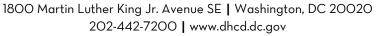




## GOVERNMENT OF THE DISTRICT OF COLUMBIA

## DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT





## HOME INVESTMENT PARTNERSHIP (HOME) OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

HOME Program Annual Owner Certifications (AOCs) must be completed for each calendar year during the period of affordability and/or when the project has low-income tenants occupying a unit at the project. Failing to complete an AOC by the deadline will result in a notice of noncompliance.

Certification Dates:	From: January 1,		To: December 31,						
Project Name:	•	Project No:							
Project Address:		City: Zip: Washington, DC		Zip:					
Project Phone: Project Fax:									
Project Email:									
Pursuant to the HOME Investment Partnerships Act at Title II of the Cranston-Gonzales National Affordable Housing Act as amended, 42 U.S.C. 12701 <i>et seq.</i> and as required by the Department of Housing and Urban Development (HUD) and the DC Department of Housing and Community Development (DHCD), certifies:									
The undersignedon behalf of									
(the "Owner"), hereby certifies that:									
<ol> <li>The owner received an annual certification from each low-income tenant and documentation to support that certification.</li> </ol>									
☐ YES ☐ NO	O								
2. All units in the project were available for use by the general public.									
☐ YES ☐ NO	)								
<b>3.</b> Each low-income unit in the project was rent restricted according to the Land Use Restriction Agreement (LURA).									
☐ YES ☐ NO	O								

rents exceed the approved amount.							
	☐ YES	<b>□</b> NO					
5.	5. On December 31, 2016, each building and all HOME-assisted units in the project were suitable for occupancy, taking into account state and local health, safety, and other applicable codes, ordinances and requirements, and on-going property standards established by the participating jurisdiction (PJ) to meet the requirements of Section 92.251. All units vacated during the past year were made suitable for occupancy within 30 days of the last move out.						
	☐ YES	<b>□</b> NO					
	☐ No units are	unsuitable for occupan	cy because of fire, flood, or mold.				
	<b>Unit inspection</b> □ Quarterly	s by Management are  Semi-Annua					
	Date of last full	property inspection by	owner or managing agent:				
6.	Did the project receive any citations or notices for violations of local health, safety, or building codes? Please include all notices issued by state or local government during the reporting period. Use the clarification section on Page 4 to describe the violations and correction status. (DHCD may request copies of local code reports during inspections.)						
7.	An executed and updated copy of the Affirmative Fair Housing Marketing Plan (AFHMP applicable, is attached along with all supporting documentation. (If no change since previous report, provide a copy of the AFHMP clearly marked "No Change.")						
	☐ Attached	□ Not Attache	d				
8.			federal, state and local laws relating to fair , but not limited to the following:				
	☐ The Federal Fair Housing Act and DC Fair Housing Act						
	☐ Section 504	ct of 1973					
	☐ Americans w	990 (ADA)					
	□ Title VI Civil Rights Act - 1964						
	☐ Section 3 of the Housing and Urban Development Act of 1968						
	•		andicapped units to those with disabilities apped equipped units are at the property?				
	☐ All staff at th	e property has underg	one Fair Housing Training in the past two years.				

<b>Example:</b> Water-billing service fees, parking, non-refundable security deposit fees, etc.)						
•	•		l fees, and their amounts:			
	Fee:	Amount: _				
reasonable attem and while the unit	pts were mad was vacant, r g a qualifying	e to rent that unit to units of compar income.	to tenants having a qualify	ing income		
the tenant was no appropriate acco	longer a low rding to the Ll	income household JRA or other rest	d, that household's rent was rictive document and the ne	raised as ext available		
☐ YES	□ NC					
2. The owner has met the requirement that no tenants were evicted for other than good cause.						
☐ YES	□ NC					
<b>3.</b> All support services (if any) as proposed in the Formal Application or restricted document(s) (LURA/LURC) are in place.						
☐ YES	□ NC					
4. Copies of all advertising (including AFHMP related) are attached to this certification.						
☐ YES	□ NC					
Every household h	nas been aske	d to complete an	Ethnicity Data form.			
☐ YES	□ NC	1	□ N/A			
6. Attached is a Building Status Form that includes for each household: unit number, head o household name, number of occupants, bedroom size, anticipated household income, tenant paid rent, unit set-aside, last recertification date, and whether subsidy assistance is received. If vacant, list last date unit was occupied by a qualified household.						
<b>□</b> Attached	<b>□</b> Not	Attached				
	When a low income reasonable attements and while the unit tenants not having YES  When a tenant's inthe tenant was not appropriate accounit of comparable income.  YES  The owner has mecause.  YES  All support service document(s) (LUR)  YES  Copies of all advections of all advection	No—No explanation required Yes—Listed below are all of Fee:	Example: Water-billing service fees, parking, non   No—No explanation required   Yes—Listed below are all of the non-optional   Fee: Amount: _ When a low income or very low unit in the project reasonable attempts were made to rent that unit and while the unit was vacant, no units of compartenants not having a qualifying income.  YES	Example: Water-billing service fees, parking, non-refundable security deposited No—No explanation required No—No—No explanation required No—No—No explanation required No—No—No—No—No—No—No—No—No—No—No—No—No—N		

## The certification MUST be signed by the Owner or General Partner of record for tax purposes.

This certification is for the annual period beginning January 1, 2017 through December 31, 2017. Name: (Insert Owner - GP Name) Title: \_\_\_\_\_ (Insert Title) Signature: \_\_\_\_\_\_Date: \_\_\_\_\_ (Owner) Signed, sealed and delivered on the \_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_ in the presence of: WITNESS: Notary Seal Notary Public in and for the District of Columbia, whose commission expires: Note: This form must be signed, preferably in blue ink, and mailed to the address below. Mail To: Government of the District of Columbia Department of Housing and Community Development 1800 Martin Luther King Avenue, S.E.

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Washington, DC 20020