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

MFA			
Housing New Mexico			
Certification Period:	<u> </u>		
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 Project:	of		
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 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			
At least one building was placed i	n service but owner does not elect to begin credit period in the following year.		
If either of the above annlies, please check the appropriate how, and proceed to page to sign and date this form			

1.	The project meets the minimum requirements of: (check one)				
	40 - 60 test und The Average Inc	er Section 42(g)(1)(A) o er Section 42(g)(1)(B) o come Test under Sectio 'deep rent-skewed" pr	of the Code		
2.	There has been no change in t project:	he applicable fraction	(as defined in Section 42(c)(1)(B) of the Code) for any building in the		
	☐ NO CHANGE	YES CHANGE			
	If "YES CHANGE" , list the appli year on page 5:	cable fraction to be re	eported to the IRS for <u>each building</u> in the project for the certification		
3.	The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has obtained self-certifications based on HERA rules. This guidance can be found on the MFA website. It outlines the requirements for 100% TC properties and annual recertifications.				
	YES	NO			
4.	Each low-income unit in the proj	ect has been rent-rest	ricted under Section 42(g)(2) of the Code:		
	YES	NO			
5. All low-income units in the project are and have been for use by the general public and used on a for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):					
	YES	□NO	HOMELESS		
6.	discrimination includes an adve- 180.680, an adverse final decision	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			
7.	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 documentation of correction.	on on page 5 and atta	ch a copy of the violation report as required by 26 CFR 1.42-5 and any		
8.	There has been no change in the certification submission:	e eligible basis (as defi	ned in Section 42(d) of the Code) of any building in the project since last		
	☐ NO CHANGE	YES CHANGE			
		out charge, or the pro	on area has become commercial space, a fee is now charged for a tenant oject owner has received federal subsidies with respect to the project ty 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, such 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.		mparable or smal	during the year, reasonable attempts were or are being made to rent that ler size to tenants having a qualifying income before any units were or will	
11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(Code, the next available unit of comparable or smaller size in that building was or will be rented to residents qualifying income:				
	YES	NO		
12.	12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, including the requirement section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant howoucher 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 (no applicable to buildings with tax credits from years 1987-1989):			
	YES	□NO	□ N/A	
13.		42(h)(5) of the co	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 fthe Code.	
	☐ YES	□NO	□ N/A	
14.	There has been no change in the o	wnership or mana	gement of the project:	
	☐ NO CHANGE	YES CHANGE	Ε	
	If "YES CHANGE", complete page 6	detailing the char	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.		•	S Revenue Ruling 2004-82) the owner has complied with ome unit has not been evicted or had their tenancies terminated for	
	☐ 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 an state-level program requirements and any commitments for which it received points or other preferential treatment in its application.		
	YES	□NO	□ N/A
21.	1. 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 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.	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 provid	ed all required service	enrichments according to the schedule listed in the LURA.
	YES	□NO	□ N/A
25.	The property is incomplian	ice 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	p:	
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.	IVIVI -		
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 -		

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