

HTC Form 100 - OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Property Name: _____ Project#: _____

Property Address: _____

GP Name and Email Address: _____

Tax ID# of Ownership Entity: _____

Certification Dates: _____

(From MM/DD/YYYY)

(To MM/DD/YYYY)

☐ No buildings have been placed in service.

☐ At least one building has been placed in service, but the 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.

Resyndication Properties Only:

☐ No buildings have been placed in service under the most recent allocation.

☐ At least one building has been placed in service under the most recent allocation, but the owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and complete the certification for the original allocation.

The Owner hereby certifies that:

1. The project 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)

☐ The Average Income test under Section 42(g)(1)(C)

☐ The 25-60 test under Section 42(g)(4) and Section 142(d)(6) [available for projects in New York City only]

1a. The project is "deep rent skewed" in accordance with Section 42(g)(2)(D)(iv) and Section 142(d)(4)(B)

☐ True ☐ False Answer "False". Projects in Wisconsin are not "deep rent skewed".

2. If the project is an Average Income Test project as certified in question 1 above (If not an AIT project, leave blank):

The owner has met the qualified group of units to satisfy the Average Income Test.

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

The owner has met the qualified group of units used to determine the applicable fraction.

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

There have been no changes to unit designation in this reporting year.

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

3. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.

☐ True ☐ False If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.

4. 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.

5. The owner has received an annual Student Self Certification for each low-income household.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. 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.

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

6. 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.

7. All low-income units in the project 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.

8. The property 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 project within the reporting period.

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

9. Each building in the project 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 project.

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

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

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

11. All resident facilities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.

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

12. If a low-income unit in the project 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 tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.

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

13. 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.

14. 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 project 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.

15. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.

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

16. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project 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 "True" complete addendum [HTC Form 100 A1](#) and attach to this form.

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

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17. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.
18. The property 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.
19. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.
20. 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.
21. 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.
22. The property 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).
23. The owner has not initiated or received a notice of foreclosure, or executed an 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 undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project 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	

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. 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.

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “FALSE” ON QUESTIONS 1-23.

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed **ONLY** if “**FALSE**” marked for question 17 above)

[illegible]

TRANSFER OF OWNERSHIP

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

CHANGES IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Address:	
Owner Contact city, state, zip:	
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:	

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