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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"/> Average income test under Section 42(g)(1)(C) 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 3 and attach copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.	
7	Was any low-income unit in the project unsuitable for occupancy for an extended period of time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If “Yes,” list the unit(s) on page 3, provide an explanation, and attach any documentation confirming the date the unit(s) became suitable for occupancy.	
8	An extended low-income housing commitment as described in Section 42(h)(6) was in effect, and the project 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

9	There has been no change in the ownership or management of the project.	<input type="checkbox"/> Change	<input type="checkbox"/> No Change	
If "Change," complete page 4 detailing the changes in ownership or management of the project.				
10	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 LURA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," provide an explanation on page 3, and attach any documentation as necessary.				
11	The owner complied with average income requirements as outlined in the LURA, CHFA's compliance monitoring guidance, and any related guidance issued by the IRS.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> N/A (owner did not elect average income as the minimum set-aside requirement)
12	The owner has not refused to lease a unit to an applicant based solely on the applicant's status as a holder of a Section 8 voucher.	<input type="checkbox"/> True	<input type="checkbox"/> False	
13	The owner complied with the provisions of the Violence Against Women Reauthorization Act of 2013 – VAWA.	<input type="checkbox"/> True	<input type="checkbox"/> False	
14	The owner complied with the requirements of the state Affordable Housing Tax Credit program as outlined in the LURA and the compliance manual.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> N/A (property does not have state AHTC)
15	The owner and its management agent maintained appropriate internal controls to identify and detect fraud, including providing training for their staff.	<input type="checkbox"/> True	<input type="checkbox"/> False	

additional certification required only for lihtc projects financed with chfa tax-exempt bonds via a conduit bond issue

1	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
2	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
3	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

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.

signature

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 answers for questions 1-15 (if applicable)

question number	explanation

please provide current contact information for both ownership and management

owner

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

management

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

transfer of ownership (to be completed **only** if "change" marked for question 9 above)

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