## **OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE**

New Jersey Housing and Mortgage Finance Agency

Certification Dates:		From: January 1, 2024			To: December 31, 2024			
Project Name:				LITC No	):			
Project Address:					City:	Zip	):	
	ID # of ership Entity:					1		
Own	ership Entity							
Address: Ownership Entity				Fax Numbe	r:			
Phone Number: Ownership Entity E-Mail Address:								
The u	indersigned	on behalf of	:		(the "Ov	wner"), hereb	y certifies that:	
1.	The project meets the minimum requirements of: (check one)  □ 20 - 50 test under Section 42(g) (1) (A) of the Code  □ 40 - 60 test under Section 42(g) (1) (B) of the Code  □ 15 - 40 test for "deep rent-skewed" projects under Section 42(g) (4) and 142(d) (4) (B) of the Code  □ Average Income (please attach unit designations)							
2.	There has been in project:	no change in the applicable frac	etion (as defined in Sec	tion 42(c)(1)(l	B) of the Code)	) for any build	ding in the	
	. ,	☐ NO CHANGE	☐ CHAN	GE				
	If "Change", list	the applicable fraction for each bu	uilding in the project for	the certification	on year on page	e 4:		
3.		eceived an "Annual" Tenant Income Certification from each low-income resident and documentation to support and/or an "Initial" Tenant Income Certification from each low-income resident, and documentation to support the itial occupancy.						
		☐ YES	□ NO					
		If "No" please provide	explanation on page 4	1.				
	please attach a co	nant Income Certification was comp ppy of the TIC with backup documen ge 4. If the tenant failed to recertify,	tation, recertification noti	ices, Notice to	Cease/Quit and	d provide	)	
4.	Each low-income	unit in the project has been rent-	restricted under Section	n 42(g)(2) of th	ne Code:			
		☐ YES	□ NO					
5.		nits in the project are and have be onal housing for the homeless pro				on a non-tra	nsient basis	
		☐ YES	□ NO		HOMELESS			
6.	discrimination inc	crimination under the Fair Housing cludes an adverse final decision by decision by a substantially equival federal court:	the Secretary of Hous	ing and Urbar	n Development	(HUD), 24 (	CFR 180.680,	
		☐ NO FINDING						

1.	The property has not suffere	d a casualty loss resulting in the	•	S.	
		☐ YES	□NO		
		olanation on page 4 and the su e casualty loss and date on wh			
8.	(or other habitability standar		ment unit responsible for makin	health, safety, and building codes g building code inspections did not	
		☐ YES	□NO		
	If "No", please state natu and any documentation		attach a copy of the violation r	eport as required by 26 CFR 1.42-5	
9.	There has been <b>no change</b> last certification submission:	in the eligible basis (as defined	in Section 42(d) of the Code) of	any building in the project since	
		☐ NO CHANGE	☐ CHANGE		
	for a tenant facility forme		or the project owner has receive	rcial space, a fee is now charged ved federal subsidies with respect page 4.	
10.	swimming pools, other rec	d in the eligible basis under Secti reational facilities, parking areas, charge to all tenants in the buildi	, washer/dryer hookups, and app		
		YES	□NO		
11.		f comparable or smaller size to to		ere or are being made to rent that unit ne before any units were or will be	
		YES	□NO		
12.				ed in Section 42(g)(2)(D)(ii) of the nted to residents having a qualifying	
		YES	□NO		
13.	section 42(h) (6) (B)(iv) that voucher or certificate of eliq refused to lease a unit to a meets the provisions, inclu	An extended low-income housing commitment as described in section 42(h) (6) was in effect, including the requirement under section 42(h) (6) (B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project otherwise 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	
	If	"No" or "N/A" please provide e	explanation on page 4.		
14.	organizations" under Secti	owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit inizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the elopment within the meaning of Section 469(h) of the Code.			
		YES	□NO		
15.	There has been no change	e in the ownership or managemen	nt of the project:		
		☐ NO CHANGE	☐ CHANGE		

If "Change", please complete the appropriate section on page 4.

16.	Pub. L. No. 103-322, VAWA 2013, Pub. L.	tit IV, 108 Stat. 1902 (1994), VAWA 113-4, 601, 127, Stat. 54 (2013) and	m HUD – 5380, of their rights under the Violence Against Women Act, 2005, Pub. L. No. 109-162, 4402, 119 Stat. 2960, 3041-49 (2006), I if applicable VAWA 2013: Implementation in HUD Housing programs, Rule" and distributed Form HUD-5382, VAWA self-certification
	ioiiii.	☐ YES	□ NO
		If "No", please provide explanati	on on page 4.
17.		creased the rent charged to each exist to changes in utility allowance calc	sting tenant (excluding rental assistance) by more than 5.00 percent culations:
		☐ YES	□NO
		If "No", please provide explanation	on on page 4.
18.	The on-site Property N	Management office had office hours	of at least 20 hours every week:
		☐ YES	□NO
		If "No", please provide explanation	on on page 4.
19.	The owner has register and actively updated		Housing Resource Center (https://www.nj.gov/njhrc/)
		☐ YES	□NO
	If "YES", please atta	ach a copy from the website.	If "No", please provide explanation on page 4.
20.	The owner has not so submission:	old the property nor initiated foreclosu	ure or instrument in lieu of foreclosure since the last certification
		☐ YES	□NO
		If "No", please provide explanatio	n on page 4 and the supporting documentation.
	noncompliance wi	ith program requirements. In addi	fter the December 31, 2024 expiration date, will result in tion, any individual other than an owner or general rm, unless permitted by the state agency.
			any Treasury Regulations, the applicable State Allocation Plan, and n and any attachments are made UNDER PENALTY OF PERJURY.
			(Ownership Entity)
			(Signature)
			(Title)
			(Date)

## PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE", "N/A" OR FINDING" NO EXPLANATION NEEDED FOR QUESTION #14

Ques. #	Explanation

## **CHANGES IN OWNERSHIP OR MANAGEMENT**

(to be completed ONLY if "CHANGE" marked for question #15 above)

ioi quest	1011 # 10 above)			
<u>_</u>	RANSFER OF OWNERSHIP			
Date of				
Change:				
Taxpayer ID				
Number:				
Legal Owner				
Name:				
General				
Partnership:				
0				
Status of				
Partnership				
(LLC, etc):				
	ANGE IN OWNER CONTACT			
Date of				
Change:				
Owner				
Contact:				
Owner				
Contact				
Phone:				
Owner				
Contact Fax:				
Owner				
Contact Email:				
CHANGE IN MANAGEMENT CONTACT				
Date of Change:				
Management				
Co. Name:				
Management				
Address:				
Management				
city, state, zip:				
Management				
Contact:				
Management				
Contact				
Phone:				
Management				
Contact Fax:				
Management				
Contact				
Email:				