 93, 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	
Owner Signature		Title	

PLEASE EXPLAIN ANY ITEMS THAT NEED CLARIFICATION:

Question Number	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

(Complete **ONLY IF "NO"** is marked in question 14 above)

TRANSFER OF OWNERSHIP

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

CHANGE IN OWNER CONTACT

Name			Title		
Address					
City			State		Zip Code
Date of Change			Email Address		
Phone Number			Fax Number		

CHANGE IN MANAGEMENT CONTACT

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