

GOOD STANDING CERTIFICATION

Applicant: _____

I certify that _____ is in “good standing” with all applicable federal, state, and local and MFA rules and regulations as of the date this application. (Applicant must have no unresolved findings including but not limited to the State of New Mexico, funding sources, partners and MFA. This is not applicable for new agencies.)

Print Name

Title

Signature

HOUSING INNOVATION PROGRAM APPLICANT’S CERTIFICATION

_____ (“Applicant”) is submitting an application to the Mortgage Finance Authority (“MFA”) to be considered for funding from Housing Innovation Program

Applicant certifies that:

- It will abide by all applicable federal and state of New Mexico laws and all applicable statutory, regulatory, and judicially created rules and guidelines.
- It understands that MFA will monitor its performance and compliance. It is in good standing with all its funding sources.
- It complies with MFA’s Third-Party Code of Conduct, Equal Employment Law, and all government regulations regarding nondiscriminatory employment practices.
- It understands and represents that any performance agreement it enters into with MFA will be binding in all respects.
- It is currently registered with the NM Attorney General’s Registry of Charitable Organizations, if applicable.
- This proposal shall be valid until the performance agreement is awarded.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THE SERVICE PROVIDER APPLICATION IS TRUE AND CORRECT, AND THAT I HAVE THE AUTHORITY TO BIND THE APPLICANT TO THE ASSURANCES, AS WITNESSED BY MY SIGNATURE BELOW.

Print Name

Title

Signature

**HOUSING INNOVATION PROGRAM APPLICANT'S REPUTATION
CERTIFICATION**

Applicant: _____

Describe any current or pending litigation, allegations, administrative proceedings, or investigations by any party, including any regulatory agency or funding entity, which could potentially impact the reputation or financial viability of the Applicant. (If none, write "None")

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY ISSUES THAT COULD IMPACT THE REPUTATION OF THE APPLICANT.

Print Name

Title

Signature

ACCOUNTING PRACTICES CERTIFICATION

Applicant: _____

Applicant has a functioning accounting system that is operated in accordance with Generally Accepted Accounting Principles (GAAP) or has designated an entity that will maintain such an accounting system that is consistent with GAAP and agrees to maintain the system if it administers the Housing Innovation program.

If Applicant uses another designated entity, provide the name of the agency/firm/individual.

Print Name

Title

Signature