**Department of Housing and Community Development**

**1800 Martin Luther King Jr. Avenue, SE I Washington, DC 20020**

**202-442-7200 I** [**www.dhcd.dc.gov**](http://www.dhcd.dc.gov)

|  |
| --- |
| **Housing Production Trust Fund (HPTF)****OWNER’S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**Housing Production Trust Fund 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: January 1, Click or tap here to enter text. To: December 31, Click or tap here to enter text.**  |
| **Project Name: Click or tap here to enter text.** | **Project Identification Number:****HPTF#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Project Street Address: Click or tap here to enter text. Zip Code: Click or tap here to enter text.** |
| **Project Point of Contact (POC):** Click or tap here to enter text. **Project POC Phone:** Click or tap here to enter text. **Project POC Email:** Click or tap here to enter text. **Project POC Fax:** Click or tap here to enter text. |
| **Pursuant to the Housing Production Trust Fund Act of 1988, D.C. Code Section 42-2801 *et seq.* and the District of Columbia Municipal Regulations Title 10, Chapter 41. Both as amended from time to time (the “HPTF law and regulations”) and as required by the District of Columbia Department of Housing and Community Development (DHCD), the under signed** **Name:** Click or tap here to enter text.**Signature:****certifies** **on behalf of the Owner** Click or tap here to enter text. **the following information:**  |
| 1. At initial occupancy, the owner has received a Tenant Income Certification (TIC) from each low-income tenant and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification (TIC) and documentation to support that certification. [ ]  YES [ ]  NO |
| 2. All units in the project were available for use by the general public. [ ]  YES [ ]  NO |
| 3.Each low-income unit in the project was rent restricted according to the Land Use Restriction Agreement (LURA). [ ]  YES [ ]  NO |
| 4. All rents for HPTF-assisted units were approved by DHCD before institution and no rents exceed the approved amount. [ ]  YES [ ]  NO |
| 5. On December 31, 2019, each building and all HPTF-assisted units in the project were suitable for occupancy, taking into account local health, safety, building codes, and the Uniform Physical Condition Standards (UPCS) as defined by HUD, and the state or local government entity responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project. The project met all property standards established by the participating jurisdiction (PJ) to meet the requirements of Section 42-2801. 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 occupancy because of fire, flood, or mold.****Unit inspections by Management are done at least:** [ ]  **Quarterly** [ ] **Semi-Annually** [ ]  **Annually****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? [ ] YES [ ]  NOPlease include all notices issued by state or local government during the reporting period. Use the clarification section on page 5 to describe the violations and correction status. (DHCD may request copies of local code reports during inspections). |
| 7. The property is in compliance with all applicable Fair Housing and Accessibility regulations and laws and there have been no violations of the Fair Housing Act, DC Human Rights Act of 1977 as amended Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990 (ADA), and Title VI of the Civil Rights Act of 1964 filed against the project within the reporting period. [ ]  YES [ ]  NOIf no, please clarify and explain on page 5 and attach a copy of documentation.  |
| 8. An **executed** and **updated** copy of the Affirmative Fair Housing Marketing Plan (AFHMP), if applicable is attached along with all supporting documentation. [ ] Attached [ ]  Not Attached All staff at the property has undergone Fair Housing Training in the past 2 years? [ ]  YES [ ]  NOThe AFHMP includes marketing efforts of accessible units to those with disabilities? [ ]  YES [ ]  NOAttached are copies of marketing efforts of accessible units to those with disabilities? [ ] YES [ ]  NO |
| 9. Have there been any requests for reasonable accommodations or reasonable modifications under the Fair Housing Act or Human Rights of 1977? [ ]  YES [ ]  NO If yes, clarify on page 5.  Is there a Waiting List for persons with Disabilities seeking accessible housing? [ ]  YES [ ]  NO1. If yes, please complete the chart below.

|  |
| --- |
| Accessible Unit Wait List |
| Accessible Unit Type | # of People on Waitlist |
| Audio-Visual |  |
| Physically Accessible |  |

b. Please complete the chart below describing the occupancy of accessible units.

|  |  |  |  |
| --- | --- | --- | --- |
| Accessible Unit Type | # of Units on site | # of units occupied by persons with a disability | # of Units Vacant |
| Audio-Visual |  |  |  |
| Physically Accessible |  |  |  |

 |
| 10. The property is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for tenants and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.  [ ]  YES [ ]  NODo you have an Emergency Transfer Plan in accordance with VAWA for this project? [ ]  YES [ ]  NO* 1. If so, please attach a copy of the plan.

Have you had any requests for an emergency transfer per VAWA in the last year? [ ]  YES [ ]  NO* 1. If so, please explain on page 5.
 |
| 11. Were any fees in addition to rent, charged to the tenants that were not optional? [ ]  YES [ ]  NO Example: Water-billing service fees, parking, non-refundable security deposit fees, etc.).

|  |
| --- |
| Fee List  |
| Fee Type Click or tap here to enter text. | Fee Amount: $ Click or tap here to enter text. |
| Fee Type Click or tap here to enter text. | Fee Amount: $ Click or tap here to enter text. |
| Fee Type Click or tap here to enter text. | Fee Amount: $ Click or tap here to enter text. |

 |
| 12. When a low income or very low unit in the project became vacant during the year, reasonable attempts were made to rent that unit to tenants having a qualifying income and while the unit was vacant; no units of comparable or smaller size were rented to tenants not having a qualifying income.  [ ]  YES [ ]  NO |
| 13. 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 Land Use Restriction Agreement (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 |
| 14. The Owner has not evicted any resident, or refused to renew any lease, except for good cause.  [ ]  YES [ ]  NO |
| 15. All support services (if any) as proposed in the Formal Application or restricted document(s) (LURA/LURC) are in place. [ ]  YES [ ]  NO |
| 16. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance. [ ]  YES [ ]  NO |
| 17. Attached is a Building Status Form which 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 Attached |
| 18. The property has not suffered a casualty loss resulting in the current displacement of tenants. [ ]  YES [ ]  NO |
| 19. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 housing voucher (Housing Choice Voucher).If “False, attach an explanation on page 5 and supporting documentation. [ ]  YES [ ]  NO |
| 20. Have vacant units been listed on DC Housing Search.org?  [ ]  YES [ ]  NOIf yes, please attach copies of postings and clarify on page 5. |
| Failure to complete this form in its entirety will result in noncompliance with the HPTF program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless authorized by the District of Columbia Department of Housing and Community Development (DHCD). **Required Annual Submission Documents:****Housing Production Trust Fund (HPTF)** * **Hard Copy:** HPTF Owner’s Certificate of Continuing Program Compliance

(**Note**: Original signature required, blue ink referred);* **Electronic:** Building Status and Vacancy Report; Attachments 1 and 2, Current History of Project Contacts and Project Specifics;
* **Electronic:** Reporting Period Year Utility Allowance Support Documentation;
 |
|  **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, 2019 through December 31, 2019.Name: Click or tap here to enter text.(Insert Owner – GP Name)Title: Click or tap here to enter text. (Insert Title)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date. (Owner)Signed, sealed and delivered on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 Click or tap here to enter text. In the presence of: Click or tap here to enter text.**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.**This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. 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, the District of Columbia Department of Housing & Community Development (DHCD). |

**PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “NO”**

**ON QUESTIONS 1-20.**

|  |  |
| --- | --- |
| **Question #** | **Explanation** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Mail To:

Government of the District of Columbia

Department of Housing and Community Development

1800 Martin Luther King Jr. Avenue, SE

Washington, DC. 20020

Attn: Patricia Godwin, Compliance Specialist