

## HOME OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: ★ ★ ★ **Government of the District of Columbia**  
[Redacted]  
[Redacted] **Department of Housing and Community Development**  
**Office of Program Monitoring**  
1800 Martin Luther King Avenue, S.E.  
Washington, DC 20020

<b>Certification Dates:</b>	<b>From: January 1, 2009</b>	<b>To: December 31, 2009</b>	
<b>Project Name:</b>		<b>Project No:</b>	
<b>Project Address:</b>		<b>City:</b> Washington, DC	<b>Zip:</b>
<b>Project Phone:</b>		<b>Project Email:</b>	
		<b>Project Fax:</b>	
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 undersigned \_\_\_\_\_ on behalf of

\_\_\_\_\_ (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. Each Low Income unit in the project was rent restricted according to the Land use Restriction Agreement.  
☐ YES ☐ NO
3. All rents for HOME assisted units were approved by DHCD before institution and no rents exceed the approved amount.  
☐ YES ☐ NO
4. Each building (and therefore each unit) in the project was suitable for occupancy, taking into account local health, safety and building codes. 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: \_\_\_\_\_

5. An executed (and updated, if applicable) copy of the Affirmative Fair Housing Marketing Plan (AFHMP) 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 Attached**

6. The owner has and is complying with all federal, state and local laws relating to fair housing and equal opportunity including, but not limited to the following:

☐ **The Federal Fair Housing Act and DC Fair Housing Act**

☐ **Section 504 of the Rehabilitation Act of 1973**

☐ **Americans with Disabilities Act of 1990 (ADA)**

☐ **Title VI Civil Rights Act – 1964**

☐ **Section 3 of the Housing and Urban Development Act of 1968**

☐ **Copies of marketing efforts of handicapped units to those with disabilities are attached. How many handicapped equipped units are at the property? \_\_\_\_\_**

☐ **All staff at the property has undergone Fair Housing Training in the past 2 years**

7. Were any fees in addition to rent charged to the tenants that were no optional?  
Example: water-billing service fees, parking, non-refundable security deposit fees, etc).

☐ **NO - No explanation required**

☐ **YES – Listed below are all of the non-optional fees, and their amounts:**

**Fee:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Fee:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

8. 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**

9. When a tenant's income increased (above 60% 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 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**

10. The Owner has met the requirement that no tenants were evicted for other than good cause.

☐ **YES**

☐ **NO**

11. All support services (if any) as proposed in the Formal Application or restricted document(s) (LURA/LURC) are place.

☐ YES

☐ NO

12. Copies of all advertising (including AFHMP related) are attached to this certification.

☐ YES

☐ NO

13. Every household has been asked to complete an Ethnicity Data form.

☐ YES

☐ NO

☐ N/A

14. 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

**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, 2009 through December 31, 2009.

Name: \_\_\_\_\_ (Insert Owner – GP Name)

Title: \_\_\_\_\_ (Insert Title)

Signature: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

Signed, sealed and delivered on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the presence of:

WITNESSES \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the District of Columbia, whose commission expires:

\_\_\_\_\_

Notary Seal

**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.