## **Annual Owner Certification**

## Instructions

It is the responsibility of the project owner to annually certify to MFA that the project meets the requirements of Section 42 of the Internal Revenue Code (the Code), whichever set aside is applicable to the project.

The owner (or general partner authorized to sign for the ownership entity) is required to sign this certification. The owner of any exempted project must certify to the Agency on an annual basis that the project is in compliance with the requirements for RHCDS (FmHA) assistance on the tax-exempt bond financing guidelines, as applicable, and that all requirements of Section 42 of the Internal Revenue Code are also being met. The owner must inform the MFA of any non-compliance or if the owner is unable to make one or more of the required certifications.

The LIHTC Annual Certification (in conjunction with the Annual Report) is due by January 31st of each calendar year throughout the LIHTC compliance period. Failure to annually certify project compliance is consisted non-compliance under the Code and MFA shall report such failure to file the Annual Certification to the IRS in accordance with the Code.

The attached form must be submitted to MFA as this is the most current version.



## ANNUAL OWNER CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Housing New Mexico

| Certification Period:   | January 1, 2021-December 31, 2021                                   |   |  |
|---|---|---|--|
| Project Name:   |   |   |  |
| Project #:  |   |   |  |
| Project Address:  |   |   |  |
| City, Zip Code:   |   |   |  |
|   |   |   |  |
|   | Ownership Entity  |   |  |
| Fed Tax ID #:   |   |   |  |
| Ownership Name:   |   |   |  |
| Owner Contact Person:   |   |   |  |
| Title:  |   |   |  |
| Street Address:   |   |   |  |
| City, State, Zip Code:  |   |   |  |
| Phone:  |   |   |  |
| Cell Phone:   |   |   |  |
| Fax:  |   |   |  |
| E-mail:   |   |   |  |
| Date Entity Commenced Ownership of Project:   | )t  |   |  |
| Date of Contact Change:   |   |   |  |
| (If applicable)   |   |   |  |
|   |   |   |  |
| Management Community Names  | Management  |   |  |
| Management Company Name:  |   |   |  |
| Management Contact Person:  |   |   |  |
| Title:  |   |   |  |
| Street Address:   |   |   |  |
| City, State, Zip Code:  |   |   |  |
| Phone:  |   |   |  |
| Cell Phone:   |   |   |  |
| Fax:  |   |   |  |
| E-mail:   |   |   |  |
| Date Company Commenced  |   |   |  |
| Management of Project:  |   |   |  |
| Date of Contact Change:   |   |   |  |
| (If applicable)   |   |   |  |
| On-site Contact Person:   |   |   |  |
| On-site Phone:  |   |   |  |
| On-site Contact E-mail:   |   |   |  |
|   |   |   |  |
|   | on behalf of the  | е |  |
| "Owner"), hereby certifies that:  |   |   |  |
| If credit allocation was received but the credit period has not yet begun, please check the appropriate box below:  |   |   |  |
| No buildings were placed in service during the reporting period.  |   |   |  |
|   |   |   |  |
| At least one building was placed in service but owner does not elect to begin credit period in the following year.  If either of the above applies, please check the appropriate box, and proceed to page to sign and date this form. |   |   |  |
| c.t.ici or the above applies, please  | and appropriate box, and proceed to page to sign and date this form |   |  |

