

**OKLAHOMA HOUSING FINANCE AGENCY**

**Quarterly Owner Certification**

- CHECK ONE:**     January 1, 20\_\_ to March 31, 20\_\_            due by April 10  
 April 1, 20\_\_ to June 30, 20\_\_            due by July 10  
 July 1, 20\_\_ to September 30, 20\_\_            due by October 10  
 October 1, 20\_\_ to December 31, 20\_\_            due by January 28

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: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

\*\*\*\*\*

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.

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Has Management Agent changed since PIS: YES OR NO

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

MANAGEMENT AGENT: \_\_\_\_\_ TIN #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

MANAGEMENT EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DEVELOPMENT SYNDICATOR / INVESTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

SYNDICATOR EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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\_\_\_\_\_ Total Number of Buildings in Development?

\_\_\_\_\_ Total Number of Units in Development?

\_\_\_\_\_ Total Units Occupied by Low-Income Tenants?

\_\_\_\_\_ Total Units Occupied by Market Rate Tenants?

\_\_\_\_\_ Total Number of Vacant Units?

\_\_\_\_\_ Minimum Set-Aside Election? (20/50 or 40/60)

YES OR NO Was Minimum Set-Aside Election Met?

\_\_\_\_\_ If Minimum Set-Aside Election was Met, what was the date? (month and year)

\_\_\_\_\_ Set-Aside Election of the Owner? (Can be found in LIHTC Application or Regulatory Agreement)

\_\_\_\_\_ Number of Model/Office if applicable

\_\_\_\_\_ Number of Manager / Employee units if applicable

\_\_\_\_\_ BIN Number of Model / Office / Manager unit if applicable

\*\*\*Reminder: Attach Unit Data Sheet and Tenant Income Certifications

**SUMMARY OF PROPERTY RENT/UTILITY CHARGES AND SQUARE FOOTAGE**

UNIT TYPE COL. 1	TOTAL # OF UNITS COL. 2	RENT PER UNIT COL. 3	UTILITY ALLOW. COL. 4	GROSS RENT COL. 5	SQ. FEET PER UNIT COL. 6

UNIT TYPE COL. 1	TOTAL # OF UNITS COL. 2	RENT PER UNIT COL. 3	UTILITY ALLOW. COL. 4	GROSS RENT COL. 5	SQ. FEET PER UNIT COL. 6

**CERTIFICATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned, having been allocated certain Low-Income Housing Tax Credits pursuant to Section 42 of the Internal Revenue Code of 1986, as amended, by Oklahoma Housing Finance Agency (OHFA) for the purpose of purchasing, constructing and improving a certain housing project (the Project), does hereby certify, represent, and warrant under oath and the penalty of perjury, that such Project is in continuing compliance with the Regulatory Agreement executed by the undersigned and filed in the official public records of \_\_\_\_\_ County, Oklahoma, the Rules of the OHFA and Section 42 of the Internal Revenue Code of 1986, as amended, and that a Tenant Income Certification is attached hereto for each new tenant in such Development since the filing of the last such certification and that the information presented herein and in the Tenant Income Certifications are true and correct to the best of the knowledge and belief of the undersigned.

This Certification and any attachments are made UNDER PENALTY OF PERJURY.

\_\_\_\_\_  
(Ownership Entity)

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

