



PHFA Only	
HMR:	
DATE:	

PennHOMES Only
ANNUAL OWNER CERTIFICATION

Year Ending December 31, _____

Property Name _____ PHFA No. _____

The following information must be completed for all projects participating in the Agency PENNHOMES program. This sets forth additional information to ensure compliance with provisions of state and federal law as further described in Agency Loan Documents.

1) Provide the number of occupied (occupancy designation at move-in) and vacant PennHOMES units in the corresponding charts as of the year ending date indicated above. Information provided should match with the project's Agency Loan requirements.

Total Number of PennHOMES units at the property: _____

Occupied PennHOMES Units:

Vacant PennHOMES Units:

- _____ Number of occupied units at 20% or less
- _____ Number of occupied units at 30% or less
- _____ Number of occupied units at 40% or less
- _____ Number of occupied units at 50% or less
- _____ Number of occupied units at 60% or less
- _____ Number of occupied units at 70% or less
- _____ Number of occupied units at 80% or less
- _____ **Total occupied PennHOMES units**

- _____ Number of vacant units at 20% or less
- _____ Number of vacant units at 30% or less
- _____ Number of vacant units at 40% or less
- _____ Number of vacant units at 50% or less
- _____ Number of vacant units at 60% or less
- _____ Number of vacant units at 70% or less
- _____ Number of vacant units at 80% or less
- _____ **Total vacant PennHOMES units**

2) All rents were reviewed and approved in accordance with PHFA requirements.

YES NO **If NO, please explain:**

3) If the annual income of a resident in a low-income unit in the property increased above 80 percent of the area median income, their rent was adjusted to equal 30 percent of the family adjusted income (unless the Low-Income Housing Tax Credit Program rules apply to the unit).

YES NO N/A **If NO or N/A, please explain:**

4) All low-income units in the property were for use by the general public and used on a nontransient basis and the initial leases for all of the units in the property were for a term of at least one year, except by mutual agreement between the owner and resident (but never less than six months).

YES NO **If NO, please explain:**

5) The lease agreement requires tenants to have mandatory supportive services.

YES NO **If YES, please explain:**

6) 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 **If NO, please explain:**

7) All leases are in accordance with the Agency Management Agreement.

YES NO **If NO, please explain:**

8) The property has a Grievance Procedure and it has been adhered to during the year.

YES NO **If NO, please explain:**

9) a) The project is fully compliant with all applicable requirements of 24 CFR Part 35.

(For projects comprised of buildings (or any part of a building) originally constructed or built prior to 1978, federal regulation (24 CFR Part 35) governing lead-based paint is applicable.) Implementation dates for these new regulations may vary from jurisdiction to jurisdiction and based on program participation. 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.

YES NO -If NO, please explain N/A If /NA, proceed to #10

PennHOMES Only Addendum

b) Household was informed of any known lead-based paint and documentation has been placed in the resident file.

YES NO **If NO, please explain:**

10) The Owner has an Affirmative Fair Housing Marketing Plan on site that was approved by PHFA, and the Owner/Agent has adhered to the Plan during the year.

YES NO **If NO, please explain:**

(If PHFA did not approve the AFHMP, attach the plan for approval. Provide an updated plan, if needed.)

11) If accessible units are vacant or are not filled with residents who need the features, outreach and marketing efforts are being made to appropriate organizations serving persons with disabilities. A record of outreach efforts is kept at the site for review.

YES NO **If NO, please explain:**

12) The Equal Housing Opportunity slogan, logo, or statement was used in all advertisements, public service announcements, press releases, and information mailings.

YES NO **If NO, please explain:**

13) The owner permitted residents to make reasonable accommodations/modifications to the units.

YES NO **If NO, please explain:**

14) All vacant units for which there is no assigned applicant moving in are listed on the PAHousingSearch website and this vacancy information is updated monthly.

YES NO **If NO, please explain:**

15) All fees charged to the residents were approved by the Agency and are included as income on the property's annual budget.

YES NO **If NO, please explain:**

16) a) Owner received written approval from PHFA before giving preference to a particular group of residents.
 YES NO - If NO, please explain: N/A - If /NA, proceed to #17

b) Any tenant preferences meet HOME program affirmative fair marketing requirements and followed all requisite procedures.
 YES NO If NO, please explain:

17) Owner refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.
 YES NO If NO, please explain:

18) The project is fully compliant with all the terms and conditions of the Regulatory Agreement.
 YES NO If NO, please explain:

19) During the previous 12 months, all residents and applicants were provided full protections of the Violence Against Women Act (VAWA).
 YES NO If NO, please explain:

20) A VAWA Emergency Transfer Plan (as required by 24 CFR 5.2005 (e) and 24 CFR 92.359) is in place.
 YES NO If NO, please explain:

a) How many requests for VAWA transfers were received by the Owner?

For each VAWA transfer request, provide the outcome: Transfer off-site; Transfer on-site; Tenant initiated move; Tenant remained in unit; Other (explain).

21) An Affirmative Action and Equal Opportunity Plan was drafted and is maintained and followed at the site, with all requisite records. (A sample policy is available on the Agency’s website)

YES NO **If NO, please explain:**

22) Project-based rental assistance was added to the Project since placed-in-service.

YES NO **If NO, please explain:**

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

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

YES NO

CHANGES IN OWNERSHIP OR MANAGEMENT

*(Complete **ONLY IF "NO"** is marked in question 23 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	

CERTIFICATION: Owner is providing this information in accordance with specific reporting requirements set forth in federal regulations and in the Agency's Loan Agreements. Owner certifies that all of the above information is true and correct, and the Agency reserves the right to enforce Owner's requirements in accordance with all Loan Documents.

Owner Signature: _____

Type/Print Name: _____

Phone: _____

Email: _____

Date: _____