

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
Island Housing Program

To: *MaineHousing*
26 Edison Drive
Augusta, ME 04330

Certification Dates:	From: _____/_____/_____	To: _____/_____/_____
Project Name:		
Project Address:	City:	County: Zip:

Number of :	Units _____
	Occupied _____
	Population Served:

The undersigned _____ on behalf of _____ (the "Owner") hereby certifies that:

(Please check all applicable sections. If **“Change”** is checked, please describe on Page 2 the change that occurred in the project for the certification year.)

- The project continues to meet the requirements of:
 - MaineHousing Mortgage Documents
 - Declaration of Covenants, Conditions and Restrictions
- There has been **no change in use** for any unit / building in the project:
 - NO CHANGE** **CHANGE**
- The owner / provider maintains on file resident income information from each low-income resident and documentation to support that information:
 - YES** **NO**
- Each low-income unit in the project continues to meet any rent-restriction requirements imposed under the Declaration of Covenants, Conditions and Restrictions:
 - YES** **NO** **N/A**
- All low-income units in the project are and have been for use by the general public and used on a non-transient basis:
 - YES** **NO**
- Each building in the project is and has been suitable for occupancy in accordance with local health, safety, and building codes (or other habitability standards), and the state or local government unit that may be responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project:
 - YES** **NO**

If "No", state nature of violation on page 2 and attach a copy of the violation report.

7. Each building in the project is and has been suitable for occupancy in accordance with the United States Department of Housing and Urban Development's Housing Quality Standards, and the entity responsible for making Housing Quality Standard inspections did not issue a report of violation for any building or low income unit in the project:
 YES NO
 If "No", state nature of violation on page 2 and attach a copy of the violation report.
8. There has been no change in the Population being served by the project:
 NO CHANGE CHANGE
9. There has been no change in the name of the Ownership entity or change in the Ownership of the project or change in the management of the project:
 NO CHANGE CHANGE
10. The project complies with the requirements of all applicable Federal and State Housing Programs to which project is subject:
 YES NO N/A

The project is otherwise in compliance with the Maine Housing Island Housing Program and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

By: _____

 (Ownership Entity)

Title: _____

Date: _____

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-10.

CHANGES IN OWNERSHIP
 (to be completed **ONLY** if "CHANGE" marked for question 10 above)

TRANSFER OF OWNERSHIP

Question #	Explanation

Date of Change:	
Taxpayer ID Number:	
New Owner:	
New General Partner or Change in Limited Partner:	

CHANGE IN MANAGEMENT CONTACT

Date of Change:	
Owner/ Manager Name:	
Address:	
Contact Name:	
Phone #:	

Instructions for Completing Owner's Certification of Continuing Program Compliance

Owners of properties participating in MSHA multi-family housing programs must meet certain rent, income and/or occupancy requirements during the qualified project period as defined in the project loan documents. The "Owner's Certification of Continuing Program Compliance" establishes that the owner is meeting these obligations on an ongoing basis.

Part One

Certification Dates: This is the 12-month period of time the certification covers.

Project Name: Name of the project.

Project Address: Address of the project.

Ownership Entity: Owner of record of the project.

Number of: List total number of units contained in the project, how many are currently occupied as of the end of the certification period and the targeted population being served (e.g. elderly, etc.)

Print name of person who is completing and signing the form on the first line and the owner/entities name on the second blank line.

Complete questions 1 – 10 by checking the appropriate boxes.

Certify that the project is in compliance and that the information contained on the form is accurate and correct by signing, dating, and listing title and ownership entity name.

The remaining boxes are to be completed when needing to provide additional information on questions 1 –10 or if there has been a change in Management or Ownership.