

OKLAHOMA HOUSING FINANCE AGENCY
Annual Owner Certification
Cover Page

JANUARY 1, 20____ THRU DECEMBER 31, 20____

DEVELOPMENT NAME: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

OHFA FILE #: _____ ALLOCATION YEAR: _____

PLACED IN SERVICE DATE (PIS): _____

FIRST YEAR CREDIT WAS CLAIMED (Part II of Form 8609): _____

PROPERTY EMAIL ADDRESS: _____ SITE MGR: _____

SITE TELEPHONE #: _____ FAX #: _____

please check if new address since last report

DEVELOPMENT OWNER: _____ TIN #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ TITLE: _____

OWNER EMAIL ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

Has ownership (or the general partner) changed or transferred since the date of allocation? YES OR NO

If yes, attach a copy of the resolution that was approved by OHFA's Board of Trustees.

G.P. or Managing member: _____ TIN: _____

(This is the responsible party NOT the management company)

Has Management Agent changed since PIS: YES OR NO

If yes, attach list of prior management agents and date of employment

please check if new address since last report

MANAGEMENT AGENT: _____ **TIN #** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____ **TITLE:** _____

MANAGEMENT EMAIL ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

Has syndicator / investor changed since PIS: YES OR NO

If yes, attach list of prior investors and date

DEVELOPMENT SYNDICATOR / INVESTOR: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____ **TITLE:** _____

SYNDICATOR EMAIL ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

REMINDER: ATTACH THE UNIT DATA SHEETS FOR EACH BIN
OHFA does not require the TIC's unless requested

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: Oklahoma Housing Finance Agency
 100 NW 63rd, Suite 200
 Oklahoma City, Oklahoma 73116

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 2 to sign and date this form.

Certification Dates:	From: January 1, 20_____	To: December 31, 20_____	
Project Name:			Project No:
Project Address:			City: _____ Zip: _____
Tax ID # of Ownership Entity:			

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of: (check one)
 - 20 - 50 test under Section 42(g)(1)(A) of the Code
 - 40 - 60 test under Section 42(g)(1)(B) of the Code
 - 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code

2. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:
 - NO CHANGE** **CHANGE**
 If "**Change**", list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3:

3. The owner has received an annual Tenant Income Certification from each low-income resident 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).
 - YES** **NO**

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:
 - YES** **NO**

5. No tenants in low-income units were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42:
 - YES** **NO**

6. All units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):
 - YES** **NO** **HOMELESS**

7. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary 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:
 - YES** **NO**

8. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project:
 - YES** **NO**
 If "**No**", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5.

9. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since last certification submission:
 NO CHANGE **CHANGE**
 If "**Change**", state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing) on page 3:
10. All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings:
 YES **NO**
11. 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:
 YES **NO**
12. If the income of tenants of a low-income unit in the project increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size was or will be rented to residents having a qualifying income:
 YES **NO**
13. An extended low-income housing commitment as described in section 42(h)(6) was 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 or certificate of eligibility under section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437f. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989):
 YES **NO** **N/A**
14. The owner received its 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 and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.
 YES* **NO** **N/A**
***If the answer to this question is yes, the non-profit entity will need to complete the addendum to this certification.**
15. There has been no change in the ownership or management of the project:
 NO CHANGE **CHANGE**
 If "**Change**", complete page 3 detailing the changes in ownership or management of the project.

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.

(Ownership Entity)

By: _____

Title: _____

Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	