



1981 Blake Street
 Denver, Colorado 80202
 800.877.chfa (2432)
 www.chfainfo.com

low income housing tax credit program

Post Year 15 Owner Certification of Continuing Program Compliance

Report Date	Certification Period	January 1, 20
		December 31, 20
Project Name		
Address		
City	State	Zip+4
Final year of compliance period (Year 15)	20	

The undersigned _____ (“Owner”), hereby certifies that:

1	The project meets the minimum requirements of (check one):	<input type="checkbox"/> 20-50 test under Section 42(g)(1)(A) of the Code
		<input type="checkbox"/> 40-60 test under Section 42(g)(1)(B) of the Code
		<input type="checkbox"/> 15-40 test for “deep rent-skewed” projects under Section 42(g)(4) and 142 (d)(4)(B) of the Code
2	The owner completed an initial Tenant Income Certification from each low-income resident and documentation to support that certification	<input type="checkbox"/> True <input type="checkbox"/> False
3	The owner has completed an annual self-certification for each low income resident	<input type="checkbox"/> True <input type="checkbox"/> False
4	Each low-income unit in the project has been rent-restricted under 42(g)(2) of the Code	<input type="checkbox"/> True <input type="checkbox"/> False
5	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 provided under Section 42(i)(3)(B)(iii) of the Code)	<input type="checkbox"/> True <input type="checkbox"/> False
6	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	<input type="checkbox"/> True <input type="checkbox"/> False
If “False”, state nature of violation on page 2 and attach copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction		
7	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)	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> n/a
8	There has been no change in the ownership or management of the project	<input type="checkbox"/> No Change <input type="checkbox"/> Change
If “Change”, complete page 3 detailing the changes in ownership or management of the project		

Please Note: Failure to complete this form in its entirety will result in noncompliance with the 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 terms of the projects Land Use Restriction Agreement (LURA) and the applicable portions of the IRC Section 42 as outlined in the State Agency Y-15 Plan. This Certification and any attachments are made **Under Penalty of Perjury**.

Name of Ownership Entity

By

Date

Title

explain any items that were answered "false", "change" or "finding" on questions 1-8

question number	explanation

changes in ownership or management (to be completed **only** if “change” marked for question 8 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 Phone	
Owner Contact		
Owner Contact Fax	Owner Contact Email	
Owner Address		
City	State	Zip

change in management contact

Date of Change	Management Phone	
Management Company Name		
Management Contact		
Management Fax	Management Email	
Management Address		
City	State	Zip