

## Annual Owner Certification

### Instructions

It is the responsibility of the project owner to annually certify to Housing New Mexico | MFA that the project meets the requirements of 24 CFR § 92 and 24 CFR § 93.

***The owner (or general partner authorized to sign for the ownership entity) is required to sign this certification.*** The owner of any project must certify to the Agency on an annual basis that the project is in compliance with the requirements of 24 CFR § 92 and 24 CFR § 93. The owner must inform the Housing New Mexico | MFA of any non-compliance or if the owner is unable to make one or more of the required certifications.

The Annual Certification is due by January 31st of each calendar year throughout the compliance period. Failure to annually certify project compliance is considered non-compliance and **Housing New Mexico | MFA shall report such failure to file the Annual Certification to the HUD.**

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



## ANNUAL OWNER CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Certification Period:	January 1, 2025-December 31, 2025
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:	
Date of Contact Change: (If applicable)	

### 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:	

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Owner"), hereby certifies the following:

1. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court:

☐ NO FINDING      ☐ FINDING

2. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project:

☐ YES      ☐ NO

If "**NO**", state nature of violation on page 5 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

3. 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:

☐ YES      ☐ NO

4. There has been no change in the ownership or management of the project:

☐ NO CHANGE      ☐ YES CHANGE

If "**YES CHANGE**", complete page 6 detailing the changes in ownership or management of the project.

5. The owner has obtained accurate, allowable, current utility allowances for use in the calculation of rents for the project. In addition, the owner acknowledges this process to be an annual requirement of the LIHTC program and certifies to adhere to this requirement for the duration of the compliance period for the project.

☐ YES      ☐ NO      ☐ N/A

6. 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

7. The owner has received an annual Student Self Certification for each low-income household.

☐ YES      ☐ NO      ☐ N/A

8. The owner is compliance with all agency mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules

☐ YES      ☐ NO      ☐ N/A

9. The property has not suffered a casualty loss resulting in the current displacement of residents.

☐ YES      ☐ NO      ☐ N/A

10. The owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Certification of Continuing Program Compliance.

☐ YES

☐ NO

☐ N/A

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "YES CHANGE" OR "FINDING", ON QUESTIONS 1 - 10:

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 Housing New Mexico.**

The project is otherwise in compliance with the requirements 24 CFR § 92 for HUD HOME and 24 CFR § 93 for HUD Housing Trust Fund and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

\_\_\_\_\_  
Ownership Entity

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Its: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_

**CHANGES IN OWNERSHIP OR MANAGEMENT**

(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 Name:	
Management Address:	
Management City, State, Zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact E-mail:	
On-Site Manager:	
Phone:	
Fax:	