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

West Virginia Housing Development Fund To: 5710 MacCorkle Ave., SE Charleston, WV 25304

- No buildings have been Placed in Service
- At least one building has been placed in Service but owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and proceed to page 3 to sign and date this form.

Certification		From:	To:	mbox 21,00
Dates:		January 1, 20	Project No:	mber 31, 20
Project Name:			City:	Zip:
Proje	ect Address:		c.i.j.	
	D # of ership Entity:			
The u	indersigned			on behalf of
			(the "Ow	ner"), hereby certifies to the
Depart	ment of Housing a	nd Community Development ("the Aut	thority") that:	
I.	<ul> <li>I. The project met the minimum requirements of: (check one)</li> <li>20 - 50 test under Section 42(g)(1)(A) of the Code</li> <li>40 - 60 test under Section 42(g)(1)(B) of the Code</li> </ul>			
And,		ne project: (check) test for "deep rent-skewed" projec	ets under Section 42(g)(4) and 142(d	d)(4)(B) of the Code;
II.	II. There has been <b>no change in the applicable fraction</b> (as defined in Section 42(c)(1)(B)) of any building in the project, or that there was a change and description of the change; <b>NO CHANGE</b> CHANGE			
	If " <b>Change</b> " lis year on page 3		orted to the IRS for <u>each building</u> in a	the project for the certification
III.	. The owner has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority described in paragraph (b)(1)(vii) of Section 1.42-5;			
IV.		ne unit in the project has been rent ES	-restricted under Section 42(g)(2);	
V.	All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department 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;			
VI.	safety, and buil making local he income unit in t a statement su certification sub	ding codes (or other habitability sta ealth, safety, or building code inspe- he project. If a violation report or r mmarizing the violation report or no pmitted to the Authority under para- lation has been corrected;	were suitable for occupancy, taking andards), and the State or local gove ections did not issue a violation reponotice was issued by the governmer otice or a copy of the violation repor graph (c)(1) of Section 1.42-5. In ad	ernment unit responsible for rt for any building or low- ntal unit, the owner must attach t or notice to the annual

VII.		nange (e.g., a commo	
	If "Change", state nature of the c	hange on page 3.	
VIII.			Section 42(d) of any building in the project, such as swimming vere provided on a comparable basis without charge to all
IX.		unit of comparable or	ng the year, reasonable attempts were or are being made to smaller size to tenants having a qualifying income before not having a qualifying income;
Χ.			ding increased above the limit allowed in Section smaller size in the building was or will be rented to tenants
XI.	Section 7108I(1) of the Omnibus requirement under Section 42(h)( because the applicant holds a voi	Budget Reconciliation 6)(B)(iv) that an owne ucher or certificate of t	ribed in Section 42(h)(6) was in effect (for buildings subject to Act of 1989, 103 Stat. 2106, 2308-2311), including the r cannot refuse to lease a unit in the project to an applicant eligibility under Section 8 of the United States Housing Act of 13142(b)(4) of the Omnibus Budget Reconciliation Act of <b>N/A</b>
			ansient basis (except for transitional housing for the e-room-occupancy units rented on a month-by-month basis
XIII.a	The owner received its credit allow non-profit organizations" under Se	ection 42 (h)(5) of the	n of the state ceiling set-aside for a project involving "qualified code. to question XIV)
XIII.b	If the answer to XIII.a was yes, is	that participation ong	oing?
XIV.	There has been no change in the <b>NO CHANGE</b> If " <b>Change</b> ", complete page 3 de		ement of the project; ownership or management of the project.
XV.	5, states that Internal Rever housing commitment includ termination of tenancy (othe	nue Code ("IRC") Sec le a prohibition during er than for good cause	RS") Revenue Ruling 2004-82, which at Question and Answer tion 42(h)(6)(B)(i) requires that "an extended low-income the extended use period against (1) the eviction or e) of an existing tenant of any low-income unit (no-cause oss rent with respect to the unit not otherwise permitted

# Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

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

By:			
-	(Signature)		(Ownership Entity)
-	(Please Print Name)		(Owner Phone Number)
Title:			
Date:			
Signed sealed and delivered in the presence of:			
		Notary: _	
Witness:		My commission expires:	
Date of E	xecution:	(NOTARY PUBLIC SEAL)	

#### PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-14.

Question #	Explanation

#### **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:	
Management	
Contact	
Phone:	
Management	
Contact Fax:	
Management	
Contact Email:	