

<b>***** POST YEAR 15 PROJECTS REPORT*****</b>
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**PENNSYLVANIA HOUSING FINANCE AGENCY**

**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

**YEAR ENDING DECEMBER 31, 2023**

PROJECT NAME: \_\_\_\_\_

TAX CREDIT NUMBER: TC \_\_\_\_\_ REGION #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ COUNTY: \_\_\_\_\_

**OCCUPANCY INFORMATION (As of 12/31)**

\_\_\_\_\_ Number of low-income units occupied.  
 \_\_\_\_\_ Number of low-income units vacant.  
 \_\_\_\_\_ Number of market rate units occupied.  
 \_\_\_\_\_ Number of market rate units vacant.

**WAIT LIST INFORMATION (As of 12/31)**

\_\_\_\_\_ Number of households requesting low income units.  
 \_\_\_\_\_ Number of households requesting market rate units.  
 \_\_\_\_\_ Number of households requesting accessible units.

**TOTAL NUMBER OF UNITS**

**CERTIFICATION**

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_  
 (the "Owner"), hereby certifies that:

- 1) The project meets the minimum requirements of: (check one)
- 20-50 test under Section 42(g)(1)(A) of the Code.  
 40-60 test under Section 42(g)(1)(B) of the Code.  
 AI – Average Income test under Section 42 (g)(1)(C).  
 15-40 test for "deep rent-skewed" developments under Section 42(g)(4) and 142(d)(4)(B) of the Code.
- 2) There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:
- NO CHANGE**    **CHANGE**
- If **CHANGE**, list the applicable fraction to be reported to the IRS for each building in the project for the certification year:

- 3) a The owner has obtained Tenant Income Certification from each low-income resident and documentation to support the certification at their initial occupancy.

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

- 3) b The owner has obtained an Annual or Alternate Certification from each low-income resident at their anniversary date.

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

- 4) Each low income unit in the project has been rent-restricted under Section 42(g)(2) of the Code.

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

- 5) All low income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42(I)(3)(B)(iii) of the Code).

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

- 6) No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this project. A finding 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 a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court.

**NO FINDING**                      **FINDING**                      **If a FINDING, please explain:**

- 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 the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low-income unit in the project.

**YES**                      **NO**

If **NO**, state nature of violation and provide a copy of the violation report as required by Treasury Regulation 1.42-5 and any documentation of correction:

- 8) There has been no change in the eligible basis (as defined in Section 42(d) of the Code) of any building in the project since the last certification submission.

**NO CHANGE**                      **CHANGE**

If **CHANGE**, state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which have not been disclosed to the allocating authority in writing):

- 9) All tenant facilities, included in the eligible basis under Section 42(d) of the Code, of any building in the project, 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**                      **If NO, please explain:**

- 10) a An extended low-income housing commitment as described in Section 42(h)(6) was in effect, including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s, and all warranties, covenants, and representations contained in the Extended Use Agreement remain in force.

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

- 10) b Owner has not 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 Use Agreement.

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

- 11) There has been no change in the ownership or management of the project since the completion of the last Certificate of Continuing Program Compliance.

**NO CHANGE**                      **CHANGE**

If **CHANGE**, please identify current owner and/or management agent, phone number, address, email address and date of ownership transfer:

**Current Owner:**

Tax ID #:

Address:

Phone #:

Email:

Date Ownership Transferred:

**Current Management Agent:**

Address:

Phone #:

Email:

Date Management Transferred:

- 12) **Tax Credit Owner's Utility Certification:**

I have obtained accurate utility allowances using one of the following methods: 1) PHA Utility Allowance, 2) Local Utility Company Estimate, 3) State Housing Credit Agency Estimate, 4) HUD Utility Schedule Model, or 5) Energy Consumption Model.

I acknowledge this process to be an annual requirement of the LIHTC Program and certify to the adherence to this requirement for this calendar year.

**OR**

All utilities are included in rent and are not paid separately by the tenant.

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

- 13) All residents listed in the attached Rental Schedule are eligible under the provisions of Section 42 of the Code, as amended, and the Indenture of Restrictive Covenants ("Indenture").

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

- 14) The project is fully compliant with all terms and provisions of the Indenture.

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

- 15) For projects that received an allocation of tax credits based upon a certification that a percentage of units will be set aside for specific selection or resident criteria or implementation of a supportive service program, specific conditions are set forth in the Indenture. **Owner should be familiar with the specific set asides set forth in the Indenture.**

- 15) a The Owner has provided significant funding and program support for lower income residents affected by life changes associated with preparing for and retaining employment.

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

- 15) b The Owner has provided supportive services pursuant to a certain supportive services plan submitted to the Agency in connection with the allocation of tax credits to tenants age 62 years and older, which allows them to maintain an independent lifestyle.

