

Exhibit A - Owners Certificate of Continuing Program Compliance

Property Information				
Property Name:			Property #:	
Property Address:				
GP Name:				
Email Address:				
Ownership Entity Tax ID#:			Certification Frequency:	Monthly Quarterly Annually
Certification Dates: (From)		(To)		
If either of the below applies. Please check the appropriate box and proceed to page 6 to sign and date this form.				
<input type="checkbox"/> No buildings have been placed in service.				
<input type="checkbox"/> At least one building has been placed in service, but the owner elects to begin credit period in the following year. Please enter the year the credit period began _____.				
Re-syndication Properties Only:				
If either of the below applies, please check the appropriate box, and complete the certification for the original allocation.				
<input type="checkbox"/> No buildings have been placed in service under the most recent allocation.				
<input type="checkbox"/> At least one building has been placed in service under the most recent allocation, but the owner elects to begin credit period in the following year.				
The Owner Hereby Certifies that:				
1. The project meets the minimum requirement of (check one)				
<input type="checkbox"/> The 20-50 test under Section 42(g)(1)(A) <input type="checkbox"/> The 40 - 60 test under Section 42(g)(1)(B) <input type="checkbox"/> The Average Income test under Section 42(g)(1)(C)				
1a. The project is "deep rent skewed" in accordance with Section 42(g)(2)(D)(iv) and Section 142(d)(4)(B)				
<input type="checkbox"/> True <input type="checkbox"/> False				
2. If the project is an Average Income Test project as certified in question 1 above (if not an AIT project, leave blank):				
<input type="checkbox"/> The owner has met the qualified group of units to satisfy the Average Income Test. <div style="margin-left: 40px;"> <input type="checkbox"/> True <input type="checkbox"/> False <i>If "False," attach an explanation and supporting documentation.</i> </div>				
<input type="checkbox"/> The owner has met the qualified group of units used to determine the applicable fraction. <div style="margin-left: 40px;"> <input type="checkbox"/> True <input type="checkbox"/> False <i>If "False," attach an explanation and supporting documentation.</i> </div>				
<input type="checkbox"/> There have been no changes to unit designation in this reporting year. <div style="margin-left: 40px;"> <input type="checkbox"/> True <input type="checkbox"/> False <i>If "False," attach an explanation and supporting documentation.</i> </div>				

3. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.

True

False

*If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.***4. At initial occupancy, the owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification and documentation to support that certification.**

True

False

*If "False," attach an explanation and supporting documentation.***5. The owner has received an annual Student Self Certification for each low-income household.**

True

False

*If "False," attach an explanation and supporting documentation.***6. Each qualified low-income unit is rent restricted under Section 42(g)(2) of the Code.**

True

False

*If "False," attach an explanation and supporting documentation.***7. The owner has complied with Section 42(h)(6)(E)(ii)(II) and not increased the gross rent above the approved MHDC Schedule II rent, or the in the extended use period, the maximum allowed under Section 42 with respect to any low-income unit.**

True

False

*If "False," please explain below and attach supporting documentation.***8. All low-income units in the project are for use by the general public and are used on a non-transient basis, except as otherwise permitted by Section 42 of the Code.**

True

False

*If "False," attach an explanation and supporting documentation.***9. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period. Additionally, there have been no formal complaint(s) resulting in an investigation by HUD or the Missouri Commission on Human Rights for this property within the reporting period. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court.**

True

False

If "False," attach an explanation and supporting documentation.

10. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and National Standards for the Physical Inspection of Real Estate (NSPIRE) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project.

True False *If "False," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.*

11. There have been no changes in the eligible basis under Section 42(d) for any building in the project.

True False *If "False," attach an explanation and supporting documentation.*

12. All resident facilities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.

True False *If "False," attach an explanation and supporting documentation.*

13. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.

True False *If "False," attach an explanation and supporting documentation.*

14. If the income of a low-income household increased above the limit allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.

True False *If "False," attach an explanation and supporting documentation.*

15. An extended low-income housing commitment as described in section 42(h)(6) is in effect, including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.

True False *If "False," attach an explanation and supporting documentation.*

16. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher. The property otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989). Under section 42(h)(6)(B)(iv) an owner cannot refuse to lease a unit in the property to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s.

True False If "False," attach an explanation and supporting documentation.

17. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).

True False N/A If "False," attach an explanation and supporting documentation.

18. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.

True False If you answered "False," and there was a change in ownership or management contracts, was the change approved by MHDC prior to occurring? Yes No

If "No," attach an explanation and, supporting documentation, fill out the attached Ownership or Management Information form on page 8, and complete and submit Exhibit L and Exhibit J (<https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/exhibits-forms/>) in the MHDC Asset Management Reporting System (AMRS).

Please note: Any changes in ownership of the property must have prior approval of MHDC. For a change in ownership, contact the Director of Asset Management immediately. For management changes please refer to MHDC.com, Management Agent Certification information, <https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/management-certification-and-fees/>.

19. The property is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.

True False If "False," attach an explanation and supporting documentation.

20. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.

True False If "False," attach an explanation and supporting documentation.

21. The owner is compliant with all Housing Credit agency-mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules.

True False *If "False," attach an explanation and supporting documentation.*

22. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.

True False *If "False," attach an explanation and supporting documentation.*

23. The property has not suffered a casualty loss resulting in the current displacement of residents.

True False *If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).*

24. The owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Certificate of Continuing Program Compliance.

True False *If "False," attach an explanation and supporting documentation.*

Please review and sign the attached Electronic Submission Agreement and Disclosure on page 6.

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC. If submitted as such, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original signed hard copy in his/her files. *If submitting the document as part of a Transfer of Physical Assets (TPA), please include it with your TPA package. If the document is NOT part of a TPA, please complete and submit this form via upload in MHDC's Asset Management Reporting System (AMRS).*

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the property is not permitted to sign this form, unless permitted by the state agency.

The property is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules, and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Ownership Entity:	
Signature:	Date:
Signed by:	Title:

**Please attach all requested paperwork needed to complete your submission to the end of this document.
Submit this form and attachments via upload in MHDC's Asset Management Reporting System (AMRS).**

State of Missouri _____)

_____)ss.

County of _____)

The foregoing instrument was acknowledged before me this day _____ of _____, 20____ by _____

My commission expires _____ Notary Public _____