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

		From:		То:		
(	Certification Date	January 1, 2020			Qualified Contract End Date	e
		January 2, 2020				
At le	of the above applies, please	service. aced in service, but the owner elects t check the appropriate box and procee	_	•	= -	•
Dogwadi	action Droporties Only					
No b At le	=	n service. aced in service under the most recent applies, please check the appropriate				e
Project	t Name:		Proc	orem #:		
-	t Address:	City:		.016111#.	Zip:	
	# of Ownership Entity:	City.			Zip.	
Tax Iu	# Of Ownership Littity.					
2.	The 20-50 test under Se The 40-60 test under Se The Average Income tes The 15-40 test for "deep  There has been no change i  No Change reported to the IRS for each  At initial occupancy, the ow to support that certification	mum requirement of (check one) ction 42 (g)(I)(A) ction 42 (g)(I)(B) it under Section 42 (g)(I)(C) o rent skewed" projects under 42(g)(4) n the applicable fraction as defined in	Section 42 d, attach ation year tification f ation, the	2(C)(I)(B) for a bu documentation from each low-in owner has receiv	of the applicable fraction to come resident and documentatio ved a Tenant Income Certification	n
4.	Each qualified low-income u	unit is rent restricted under Section 42	(g)(2) of th	ne Code.		
5.	All low-income units in the permitted by Section 42 of to Yes	project are for use by the general pub the Code. No	lic and are	used on a non-ti	ransient basis except as otherwise	е
6.		ce with all Fair Housing Act regulation sibility guidelines, filed against the pro	oject within	n the reporting p	eriod.	
7.	Physical Condition Standard inspections did not issue a r	is suitable for occupancy taking into a ds (UPCS) as defined by HUD, and the s report of a violation for any building of No If "No", attach an exp	state and lo	ocal government me unit in the pro	unit responsible for building cod	е

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 the owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

8.	There have been no change Yes	ges in the eligible	basis under Section 42(d) for any building in the project.
9.	All resident facilities/ame without a separate fee to Yes		the eligible basis of any building in the project are provided on a comparable basis e building.
10.		unit of comparab	n vacant during the year, reasonable attempts were or are being made to rent that le or smaller size to tenants having a qualifying income before any units were or will g income.
11.			ncreased above the limit allowed in Section 42(g)(2)(D), all next available units of were rented to an income qualified household.
12.	Section 42(h)(6)(B)(iv) that voucher of eligibility under	t an owner canno er Section 8 of the	nent as described in section 42(h)(6) is in effect, including the requirement under of refuse to lease a unit in the project to an applicant because the applicant holds a United States Housing Act of 1937, and all warranties, covenants, and greement (Extended Use Agreement) and the Reservation Contract remain in force.
13.		er Section 42(h)(5	om the portion of the state ceiling set-aside for a project involving "qualified non- ) of the code, the non-profit entity materially participated in the operation of the n 469(h). If yes, provide State Form #1 to KHRC.
14.	_	_	o or management of the property since the completion of the last Certification of
	Continuing Program Com	pliance.	
	Yes change management com State Form has not been s		If yes, complete page 3 of this form. Additionally, State Form 18 (Request to te Form 22 (Request to change ownership) is required by KHRC. If the applicable do so.
15.	Pursuant to IRS Revenue I good cause.	Ruling 2004-82, th	ne owner has not evicted any resident, or refused to renew any lease, except for
	Yes	☐ No	
16.	level program requirement application	nts and any comm	ms it agreed to in its application for Credit authority, including all federal and state- nitments for which it received points or other preferential treatment in its
	Yes	∐ No	
17.	The property has not suff		ss resulting in the current displacement of residents.
	Yes	☐ No	If yes, attach an explanation. Additionally, State Form 10 (Casualty Loss Report) is
	to be submitted to KHRC.		
18.	The owner has not refuse Yes	d to lease a unit t	o an applicant based solely on their status as a holder of a Section 8 voucher.
	<u> </u>		

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·	te authority to execute this				
rinted Name		Title		Owner Entity	
gnature		 Date		_	
Explain ques	tions answered "no" in	he boxes below.	Trans	fer of Ownership	
Question #	Explanation		Date of Change:		
			Tax ID Number:		
			Legal Owner Name:		
			Address:		
			City, State, Zip:		
				e in Owner Contact	
Question #	Explanation		Date of Change:		
			Name of Owner		
			Contact:  Contact Phone #:		
			Contact:		
			Contact: Contact Phone #:		
			Contact: Contact Phone #: Contact Fax: Contact Email:	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email:	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email: Change in	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email:  Change in Date of Change:	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email:  Change in Date of Change: Company Name:	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email:  Change in Date of Change: Company Name: Address:	Management Contact	
Question #	Explanation		Contact: Contact Phone #: Contact Fax: Contact Email:  Change in Date of Change: Company Name: Address: City, State, Zip:	Management Contact	