



PO Box 60  
 Denver, CO 80201  
 303.297.chfa (2432)  
 800.877.chfa (2432)  
 www.chfainfo.com

# owner certification of continuing loan compliance

CHFA Loan Number	Year End December 31, 20
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Witnessed that on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, the undersigned, having borrowed certain funds from Colorado Housing and Finance Authority (CHFA) for the purpose of acquiring or constructing a multifamily housing project known as \_\_\_\_\_, FHA Project No. \_\_\_\_\_ (if applicable), does hereby certify that such multifamily housing project is in continuing compliance with the CHFA Regulatory Agreement and/or Land Use Restriction Agreement executed by the undersigned and filed in the official public records of \_\_\_\_\_ County, Colorado.

<b>1</b>	The owner and its management agent maintained appropriate internal controls to identify and detect fraud, including providing training for their staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>2</b>	Was the owner involved in litigation to which the owner was a party on health and/or safety matters of past or present households or that would materially impact the owner's ability to comply with the terms of the Regulatory Agreement or LURA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," provide an explanation on page 3, and attach any documentation as necessary.				
<b>3</b>	There has been a change in the ownership or management of the project.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," provide an explanation on page 3, and attach any documentation as necessary.				

## additional certification required only for projects financed with chfa tax-exempt bonds

Please answer the six questions below. If you would like to add more information, please use the box on the next page.

	Have you filed an "Annual Certification of a Residential Rental Project," IRS Form 8703, and provided a copy to CHFA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the project used solely as a Qualified Residential Rental Project in accordance with the requirements of subsection 142(d) of the Internal Revenue Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Did the owner comply with the requirements of the Tax Certificate, Written Procedures for Ongoing Tax Compliance, and other covenants and disclosure obligations in the bond documents executed upon issuance of the bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If this is a 501(c)(3) bond-financed or a governmental bond-financed property, is it in compliance with the IRS Safe Harbor Contract Rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If this is a 501(c)(3) bond-financed property, have you filed an IRS Form 990 "Return of Organization Exempt from Income Tax" in accordance with IRS requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If this is a 501(c)(3) bond-financed property, in the past year was more than 5% of the property used for:

• any private business use other than low-income housing owned and operated by a 501(c)(3) organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• any trade or business activities that were unrelated to the operation of a low-income rental housing project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• any activity that resulted in unrelated trade or business income for the 501(c)(3) organization that owns/operates the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

signature

Mortgagor Representative Signature

Date

explain answers (if applicable)

explanation

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please provide current contact information for ownership and management

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owner

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Owner Contact		
Owner Contact Phone		
Owner Contact Fax	Owner Contact Email	
Owner Address		
City	State	Zip

management

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Management Company Name	Management Phone	
Management Contact		
Management Fax	Management Email	
Management Address		
City	State	Zip

transfer of ownership (to be completed only if "yes" marked for question 3 above)

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Date of Change	Taxpayer ID Number	
Legal Owner Name		
General Partnership		
Status of Partnership (LLC, etc.)		