OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

| Property N | ame | | | | | th multiple BIN's must | |
|--|------------------|---|---|---|---|--|--|
| Project Number | | | | pr | submit one certification form per project. See line 8b of the 8609 to | | |
| Address | | | | | determine the number of projects at the Development. If one project contains multiple buildings, leave the Project Number blank. | | |
| City, | Zip THIS C | CERTIFICATION IS MADE U | INDER DEN | | • | | |
| | 11115 (| | JINDER I EI | TALII OF LEK | JUKI | | |
| DATE RECEIVED | | Certification for the previous 12- month period | From | 01/01/2020 | To | 12/31/2020 | |
| | | eations are made pursuant to Sec ired by the Department of Treasu | | | | | |
| New LIHTC Pro | jects Only: | | | | | | |
| | | e been placed in service | the examer also | ta ta hagin aradit nari | ad in tha f | Callarying year | |
| L At | icasi one ound | ing has been placed in service, but t | .ne owner elec | is to begin credit pen | ou iii tile i | onowing year | |
| If either of the above applies, please check the appropriate box and proceed to page 3 to sign and date this form. | | | | | | | |
| Projects with Re | syndication in 2 | 2020: | | | | | |
| | 1 '11' 1 | | | | | | |
| | | e been placed in service ing has been placed in service, but t | the owner elec | ts to begin credit peri | od in the f | following year | |
| If either of the above applies, please check the appropriate box and proceed to page 3 to sign and date this form. | | | | | | | |
| | | | | | | | |
| The Owner her | eby certifies | that: | | | | | |
| | 1 | . The project meets the minimum. ☐ The 20-50 test under Section ☐ The 40-60 test under Section ☐ The Average Income test ☐ The 15-40 test for "deep reconstruction". | ion 42(g)(1)(A on 42(g)(1)(B) under Section | A)) 1 42(g)(1)(C) |)(4) and | 142 (d)(4)(B) | |
| ☐ True ☐ Falso | e 2 | There has been no change in any building in the project. If | the applicabl "False," atta | e fraction as define ch documentation of | d in Secti of the app | on 42(c)(1)(B) for licable fraction to | |
| ☐ True ☐ False | e 3 | be reported to the IRS for each At initial occupancy, the own low-income tenant and documannual recertification, the own documentation to support that supportingdocumentation. | ner has receive mentation to a oner has receive | yed a Tenant Incom support that certific ved a Tenant Incon | e Certific ation, and ne Certifi | ation from each d if applicable, at cation and | |
| ☐ True ☐ Falso | e 4 | The owner has received an ar household. If "False," attach | | | | | |
| ☐ True ☐ Falso | e 5 | Each qualified low-income u "False," attach an explanation | init is rent-res | stricted under Section | on $42(g)$ | | |
| ☐ True ☐ Falso | e 6 | 6. All low-income units in the p non-transient basis, except as attach an explanation and t | project are for s otherwise po | r use by the general ermitted by Section | public at 42 of the | | |

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OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

| □ True | ☐ False | 7. | The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period. If "False," attach an explanation and the |
|--------|---------------|-----|--|
| □ True | ☐ False | 8. | supporting documentation. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project. If "False," attach an explanation and the supporting documentation, including a copy of the |
| □ True | ☐ False | 9. | violation report and any documentation of correction. There have there been no changes in the eligible basis under Section 42(d) for any building in the project. If "False," attach an explanation and the supporting documentation. |
| □ True | ☐ False | 10. | |
| □ True | □ False □ N/A | 11. | If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income. If "False," attach an explanation and the supporting documentation. |
| □ True | ☐ False ☐ N/A | 12. | |
| □ True | □ False | 13. | 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 of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force. If "False," |
| □ True | □ False □ N/A | 14. | attach an explanation and the supporting documentation. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h). If "False," attach an explanation and the supporting documentation. |
| □ True | ☐ False | 15. | There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance. If "False," attach an explanation and the supporting documentation. |
| □ True | □ False | 16. | |
| ☐ True | ☐ False | 17. | |
| □ True | ☐ False | 18. | |

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| ☐ True ☐ False | 19. | The property has not suffered a casualty loss resulting in the current displacement of tenants. If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to |
|---|-------------------------|---|
| ☐ True ☐ False | 20. | return to their unit(s). The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher. If "False," attach an explanation and the supporting documentation. |
| □ True □ False □ N/A | 21. | |
| | | OWNER INFORMATION |
| Ownership Entity Nar | me: | OWNER INFORMATION |
| Addr | _ | |
| City, State, Z | Zip: | |
| Phone: | | Taxpayer ID: |
| E-mail: | | |
| | - | |
| | | MANAGEMENT INFORMATION |
| Management Entity Nar | me: | MANAGEMENT INFORMATION |
| Addr | ess | |
| City, State, Z | Zip: | |
| Pho | ne: | On-Site Manager: |
| E-m | ail: | |
| | _ | |
| otherwise in compliance Allocation Plan, and all canswers to the above que | with other estion | ng duly sworn, hereby represent and certify under penalty of perjury that the project is the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified applicable laws, rules, and regulations. The information contained in this statement and s, including any attachments hereto, are true, correct and complete to the best of my at I have the requisite authority to execute this <i>Owner's Annual Certification</i> . |
| (5 | 0 0 | g authority, please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing execute these documents for the ownership entity.) |
| Name: | | Title: |
| Signature: | | Date: |

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