OWNER'S CERTIFICATE OF EXTENDED USE PERIOD COMPLIANCE

Vermont Housing Finance Agency P.O. Box 408 Burlington, VT 05402 Certification From: To: January 1, 20____ December 31, 20 Dates: **Project Name: Project Address:** City: Zip: Tax ID # of Ownership Entity: The undersigned on behalf of ____ (the "Owner"), hereby certifies that: The project meets the minimum requirements of: (check one) 1. 20 – 50 test (20% of the units at 50% of area median income) 40 – 60 test (40% of the units at 60% of area median income) П 2. During the extended use period, the applicable fraction requirement is calculated on a project-wide basis and uses the number of unit's method as specified in the original allocation of credits. (Applicable fraction is no longer calculated using square footage method.) 3. Based on the project-wide applicable fraction, the following number of units must be rented to income qualified residents_____. 4. Rules are applied on a project-wide basis during the extended use period. The owner has received a Tenant Income Certification from each low-income resident and documentation to 5. support that certification at their initial occupancy only. ☐ YES Пио Each low-income unit in the project has been rent-restricted: 6. ☐ YES All low-income units in the project are and have been for use by the general public and used on a non-transient 7. basis (except for transitional housing for the homeless): ☐ HOMELESS ☐ YES 8. 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:

9.	building codes (or other habitabil	☐ FINDING If has been suitable for occupancy, taking into account local health, safety, and ty standards), and the state or local government unit responsible for making issue a report of a violation for any building or low income unit in the project: ☐ NO
	If "No", state nature of violation of correction.	on page 3 and attach a copy of the violation report and any documentation of
10.	If the income of tenants of a low- remained restricted in order to m	ncome unit in any building increased above the area median income limit, the rent aintain the unit as low-income: NO
11.	requirement under section 42(h)(because the applicant holds a vol 1937, 42 U.S.C. 1437s. Owner h	commitment as described in section 42(h)(6) is in effect, including the 6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant ucher or certificate of eligibility under Section 8 of the United States Housing Act of as not refused to lease a unit to an applicant based solely on their status as a difference the project otherwise meets the provisions, including any special provisions, as me housing commitment: □ NO □ N/A
12.	terminated other than for good ca	eriod no tenants in low-income units were evicted or had their tenancies ause and that no tenants had an increase in the gross rent with respect to a low-red under Section 42 of the Code. NO
13.	There has been no change in the NO CHANGE	ownership or management of the project: CHANGE
	If "Change", complete page 3 de	etailing the changes in ownership or management of the project.
addit		n its entirety could jeopardize future allocations of housing credits. In nowner or general partner of the project is not permitted to sign this form,
and a		with the Extended Use Period requirements, the applicable State Allocation Plan, regulations. This Certification and any attachments are made UNDER PENALTY
_		(Ownership Entity)
	:	
Date		

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON QUESTIONS 1-13.

Question **Explanation**

TRANSFER OF OWNERSHIP

Date of			
Change:			
Taxpayer ID			
Number:			
Legal Owner			
Name:			
General			
Partnership:			
01-1			
Status of			
Partnership (LLC, etc):			
(LLC, etc).			
CHANGE IN OWNER CONTACT			
CHANGE IN OWNER CONTACT			

Date of	
Change:	
Owner	
Contact:	
Owner	
Contact Ph #:	
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 Ph #:	
Management	
Contact Fax:	
Management	
Contact Email:	