2020 Owner's Compliance Verification – HTF

Certification Dates: 1/1/20-12/31/20	
Owner:	
Owner Address:	
Primary Point of Contact:	Email:
Authorized Signatory for Owner:	Email:
The undersigned, on behalf of the Owner, hereby certifies that	ıt:
 All tenants in the HTF funded properties meet the inc Agreement. 	come and rent guidelines outlined in each HTF written
□Yes □No	
	ertified at least annually to qualify as extremely low income 302 ; and if self-certification is allowed, full documentation the $1^{\rm st}$, $6^{\rm th}$, $12^{\rm th}$, $18^{\rm th}$, and $24^{\rm th}$ year for each project.
 If any HH income exceeded 30% of the AMGI the unit actions were taken to ensure vacancies are filled to r indicating the timeline and units involved). ☐ Yes ☐ No 	·
 Have HTF-assisted units in this development been solindicating the addresses and dates of units sold or releases □Yes 	d or released in the last year? (If yes, attach documentation eased).
 All units meet local/State building codes, and UPCS sometimes of an inspection conduct by an agency other the State of State	- ,
6. Inspection of each unit are conducted at least annua for damages.☐ Yes ☐ No	lly, and records are maintained to include possible charges
7. Units meet all applicable Section 504 and agreement disabilities.☐ Yes ☐ No	requirements for physical accessibility for persons with
tenant to sign the certification, and provided any rep and reports concerning common areas and other uni	r has provided the lead-based paint pamphlet, required the orts on lead-based paint or lead hazards, including records ts. Addendum and Pamphlet Provided
 The property has written a Fair Housing Plan that desoutreach and marketing efforts to those populations ☐ Yes ☐ No	scribes targeted populations and has made affirmative within the past 12 months.

throu	property remains financially viable, and the owner hard the compliance period. If no, attach explanation \square No		
respo	owner has paid staff or a contracted manager with the possibilities required to maintain compliance. \square No	the experience and ability to perform the managen	nent
	owner has implemented the Federal requirements results \square No	related to the Violence Against Women Act (VAWA).
assist	the owner have selection criteria to disqualify alien cance? \square No	ns who are ineligible to receive Federal housing	
	re to adequately complete this form and the entire n requirements. Only the Owner's authorized repre	•	State
State Allocation	otherwise in compliance with the HTF Interim Rule at 24 on Plan, and all other applicable laws, rules and regulation LTY OF PERJURY.		ē
Signature of	the Owner/Owner's Representative	 Date	