| 1. | The project meets the minimum requirements of: (check one)              |   |  |  |
|----|---|---|--|--|
|    | 40 - 60 test under The Average Inco                                     | r Section 42(g)(1)(A) of<br>r Section 42(g)(1)(B) of<br>me Test under Section | the Code   |  |
| 2. |   |   | Tas defined in Section $42(c)(1)(B)$ of the Code) for any building in the  |  |
|    | project:  |   |  |  |
|    | ☐ NO CHANGE   | YES CHANGE  |  |  |
|    | If <b>"YES CHANGE"</b> , list the application year on page 5:           | able fraction to be rep   | ported to the IRS for <u>each building</u> in the project for the certification  |  |
| 3. |   | as obtained self-certifi  | fication from each low-income resident and documentation to support cations based on HERA rules. This guidance can be found on the MFA erties and annual recertifications.                       |  |
|    | YES   | NO  |  |  |
| 4. | Each low-income unit in the proje                                       | ct has been rent-restri   | cted under Section 42(g)(2) of the Code:   |  |
|    | YES   | NO  |  |  |
| 5. |   |   | for use by the general public and used on a non-transient basis (except Section 42 (i)(3)(B)(iii) of the Code):  |  |
|    | YES   | □NO   | HOMELESS   |  |
| 6. | discrimination includes an advers                                       | e final decision by the<br>by a substantially equ                             | 42 U.S.C 3601-3619, has occurred for this project. A finding of Secretary of Housing and Urban Development (HUD), 24 CFR ivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an |  |
|    | ☐ NO FINDING  | FINDING   |  |  |
| 7. | =   | and the state or local  | occupancy, taking into account local health, safety, and building codes government unit responsible for making building code inspections did acome unit in the project:                          |  |
|    | YES   | □NO   |  |  |
|    | If <b>"NO"</b> , state nature of violation documentation of correction. | n on page 5 and attac   | h a copy of the violation report as required by 26 CFR 1.42-5 and any  |  |
| 8. | There has been <b>no change in the</b> certification submission:        | <b>eligible basis</b> (as defin   | ed in Section 42(d) of the Code) of any building in the project since last   |  |
|    | ☐ NO CHANGE   | YES CHANGE  |  |  |
|    | _   | ut charge, or the proj  | n area has become commercial space, a fee is now charged for a tenant ect owner has received federal subsidies with respect to the project y in writing) on page 5.                              |  |

| 9.  | All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, s swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided comparable basis without charge to all tenants in the buildings: |   |   |
|-----|--|---|---|
|     | YES  | NO  |   |
| 10. |  | comparable or sm  | It during the year, reasonable attempts were or are being made to rent that naller size to tenants having a qualifying income before any units were or will e:  |
| 11. |  |   | y building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the aller size in that building was or will be rented to residents having a  |
|     | YES  | ☐ NO  |   |
| 12. | section 42(h)(6)(B)(iv) that an ow<br>voucher or certificate of eligibility<br>refused to lease a unit to an appl  | ner cannot refuse<br>y under Section 8<br>icant based solely<br>ny special provisio | described in section 42(h)(6) was in effect, including the requirement under to lease a unit in the project to an applicant because the applicant holds a of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not on their status as a holder of a Section 8 voucher and the project otherwise ons, as outlined in the extended low-income housing commitment (not 1987-1989): |
|     | YES  | □NO   | □ N/A   |
| 13. |  | on 42(h)(5) of the  | portion of the state ceiling set-aside for a project involving "qualified non-code and its non-profit entity materially participated in the operation of the of the Code.   |
|     | YES  | □NO   | □ N/A   |
| 14. | There has been no change in the  | ownership or mar  | nagement of the project:  |
|     | ☐ NO CHANGE  | YES CHAN  | GE  |
|     | If "YES CHANGE", complete page   | e 6 detailing the ch  | nanges in ownership or management of the project.   |
| 15. |  | es this process to  | rent utility allowances for use in the calculation of rents for the project. In be an annual requirement of the LIHTC program and certifies to adhere to e period for the project.  |
|     | YES  | □NO   | □ N/A   |
| 16. |  | **  | RS Revenue Ruling 2004-82) the owner has complied with acome unit has not been evicted or had their tenancies terminated for  |
|     | YES  | □NO   | □ N/A   |
| 17. | The owner has complied with § 4 respect to any low-incomeunit.   | 2(h)(6)(E)(ii)(II) ar   | nd not increased the gross rent above the maximum allowed under § 42 with   |
|     | YES  | □NO   | □ N/A   |
|     |  |   |   |

