

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Certification date:	From: January 1, 2023	To: December 31, 2023
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Property Name:	Procorem #:	
Project Address:	City:	Zip:
Tax Id # of Ownership Entity:		

No buildings have been placed into service.
At least one building has been placed into service under the most recent allocation, but the owner elects to begin the credit period in the following year. *If either of the above applies, please check the appropriate box, and sign the last page.*

Resyndication properties only:
No buildings have been placed into service.
At least one building has been placed into service under the most recent allocation, but the owner elects to begin the credit period in the following year. *If either of the above applies, please check the appropriate box, and sign the last page.*

The undersigned (the "Owner"), hereby certifies that:

1. The project meets the minimum requirement of (check one)

- The 20-50 test under Section 42 (g)(l)(A)
- The 40-60 test under Section 42 (g)(l)(A)
- The Average Income test under Section 42 (g)(l)(C)
- The 15-40 test for "deep rent skewed" projects under 42(g)(4) and 142(d)(4)(B)

2. There has been no change in the applicable fraction as defined in Section 42(C)(l)(B) for a building in the project. *If change occurred, attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.*

No Change Change

3. At initial occupancy, the owner has received a Tenant Income Certification (TIC) from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the owner has received a TIC and documentation to support that certification and/or annual student self-certification (100% LIHTC only) for each low-income household.

True False

4. Each qualified low-income unit is rent restricted under Section 42(g)(2) of the code.

True False

5. All low-income units in the project are for use by the general public and are used on a non-transient basis except as otherwise permitted by Section 42 of the Code.

True False

6. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period. *If false, attach an explanation and supporting documentation.*

True False

7. Each building in the project is suitable for occupancy taking into account local health, safety, building codes and Uniform Physical Condition Standards (UPCS) as defined by HUD, and the state and local government unit responsible for building code inspections did not issue a report of violation for any building or LIHTC unit in the project. *If false, attach an explanation, report issued and proof of repairs/correction.*

True False

8. There have been no changes in the eligible bases under Section 42(d) for any building in the project.

True False

9. All resident facilities/amenities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.

True False

10. 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.

True False

11. If the income of a low-income household increased above the limited allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.

True False

12. An extended low income housing commitment as described in section 42(h)(6) is 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 of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.

True False

13. If the owner received a 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, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h). *If True, provide State Form #1 to KHRC.*

True False

14. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance. *If False, complete page 3 of this form. Additionally, State Form 18 (Request to change management company) and/or State Form 22 (Request to change ownership) is required by KHRC. If the applicable State Form has not been submitted, please do so.*

True False

15. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.

True False

16. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.

True False

17. The property has not suffered a casualty loss resulting in the current displacement of residents. *If False, attach an explanation. Additionally, State Form 10 (Casualty Loss Report) is to be submitted to KHRC.*

True False

18. The property is compliant with the Violence Against Women’s Act requirement and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.

True False

I, _____ the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified Allocation Plan, and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct, and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this *Owner’s Annual Certification*.

Printed Name Title Owner Entity

Signature Date

Explain questions answered false in the boxes below.

Question #:	Explanation:
Question #:	Explanation:

Transfer of Ownership:

Date of Change	
Tax ID Number	
Legal Owner Name	
Address	
City, State, Zip	

*State Form 22 required in addition to LURA Assignment and Assumption Agreement.

Change in Owner Contact:

Date of Change	
Name of new contact	
Contact phone #	
Contact email	

Change in Management Company/Contact:

Date of Change	
Company Name	
Address	
City, State, Zip	
Contact Name	
Contact phone #	
Contact email	

*State Form 18 required. Be aware the incoming management entity must be approved by KHRC and LIHTC experience requirements must be met prior to the change.