

Certification Dates (information due for December 31 annually)			
From		To	
Project Name			Project Number
Project Street Address		City	State ZIP Code
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:

- The Project continues to comply with all Housing Trust Fund (HTF) regulatory requirements contained in 24 CFR Part 93.
 YES NO
- The Owner has (1) received, upon initial occupancy, an annual Tenant Income Certification (TIC) from each resident of an HTF-assisted unit and documentation to support that certification; (2) annually 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
- Each HTF-assisted unit in the Project has been rent-restricted under the Regulatory Agreement and under 24 CFR Part 93.
 YES NO
- No tenants in HTF-assisted 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 an HTF-assisted unit not otherwise permitted under 24 CFR Part 93.
 YES NO
- All HTF-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
- 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

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 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

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.

8. No request for protection under the Violence Against Women Act of 2013 has been made by any tenant of this Project.

YES NO

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

9. 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

10. If an HTF-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

11. If the income of tenants of an HTF-assisted unit in any building increased above the limit allowed under the HTF program, the next available unit was or will be rented to residents having a qualifying income.

YES NO

12. There has been no Project-based rental assistance added to the Project since placed-in-service.

YES NO

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

YES NO

If "Yes", complete page 3 detailing the changes in ownership or management of the Project.

14. Please describe any actions taken to affirmatively market rental housing units within the Project as required by 24 CFR Part 93. If additional space is needed, please attach a separate sheet.

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 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
By	Title

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

Question Number	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

(Complete ONLY IF "Yes" is marked in question 13 above)

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	