| 18. | The project has complied with the Violence Against Women Act (VAWA), which provides protections for residents and applicants who are victims of domestic violence, dating violence or stalking, and any other situation or incidence mandated by VAWA. Compliance requirements mandated by VAWA include, but are not limited to, honoring civil protection orders, eviction protection and bifurcation of lease when necessary. |                           |  |
|-----|---|---------------------------|--|
|     | YES   | □NO                       |  |
| 19. | The owner has received  | an annual Student Self    | Certification for each low-income household.   |
|     | YES   | □NO                       | □ N/A  |
| 20. | 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.  |                           |  |
|     | YES   | □NO                       | □ N/A  |
| 21. | The property has not suf  | ffered a casualty loss re | esulting in the current displacement of residents.   |
|     | YES   | □NO                       | □ N/A  |
|     | s 22-25 are only applicable<br>ents, questions 22-25 woul   |                           | dditional exhibits listed in the LURA. For properties without additional   |
| 22. |   | ervices and conducting    | e coordination requirements per the LURA including on site office hours, an annual survey. If yes include the number of hours and the number of he next section. |
|     | YES   | □NO                       | □ N/A  |
| 23. | The property has complequalified household.   | eted PSH Commitment       | to Quality checklist for every Permanent Supportive Housing for each   |
|     | YES   | □NO                       | □ N/A  |
| 24. | The property has provide  | ed all required service   | enrichments according to the schedule listed in the LURA.  |
|     | YES   | □NO                       | □ N/A  |
| 25. | The property is incomplian  | ce with the Smoke Free a  | at Home Program.   |
|     | YES   | □NO                       | □ N/A  |

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "YES CHANGE" OR "FINDING", ON QUESTIONS 1 – 18: Question # Explanation Attach additional pages if necessary. Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency. The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY. Subscribed and sworn to before me this (Ownership Entity) \_\_\_\_\_ day of\_\_\_\_\_\_\_\_, 20\_\_\_\_\_. By: \_\_\_\_\_ Notary Public My Commission Expires: Date:\_\_\_\_\_

<u>CHANGES IN OWNERSHIP OR MANAGEMENT</u> (to be completed **ONLY if "CHANGE"** marked for question 14 above)

| TRANSFER OF OWNERSHIP       |        |                              |
|-----------------------------|--------|------------------------------|
| Date of Change:             |        |                              |
| Taxpayer ID Number:         |        |                              |
| Legal Owner Name:           |        |                              |
| General Partnership:        |        |                              |
| Status of Partnership (LLC, | etc.): |                              |
| ( )                         |        | CHANGE IN OWNER CONTACT      |
|                             |        |                              |
| Date of Change:             |        |                              |
| Owner Contact:              |        |                              |
| Owner Contact Phone:        |        |                              |
| Owner Contact Fax:          |        |                              |
| Owner Contact E-mail:       |        |                              |
|                             |        | CHANGE IN MANAGEMENT CONTACT |
| Date of Change:             |        |                              |
| Management Company Na       | me:    |                              |
| Management Address:         |        |                              |
| Management City, State, Zi  | ip:    |                              |
| Management Contact:         |        |                              |
| Management Contact Phor     | ne:    |                              |
| Management Contact Fax:     |        |                              |
| Management Contact E-ma     | ail:   |                              |
| On-Site Manager:            |        |                              |
| Phone:                      |        |                              |

Fax:

| Project Name: | : |  |
|---------------|---|--|
| •             |   |  |

Please make additional copies as needed

| 1 1000  | Building | 1st Year of Credit Period* | Applicable Fraction |
|---------|----------|----------------------------|---------------------|
|         | Ü        |                            | .,                  |
| 1.      | NM -     |                            |                     |
|         |          |                            |                     |
| 2.      | NM -     |                            |                     |
| 3.      | NM -     |                            |                     |
|         |          |                            |                     |
| 4.      | NM -     |                            |                     |
| 5.      | NM -     |                            |                     |
| ٥.      | INIVI -  |                            |                     |
| 6.      | NM -     |                            |                     |
|         |          |                            |                     |
| 7.      | NM -     |                            |                     |
| 8.      | NM -     |                            |                     |
|         |          |                            |                     |
| 9.      | NM -     |                            |                     |
| 10.     | NM -     |                            |                     |
| 10.     | INIVI -  |                            |                     |
| 11.     | NM -     |                            |                     |
|         |          |                            |                     |
| 12.     | NM -     |                            |                     |
| 13.     | NM -     |                            |                     |
|         |          |                            |                     |
| 14.     | NM -     |                            |                     |
| 15.     | NM -     |                            |                     |
| 13.     | IAIAI    |                            |                     |
| 16.     | NM -     |                            |                     |
|         | N. A.    |                            |                     |
| 17.     | NM -     |                            |                     |
| 18.     | NM -     |                            |                     |
|         |          |                            |                     |
| 19.     | NM -     |                            |                     |
| 20.     | NM -     |                            |                     |
| *The to | INIVI -  |                            |                     |

<sup>\*</sup>The taxable year in which the building is placed in service, or at the election of the taxpayer, the succeeding taxable year.