

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Acquisition Revitalization Program Production Fund, Building Homes Rhode Island, Capital Magnate Fund, Developing Affordable Housing, Emergency Rental Assistance, Housing Production Fund - Extremely Low Income, Neighborhood Opportunities Program, Preservation Loan Fund, Priority Projects Fund, RI Rebounds Production Fund, Transit Oriented Development, Middle Income and Workforce Housing

TO: Rhode Island Housing Leased Housing 44 Washington Street Providence, RI 02903-1721	FROM: Development <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Address <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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THIS CERTIFICATION IS MADE UNDER PENALTY OF PERJURY	
DATE SUBMITTED _____	CERTIFICATION DATE _____
From: _____	To: _____

- Yes No Has the building or development been sold since the last Annual Owner's Certification of Compliance?
- Yes No Have the program units met the requirements of its income eligible persons set forth in the Regulatory and/or Loan Agreement?
- Yes No Has an annual Tenant Income Certification been received and submitted to Procorem for each low-income tenant in the development?
- Yes No Is each building in the development suitable for occupancy taking into account local health, safety and building codes (and other habitability standards) and has the state or local government unit responsible for making building code inspections not issued a report of a violation for any building or low-income unit in the project?
 Attach any notices of violations issued by a local or state building inspector that were issued on any unit or building during this certification period and any documentation of correction.
- Yes No Has a finding of discrimination under the Fair Housing Act, 42 USC 3601-3619, occurred for this project?
 A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development, an adverse final decision by a substantially equivalent state or local fair housing agency, or an adverse judgment from a federal court.
- Yes No Have the program units met the requirements of its rent restrictions set forth in the Regulatory and/or Loan Agreement?

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Yes No Has the owner utilized the next available unit rule if at any time fewer than the required number of Units were leased, rented or occupied by the required income restricted family?

Acquisition Revitalization Program Production Fund, Community Revitalization Program, Developing Affordable Housing, Emergency Rental Assistance, Middle Income, Priority Projects Fund, RI Rebounds Production Fund, Transit Oriented Development, Work Force Housing only:

Yes No Not Student Housing. Have all units certified as non-students? (as defined in Regulatory and/or Loan Agreement)

Housing Production Fund - Extremely Low Income (HPF - ELI) only:

Yes No Has the owner attempted to prioritize homes households by reaching out to RIHousing, Rhode Island homeless providers and the Rhode Island Continuum of Care's Coordinated Entry System when leasing ELI Units?

Yes No Has the owner reported all ELI units leased to homeless households are reported in HMIS and all HUD universal and program data elements for residents are input into the system. This reporting may be completed by the agency which is providing the support services or by the Contractor

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OWNER INFORMATION	
<i>Owner Name</i>	TAXPAYER ID
<i>Owner Address</i>	<i>Owner telephone #</i>
<i>Partnership Name (if different from owner)</i>	<i>Taxpayer ID</i>
<i>General Partner (if different from owner)</i>	<i>Email address</i>

MANAGEMENT AGENT INFORMATION	
<i>Management Agent</i>	<i>Taxpayer ID</i>
<i>Name of Management Agent Contact Person:</i>	<i>Daytime phone</i>
<i>Name of On-site Property Manager (if different from above)</i>	<i>Daytime phone</i>
<i>Management Agent's Address</i>	<i>Email address</i>
<input type="checkbox"/> Check if new management agent	<input type="checkbox"/> Check if new address or phone

The development is in compliance with the Regulatory Agreements and all applicable laws, rules and regulations.

Print owner name, signing partner, or officer

Signature of owner, signing partner, or officer

TITLE OF SIGNING PARTNER OR OFFICER IF OWNER IS NOT AN INDIVIDUAL

SWORN to before me this _____ Day of _____, 20

Notary Signature

Notary Public for State of _____

My commission expires:

Failure to complete this form in its entirety will result in noncompliance with 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 Rhode Island Housing.