



GOVERNMENT OF THE DISTRICT OF



COLUMBIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

1800 Martin Luther King Jr. Avenue SE | Washington, DC 20011 202-442-7200 | www.dhcd.dc.gov

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 non-compliance.

Certification Dates:		From: Janua	From: January 1		To: December 31	
Proje	ect Name:	,			Proje	ect No:
Proje	ect Address:			City: Washington,	DC	Zip:
Project Phone:			Project	Fax:		
Proje	ect Email:					
Housin	g Act as amended, 42 U.S.C. 1	artnerships Act at Title II of the Cranst 2701 <i>et seq.</i> and as required by the Dep partment of Housing and Community De	artment of H	lousing and Urban		
Th	e undersigned	(the "Own	oor") bor	coby cortifics	that.	on behalf of
1.	(the "Owner"), hereby certifies that: 1. The owner received an annual certification from each low-income tenant and					
documentation to support that certification.						
	☐ YES	□ NO				
2.	2. All units in the project were available for use by the general public.					
	☐ YES	□ NO				
3.	Each low-income u Restriction Agreem	nit in the project was rent nent (LURA).	restricte	d according t	o the	Land Use

	☐ YES	■ NO				
4.	All rents for HOME-assisted units were approved by DHCD before institution and no rents exceed the approved amount.					
	☐ YES	□ NO				
5.	On December 31, 2017, 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	■ NO				
	☐ No units are	unsuitable for occupan	incy because of fire, flood, or mold.			
	Unit inspection □ Quarterly	ns by Management are Semi-Annual				
	Date of last full	property inspection by	y owner or managing agent:			
6.	building codes? Freporting period.	Please include all notice Use the clarification se	enotices for violations of local health, safety, or ses issued by state or local government during the section on Page 4 to describe the violations and copies of local code reports during inspections.)			
7.	applicable, is atte	ached along with all sup	Affirmative Fair Housing Marketing Plan (AFHMP), if upporting documentation. (If no change since AFHMP clearly marked "No Change.")			
	□ Attached	□ Not Attache	ed			
8.			ll federal, state and local laws relating to fair g, but not limited to the following:			
	☐ The Federal	Fair Housing Act and D	DC Fair Housing Act			
	☐ Section 504	☐ Section 5O4 of the Rehabilitation Act of 1973 ☐ Americans with Disabilities Act of 1990 (ADA)				
	☐ Americans w					
	☐ Title VI Civil	Rights Act - 1964				
	☐ Section 3 of	the Housing and Urban	in Development Act of 1968			
	•	_	nandicapped units to those with disabilities capped equipped units are at the property?			

9.	Were any fees, in a	ddition to rent, cho	arged to the t	ousing Training in the past enants that were not optio efundable security deposit	nal?	
	□ No-No explanation required□ Yes-Listed below are all of the non-optional fees, and their amounts:					
	Fe Fe	ee: ee:	_ Amount: _ Amount:			
10.	reasonable attempt	s were made to re as vacant, no unit	ent that unit to s of comparal	ecame vacant during the yotenants having a qualifying ble or smaller size were ren	ng income	
11.	1. When a tenant's income increased (above 60% of the Area Median Income [AMI]) so that the tenant was no longer a low income household, that household's rent was raised as appropriate according to the LURA or other restrictive document and the next available unit of comparable or smaller size in the project was rented to tenants having a qualifying income.					
	☐ YES	□ NO				
12.	The owner has met cause.	the requirement tl	nat no tenant:	s were evicted for other the	an good	
	☐ YES	□ NO				
13. All support services (if any) as proposed in the Formal Application or restricted document(s) (LURA/LURC) are in place.					·d	
	☐ YES	■ NO				
14. Copies of all advertising (including AFHMP related) are attached to this certification					fication.	
	☐ YES	□ NO				
15.	Every household ha	s been asked to co	omplete an Et	hnicity Data form.		
	☐ YES	□ NO		□ N/A		
16.	Attached is a Building Status Form that includes for each household: unit number, head of 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.					
	☐ Attached	□ Not Attac	hed			

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 Na	me)
Title:	_(Insert Title)		
Signature: (Owner)	_Date:		
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:			
Mail Ta			

Mail To:

Government of the District of Columbia Department of Housing and Community Development 1800 Martin Luther King Avenue, S.E. Washington, DC 20020

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.