



**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:	To:	
Development Name:			
Development Address:		City:	Zip:
Tax ID # of Ownership Entity:			
Owner's Taxable Year:	Start Date:	End Date:	

The Owner hereby certifies that:

1. The development meets the minimum requirement of (check one)
 - The 20-50 test under Section 42(g)(1)(A)
 - The 40-60 test under Section 42 (g)(1)(B)

2. *There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the development.*
 - True False If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the development for the certification year.

3. *At initial occupancy, the Owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the Owner has received a Tenant Income Certification and documentation to support that certification.*
 - True False If "False," attach an explanation and the supporting documentation.

4. *The Owner has received an annual Student Self Certification for each low-income household.*
 - True False If "False," attach an explanation and the supporting documentation.

5. *Each qualified low-income unit is rent-restricted under Section 42(g)(2) of the Code.*
 - True False If "False," attach an explanation and the supporting documentation.

6. *All low-income units in the development are for use by the general public and are used on a non-transient basis, except as otherwise permitted by Section 42 of the Code.*

True False If "False," attach an explanation and the supporting documentation.

7. *The development is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the development within the reporting period.*

True False If "False," attach an explanation and the supporting documentation.

8. *Each building in the development is suitable for occupancy taking into account local health, safety, building codes, and National Standards for the Physical Inspection of Real Estate (NSPIRE) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the development.*

True False If "False," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.

9. *There have there been no changes in the eligible basis under Section 42(d) for any building in the development.*

True False If "False," attach an explanation and the supporting documentation.

10. *All facilities included in the eligible basis of any building in the development are provided on a comparable basis without a separate fee to all households in the building.*

True False If "False," attach an explanation and the supporting documentation.

11. *If a low-income unit in the development has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to households having a qualifying income before any units were or will be rented to households not having a qualifying income.*

True False If "False," attach an explanation and the supporting documentation.

12. *If the income of a low-income household increased above the limit allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.*

True False If "False," attach an explanation and the supporting documentation.

13. An extended low-income housing commitment as described in section 42(h)(6) is in effect, including the requirement under Section 42(h)(6)(B)(iv) that an Owner cannot refuse to lease a unit in the development to an applicant because the applicant holds a voucher of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.

True False If “False,” attach an explanation and the supporting documentation.

14. The Owner has not refused to lease a unit to a household based solely on their status as a holder of a Section 8 voucher.

True False If “False,” attach an explanation and the supporting documentation.

15. If the Owner received a Credit allocation from the portion of the state ceiling set-aside for a development involving “qualified non-profit organizations” under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).

True False N/A If “False,” attach an explanation and the supporting documentation.

16. There has been no change in the Ownership or management of the development since the completion of the last Owner’s Certification of Continuing Program Compliance.

True False If “False,” attach an explanation and the supporting documentation.

17. The development is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.

True False If “False,” attach an explanation and the supporting documentation.

18. Pursuant to IRS Revenue Ruling 2004-82, the Owner has not evicted any household, or refused to renew any lease, except for good cause.

True False If “False,” attach an explanation and the supporting documentation.

19. The Owner is compliant with all Housing Credit agency-mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules.

True False If “False,” attach an explanation and the supporting documentation.

20. The Owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.

True False If "False," attach an explanation and the supporting documentation.

21. The development has not suffered a casualty loss resulting in the current displacement of residents.

True False If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).

22. The Owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Certificate of Continuing Program Compliance.

True False If "False," 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 Owner's Annual Certification.

(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 SELECTED "FALSE" FOR QUESTIONS 1-22 PLEASE PROVIDE A WRITTEN EXPLANATION BELOW.

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

(To be completed **ONLY** if **"FALSE"** marked for question 16 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:	