

# LOW-INCOME HOUSING TAX CREDIT OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: Alaska Housing Finance Corporation P.O. Box 101020 Anchorage, AK 99510-1020

Compliance Period			From:		То:		
Development Name: Development Address:							
						City:	Zip:
Tax ID	# of Ownership	Entity:					1
Owner's Taxable Year:			Start Date:		End Date:		
The Ow	ner herby certif	fies that:					
1.	The development meets the minimum requirements of: (check one)						
			Section 42(g)(1)(A) of the Code Section 42(g)(1)(B) of the Code				
2.		here has been <b>no change in the applicable fraction</b> (as defined in Section $42(c)$ (1) (B)) for any building in the development.				or	
	□ NO CHANGE	Ī	□ CHANGE	If "Change," attach an documentation.	explanation	and the supporting	g
3. There have there been no changes in the eligible basis under Section 42(d) for any in the development		2(d) for any buildin	ıg				
	□ NO CHANGE	Ē	□ CHANGE	If "Change," attach an documentation.	explanation	and the supporting	g
4.				eligible basis of any b ut a separate fee to all	_	· ·	e
	☐ YES	□ NO	If "No," att	ach an explanation and	the suppor	ting documentatior	۱.
5.	income resider recertification,	accupancy, the Owner has received a Tenant Income Certification from each low-sident and documentation to support that certification, and if applicable, at annual tion, the owner has received a Tenant Income Certification and documentation to at certification.		al			
	☐ YES	□ NO	If "No," att	ach an explanation and	the suppor	ting documentatior	۱.
6.	The Owner has not refused to lease a unit to an applicant based solely on their status a holder of a Section 8 voucher.		on their status as	а			
	□ YES	□ NO	If "No," att	ach an explanation and	the suppor	ting documentatior	١.



7.	Each qualified	low-income	unit is rent-restricted under Section 42(g) (2) of the Code.
	☐ YES	□ NO	If "No," attach an explanation and the supporting documentation.
8.			development are for use by the general public and are used on a t as otherwise permitted by Section 42 of the Code.
	□ YES	□ NO	If "No," attach an explanation and the supporting documentation.
9.		Housing re	n all Fair Housing Act regulations and there have been no violations gulations, including accessibility guidelines, filed against the porting period.
	□ YES	□ NO	If "No," attach an explanation and the supporting documentation.
10.	safety, building and the state of	g codes, and or local gove	opment is suitable for occupancy taking into account local health, d Uniform Physical Condition Standards (UPCS) as defined by HUD, rnment unit responsible for building code inspections did not issue ny building or low-income unit in the development.
	☐ YES	□ NO	If "No," attach an explanation and the supporting documentation.
11.	attempts were	or are being tenants ha	the development has been vacant during the year, reasonable g made to rent that unit or the next available unit of comparable or ving a qualifying income before any units were or will be rented to fying income.
	☐ YES	□ NO	If "No," attach an explanation and the supporting documentation.
12.		t available ι	ome household increased above the limit allowed in Section 42(g) units of comparable or smaller size in that building were rented to hold.
	□ YES	□ NO	If "No," attach an explanation and the supporting documentation.
13.	including the I lease a unit in eligibility unde	requirement the develo r Section 8	nousing commitment as described in section 42(h) (6) is in effect, a under Section 42(h) (6) (B) (iv) that an Owner cannot refuse to pment to an applicant because the applicant holds a voucher of sof the United States Housing Act of 1937, and all warranties, tations contained in the Regulatory Agreement (Extended Use
	☐ YES	□ NO	If "No," attach an explanation and the supporting documentation.
14.			ge in the ownership or management of the property since the ification of Continuing Program Compliance.
	□ YES	□ NO	If "No," attach an explanation and the supporting documentation.



I,(Print Name of Owner/Authorized Signer)		
The understood Owner, being duly sworn, hereby represent and certify under penalty of perjury that the development is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified Allocation Plan, and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this <i>Owner's Annual Certification</i> .  (If there has been a change in signing authority, please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing the undersigned has the authority to execute these documents for the ownership entity.)		
PRINTED NAME	TITLE	OWNER ENTITY
SIGNATURE	Date	
IF YOU SELEC	TED "NO" OR "CHANGE" FOR QUES	TIONS 1-14 PLEASE PROVIDE A WRITTEN
EXPLANATION B	<del>-</del>	TIONO III I LENOL INOVIDE / WINITEN
	BELOW.	planation
EXPLANATION B	BELOW.	



## CHANGES IN OWNERSHIP OR MANAGEMENT

(To be completed **ONLY if "CHANGE"** marked for question 14 above)

### TRANSFER OF OWNERSHIP

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

### **CHANGES IN OWNER CONTACT**

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

### **CHANGES IN MANAGEMENT CONTACT**

Date of Change:	
Management Co. Name:	
Management Address:	
Management City, State, Zip:	
Management Contact:	