

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.

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 #: _____

_____ 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 Empty Units (units never occupied by a tax credit HH)?

_____ 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

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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: _____

