# Alaska Housing Finance Corporation Homeownership Development Program (HDP)

**Attachment F: Applicant Certifications**

*An authorized representative/officer of the applicant (Executive Director or Chairman of the Board, or equivalent) must sign and date each of the seven (7) certifications in this attachment.*

***1. Site and Neighborhood Standards Certification***

By executing this certification, the undersigned applicant certifies that the housing opportunities provided as a

result, in whole, or in part, of the HOME assistance provided will promote “greater choice” housing opportunities and that the housing being constructed or rehabilitated will not promote an undue concentration of poverty in any given area.

Signature

Date

Name

Title

***2. Non-Displacement Certification***

By executing this certification the undersigned applicant certifies that no person(s) or business will be displaced

by the proposed HDP project. If undertaking an activity which will involve acquisition or rehabilitation of a property the results in the unplanned displacement of a person(s) or business other than the owner of that property (i.e., tenant, including business or non-profit organizations), the Applicant will take all reasonable steps to prevent or minimize the displacement of that “person”.

Additionally, if displacement or relocation does occur, the Grantee will officially adopt and follow an anti- displacement and relocation assistance plan that meets all of the requirements at 49 CFR Part 24, submitted to and approved by AHFC prior to any displacement.

Signature

Date

Name

Title

## Drug Free Workplace Certification (24 CFR Part 24, Subpart F)

By executing this certification, the undersigned applicant agrees to comply with the Drug Free Workplace Act of 1988 (41 U.S.C. 701) by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
	1. The dangers of drug abuse in the workplace;
	2. The applicant's policy of maintaining a drug-free workplace;
	3. Any available drug counseling, rehabilitation, and employee assistance programs; and
	4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the HOME funded activity be given a copy of the statement required by paragraph (I);
4. Notifying the employee in the statement required by paragraph (I) that, as a condition of employment under the HOME funded activity, the employee will –
	1. abide by the terms of the statement; and
	2. notify the employer in writing of his or her conviction for a violation of the criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (iv)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to every grant officer or other designee whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of the affected HOME funds;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(2), with respect to any employee who is so convicted:
	1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
	2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v), and (vi);
8. Providing the street address, city, county, state, and zip code for the site or sites where the performance of work in connection with the HOME funds will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that some applicants who become HOME fund recipients may add or change sites as a result of changes to program activities during the course of the HOME funded activities. Applicants, in such cases, are required to advise AHFC by submitting a revised "Place of Performance" form. The period covered by the certification extends until all funds under the specific HOME funding has been expended.

Signature Date

Name Title

## Other Application Consultant Disclosure Certification. Applicants must read and execute this section. If it is not applicable, write NA and sign in the appropriate spot.

(Copy and complete this certification disclosure form for each other party to which you acted as a development consultant or participant)

Identify below any and all other applications which you, your organization, or any employee of your organization, participated in the development of as a consultant or participant to, or under contract with, any other party. If none, check the box following the list. (In either case, you must sign below.)

Name of Other Party (Potential Applicant)

Name of Project Development Role

Or, if not involved with any other applications, check below (you still must sign this certification).

Neither I, my organization, nor any employee of my organization, has participated in the development of, as a consultant or participant to, or under contract with, any other party submitting an application to the Homeownership Development Program.

REQUIRED SIGNATURE BY APPLICANT OF THIS APPLICATION:

By signing below, I, acting as the authorized signer on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) certify that to the best of my knowledge, the information identified above is true and accurate and reflects ALL projects and/or other applicants which this organization, myself, or employees of this organization participated in as a development consultant or participant.

Applicant’s Authorized Signor Date

Name Organization

OTHER APPLICANT ACKNOWLEDGMENT (only required when another potential applicant is listed above):

By signing below, I, acting as the authorized signer on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of other applicant) acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of consultant organization) has disclosed to me or to the organization I represent that they are also applying for funding and/or are acting as a development consultant or participant to the above identified party(s) under this funding round.

Other Applicant’s Authorized Signor Date

Name Organization

## Instructions & Agreement, and Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusions – lower tier covered transactions.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A lower tier participant in a covered transaction may rely upon a certification of a prospective lower tier participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A lower tier participant may decide the method and frequency by which it determines the eligibility of its principals. Each lower tier participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a lower tier participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a lower tier participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification:

* 1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
	2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective lower tier participant shall attach an explanation to this proposal.

