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, 2023-December 31, 2023	
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(t	he
"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.		

1.	The project meets the minimum requirements of: (check one)			
	40 - 60 test under S The Average Incom	Section 42(g)(1)(A) of t Section 42(g)(1)(B) of the Die Test under Section 4 Die rent-skewed" proje	ne Code	
2.	There has been no change in the project:	applicable fraction (as	s defined in Section 42(c)(1)(B) of the Code) for any building in the	
	☐ NO CHANGE	YES CHANGE		
	If "YES CHANGE" , list the applicable year on page 5:	le fraction to be repo	rted to the IRS for <u>each building</u> in the project for the certification	
3.		obtained self-certifica	cation from each low-income resident and documentation to support ations based on HERA rules. This guidance can be found on the MFA ties and annual recertifications.	
	YES	NO		
4.	Each low-income unit in the project	has been rent-restrict	ed under Section 42(g)(2) of the Code:	
	YES	NO		
5.	All low-income units in the project for transitional housing for the hom		r 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 adverse	final decision by the Se by a substantially equiv	2 U.S.C 3601-3619, has occurred for this project. A finding of ecretary of Housing and Urban Development (HUD), 24 CFR alent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an	
	☐ NO FINDING	FINDING		
7.		nd the state or local g	occupancy, taking into account local health, safety, and building codes overnment unit responsible for making building code inspections did ome unit in the project:	
	YES	NO		
	If "NO" , state nature of violation documentation of correction.	on page 5 and attach	a copy of the violation report as required by 26 CFR 1.42-5 and any	
8.	There has been no change in the el certification submission:	ligible basis (as defined	d in Section 42(d) of the Code) of any building in the project since last	
	☐ NO CHANGE	YES CHANGE		
	_	charge, or the project	area has become commercial space, a fee is now charged for a tenant owner has received federal subsidies with respect to the project n 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, such swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided or comparable basis without charge to all tenants in the buildings:			
	YES	NO		
10.		omparable or sma	during the year, reasonable attempts were or are being made to rent that ller size to tenants having a qualifying income before any units were or will	
11.		-	building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the er size in that building was or will be rented to residents having a	
	YES	NO		
12.	12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, including the requirement usection 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant how voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project other meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989):			
	YES	□NO	□ N/A	
13.		n 42(h)(5) of the c	ortion of the state ceiling set-aside for a project involving "qualified nonode and its non-profit entity materially participated in the operation of the f the Code.	
	YES	□NO	□ N/A	
14.	There has been no change in the o	wnership or mana	gement of the project:	
	☐ NO CHANGE	YES CHANG	E	
	If "YES CHANGE", complete page 6	detailing the cha	nges in ownership or management of the project.	
15.	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	
16.	For the proceeding 12-month period (pursuant to IRS Revenue Ruling 2004-82) the owner has complied with §42(h)(6)(E)(ii)(I) that an existing tenant of a low-income unit has not been evicted or had their tenancies terminated for anything other than good cause.			
	YES	□NO	□ N/A	
17.	The owner has complied with § 42 respect to any low-incomeunit.	(h)(6)(E)(ii)(II) and	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 ar 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 suffered a casualty loss resulting in the current displacement of residents.			
	YES	□NO	□ N/A	
	s 22-25 are only applicable ents, questions 22-25 would		dditional exhibits listed in the LURA. For properties without additional	
22.	. The property has completed the annual service coordination requirements per the LURA including on site office hours, providing coordinated services and conducting an annual survey. If yes include the number of hours and the number of residents served with coordinated services in the next section.			
	YES	□NO	□ N/A	
23.	3. The property has completed PSH Commitment to Quality checklist for every Permanent Supportive Housing for each qualified household.			
	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_____. Ву: _____ Notary Public 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.):	
(220)		
		CHANGE IN OWNER CONTACT
2		
Date of Change: Owner Contact:		
Owner Contact Phone:		
Owner Contact Fax:		
Owner Contact E-mail:		
		CHANGE IN MANAGEMENT CONTACT
Data of Change		
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:

Please make additional copies as needed

	Building	1st Year of Credit Period*	Applicable Fraction
1.	NM -		
١	NIN 4		
2.	NM -		
3.	NM -		
4.	NM -		
5.	NM -		
<u>J.</u>			
6.	NM -		
_	NIN 4		
7.	NM -		
8.	NM -		
9.	NM -		
10.	NM -		
10.	14141		
11.	NM -		
12	NIN 4		
12.	NM -		
13.	NM -		
14.	NM -		
15.	NM -		
16.	NM -		
17	NIN 4		
17.	NM -		
18.	NM -		
19.	NM -		
20.	NM -		
*The to	IAIAI		

^{*}The taxable year in which the building is placed in service, or at the election of the taxpayer, the succeeding taxable year.