

OWNER'S CERTIFICATE OF EXTENDED USE PERIOD COMPLIANCE

To: **Vermont Housing Finance Agency**

P.O. Box 408

Burlington, VT 05402

Certification Dates:	From: January 1, 20 _____	To: December 31, 20 _____	
Project Name:			
Project Address:		City:	Zip:
Tax ID # of Ownership Entity:			

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of: (check one)
 - 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)

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.

5. The owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification at their initial occupancy only.
 - YES** **NO**

6. Each low-income unit in the project has been rent-restricted:
 - YES** **NO**

7. All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless):
 - YES** **NO** **HOMELESS**

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:

NO FINDING **FINDING**

9. 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 on page 3 and attach a copy of the violation report and any documentation of correction.

10. If the income of tenants of a low-income unit in any building increased above the area median income limit, the rent remained restricted in order to maintain the unit as low-income:

YES **NO**

11. An extended low-income housing commitment as described in section 42(h)(6) is 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:

YES **NO** **N/A**

12. During the preceding 12-month period no tenants in low-income units were evicted or had their tenancies terminated other than for good cause and that no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42 of the Code.

YES **NO**

13. There has been no change in the ownership or management of the project:

NO CHANGE **CHANGE**

If "**Change**", complete page 3 detailing the changes in ownership or management of the project.

Note: Failure to complete this form in its entirety could jeopardize future allocations of housing credits. 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 Extended Use Period requirements, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

By: _____

Title: _____

Date: _____