Signature Date

Name, Title Organization

## Conflict of Interest Certification

* 1. In the procurement of property and services, the applicant must adhere to the conflict of interest provisions in 24 CFR 85.36, 24 CFR 84.42 and 24 CFR 92.356 as applicable.
	2. In all cases not covered by 24 CFR 85.36, 24 CFR 84.42, and 24 CFR 92.356 the following provisions apply:

No persons described in paragraph 3 below who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

* 1. Persons Covered. The conflict of interest provisions of paragraph 2 above apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the applicant which is receiving HOME funds.

By signing below, as the authorized signor for the applicant, I acknowledge and agree to abide by the above conflict of interest provisions.

Signature Date

Name Title

## Applicant Certifications (applicants must read and execute this section)

1. Acceptance of Terms:

By submitting a proposal, an applicant accepts all terms, conditions and requirements of the respective Request For Proposal which may have been issued for the purposes of allocating HOME Program funds. Additionally, the applicant acknowledges and agrees to abide by AHFC regulations 15 AAC 154.010-154.080, 154.100-154.110, 154.700-154.835, and AHFC’s standard grant provisions for all HOME funds received.

The applicant’s proposal will become part of the Homeownership Development Program funding award agreement in the event the applicant is awarded HOME funds. The applicant will be bound by what is in the proposal, unless otherwise approved in writing by AHFC.

The applicant’s proposal and other materials submitted in response to the Homeownership Development Program Request For Proposal become the property of AHFC and may be returned only at AHFC’s discretion. Applications are public documents and may be inspected or copied by anyone after they have been reviewed and rated and a Notice of Intent to Award Homeownership Development Program funds has been issued by AHFC. Financial statements included in the application may be considered public information.

1. Certifications:
2. I/We, as duly authorized representative(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the lender, its agent, successors and assignees, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.
3. The applicant agrees that he/she will furnish promptly such supporting documents as may be requested by the Alaska Housing Finance Corporation (AHFC).
4. The applicant understands and agrees that the Alaska Housing Finance Corporation may conduct its own independent review and analysis of the information set forth in this application, and that any such review and/or analysis will be made for the sole and exclusive benefit and protections of AHFC.
5. The applicant certifies that he/she will comply with all applicable federal and state laws regarding unlawful discrimination.
6. Disclosure Statement:

I/We, the undersigned, understand and agree that Alaska Housing Finance Corporation (AHFC) will consider that an Identity of Interest exists whenever any party to a transaction has a financial or family relationship or a professional or business affiliation with any other part to the transaction. The following list may not be all inclusive but is considered to be representative of some of the more typical Identities of Interest:

1. The applicant or principals of the applicant are related to any AHFC Board of Director's member or their spouse.
2. The applicant or principals of the applicant are related to any AHFC employee or employee's spouse who is involved in the processing of, or decision making on, the subject application request.
3. The applicant or principals of the applicant have any business relationship with any member of AHFC's Board of Directors or their spouse.
4. The applicant or principals of the applicant have any business relationship with any AHFC employee of employee's spouse who is involved in the processing of, or decision making on, the subject application request.
5. The applicant or principals of the applicant are related to the seller, seller's spouse, or seller's agent of any property to be financed with any proceeds which may result from this application.
6. The applicant has any financial interest in the seller of the property of its agent.
7. The seller of the property or its agent has a financial interest in the applicant.
8. If this is a construction loan, the applicant has a financial interest in or is a director, employee or officer of the general contractor, architect, engineer, attorney, interim or participating lender, materials

suppliers, equipment lessors, or others pertaining to the construction of the subject property.

1. The applicant is aware of any other circumstances that may be an Identity of Interest through the sale of the property; AHFC's financing of it; or other matters.

For the purposes of #1 through #9:

"Related" means a spouse or relative, i.e., parent, grandparent, brother, sister, brother-in-law, sister-in-law, child, grandchild, aunt, uncle, nephew, or niece.

"Business Relationship" means a direct interest with either an AHFC Board member or employee, or their spouse, or an entity that the Board member, employee or their spouse has a financial interest in.

"Principals" means owners, partners, joint venture, persons with controlling authority, officers, etc. If there is an Identity of Interest, please state below its nature:

I/we certify by signing this application below, except as disclosed above, there is not now, nor will there be an Identity of Interest under circumstances described in statements 1 through 9 without the prior written consent of AHFC. An Identify of Interest does not necessarily disqualify you as an eligible borrower, or recipient of Homeownership Development Program funds.

*The signature below relates to Parts A, B and C above.*

Applicant Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Authorized Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF ALASKA )

)ss

\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT )

Subscribed and sworn to or affirmed before me by , at

 on , 20 .

Notary Public in and for Alaska

My Commission expires

*(seal)*