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

- 15) c The Owner has established a financially viable program with services in place to foster a conversion of the facility to homeownership at the end of the compliance period and in the event units are not converted to homeownership at the end of the compliance period, all remaining rental units will be rented to qualified low-income residents.

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

- 15) d 1 Owner has set aside \_\_\_\_\_ units for households at or below 20 percent of area median income.

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

- 15) d 2 The Owner has established an internal rental subsidy from funds available for increased equity raised from additional developer's fee to subsidize rents for \_\_\_\_\_ units set aside for households with income at or below 20 percent of the area median income.

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

15) e \_\_\_\_\_ units in the project have been set aside as accessible housing to persons with disabilities.

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

15) f \_\_\_\_\_ units in the project were available to persons who need accessible features of the units. During the first 30 days of rent-up, said units were available to such persons, and, thereafter, Owner has established a policy to allow the units to be occupied by persons who need the accessible feature to the greatest extent feasible and said policy has been incorporated into the lease provisions.

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

15) g \_\_\_\_\_ units in the project are currently occupied by persons who need the accessible features of the unit.

**YES                      NO                      NA                      If YES, please specify unit numbers:**

15) h At least 20 percent of the units in the project were rented to, and rents were maintained at levels affordable to, tenants whose income does not exceed 40 percent of area median gross income.

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

15) i 1 At least \_\_\_\_\_ units were **available** to tenants at or below \_\_\_\_\_ percent of area median gross income, or such number of units consistent with the applicable fraction for the project.

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

15) i 2 At least \_\_\_\_\_ units were **affordable** to tenants at or below \_\_\_\_\_ percent of area median gross income, or such number of units consistent with the applicable fraction for the project.

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

15) j 1 ***For allocations in years 1999 – 2001:***

The total rent received by the Owner including all rental and operating subsidies may not exceed the rents established for units at 50 percent of area median gross income for \_\_\_\_\_ units pursuant to its application for low-income housing tax credits with the Agency.

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

15) j 2 **For allocations in years 2002 and later:**

Owner hereby certifies that the total tenant paid rent received by the Owner for \_\_\_\_\_ units may not exceed the rents established for units at 50 percent of median income. In the event the Owner receives subsidies for rent from any source (including, without limitation, project-based, tenant based or internal rent subsidy programs), Owner certifies that upon expiration or termination of the subsidy the tenant paid portion of the rent may not exceed the 50 percent of area median income tax credit rent.

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

15) k The Owner set-aside at least \_\_\_\_\_ percent of the units in the development for residents who are physically or mentally disabled, including persons with HIV/AIDS, transitional or permanent housing for the homeless, seasonal farm workers, or extra accessible units and has provided supportive services to these residents.

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

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                      NA                      If NO or NA, please explain:**

If applicable, provide evidence that tenant file includes copy of any clearance certifications:

17) a For the preceding 12-month period, no tenants in low-income units were evicted or had their tenancies terminated other than for good cause, full protections of the Violence Against Women Act were provided, as applicable, and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42.

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

17) b Did gross rent exceed the Gross Allowable Rent for any unit? If so, was overage due to rental assistance received through Section 8, Section 515, or other comparable Federal, State or local government assistance program?

**YES                      NO**

If **Yes** response is due to any **other** comparable government program, please provide documentation to explain the specific program and the unit numbers involved with the overages:

18) The Owner has listed vacant units on PAHousingSearch.com.

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

19) The Owner has not obtained any waivers to the provisions of Section 42 from the Agency pursuant to IRS Notice 2014-49 or 2014-50 to provide temporary housing or other assistance in accordance with the declaration of a major disaster.

**NO WAIVER**

**WAIVER**

If **WAIVER**, please list the names of the displaced individuals, along with the unit number(s) and effective date(s) of their occupancy. Also, provide the date(s) the displaced individuals vacated the unit(s) and the date(s) the unit(s) was later occupied by LIHTC qualified household: (If needed, attach separate sheet of paper)

20) The Owner has included the PHFA LIHTC Lease Addendum with all Lease Agreements executed at this property in the past year:

**YES**

**NO**

**NA**

**If NO or NA, please explain:**

21) The Owner has complied with all terms agreed to in the application for Credit, including all Federal and state-level program requirements and any commitments for which points or other preferential treatment was received.

**YES**

**NO**

**NOTE:** Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, no individual other than an owner or general partner of the project is permitted to sign this form, unless permitted by PHFA.

The project is otherwise in compliance with the applicable PHFA Allocation Plan and all other applicable laws, rules and regulations. This Certification and any attachments are made **UNDER PENALTY OF PERJURY**.

***By checking this box, I agree that a signed copy of the Owner Certification will be maintained on file and that a copy will be provided to the Agency upon request.***

Ownership Entity: \_\_\_\_\_

Ownership Entity  
Tax ID #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_