

Exhibit A - Owners Certificate of Continuing Program Compliance

Property Information		
Certification Dates: (From)	(To)	Certification Type: <u>Annual</u>
Property Name:	Property No:	
Property Address:	City:	Zip:
Owner Tax ID#:		

No buildings have been placed in service.

At least one building in a multi-building property has been Placed-in-Service but owner elects to begin credit period in the following year. Please enter the year the credit period began _____.

If either of the above applies. Please check the appropriate box and proceed to page 7 to sign and date this form.

Re-syndication Properties Only:

No buildings have been placed in service under the most recent allocation.

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.

If either of the above applies, please check the appropriate box, and complete the certification for the original allocation.

Property Questionnaire	
1. The project meets the minimum requirement of (check one)	
The 20-50 test under Section 42(g)(1)(A)	
The 40 - 60 test under Section 42(g)(1)(B)	
The Average Income test under Section 42(g)(1)(C)	
The 15 - 40 test for "deep rent-skewed" properties under Section 42(g)(4) and 142(d)(4)(B)	
2. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.	
True	If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.
False	

3. 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	If "False," please explain below and attach supporting documentation.
False	

4. The owner has received an annual Student Self Certification for each low-income household.	
True	If "False," please explain below and attach supporting documentation.
False	

5. Each qualified low-income unit is rent restricted under Section 42(g)(2) of the Code.	
True	If "False," please explain below and attach supporting documentation.
False	

6. 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	If "False," please explain below and attach supporting documentation.
False	

7. 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," please explain below and attach supporting documentation.

8. 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," please explain below and attach supporting documentation.

9. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) / 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," please explain below and attach supporting documentation, including a copy of the violation report and any documentation of correction.

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

True

False

If "False," please explain below and attach supporting documentation.

- 11.** 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	If "False," please explain below and attach supporting documentation.
False	

- 12.** 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	If "False," please explain below and attach supporting documentation.
False	

- 13.** 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	If "False," please explain below and attach supporting documentation.
False	

- 14.** 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	If "False," please explain below and attach supporting documentation.
False	

- 15.** 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,” please explain below and attach supporting documentation.

- 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.

True

False

If “False,” please explain below and attach supporting documentation.

- 16a.** If on question 16 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,” please explain below, attach 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) and/or Certification Portal (CP).

Please note: Any changes in ownership or management (for management change, see MHDC.com, Management Agent Certification information), of the property must have prior approval of MHDC. For a change in ownership or management contact the Director of Asset Management immediately.

- 17.** 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,” please explain below and attach supporting documentation.

- 18.** 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," please explain below and attach supporting documentation.

- 19.** 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," please explain below and attach supporting documentation.

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

True

False

If "False," please explain below and attach supporting documentation.

- 21.** 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," please explain below and attach supporting documentation.

Electronic Submission Agreement and Disclosure: Once signed, this document may be submitted electronically to MHDC via AMRS and/or Certification Portal (CP). 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.

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.

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

Please attach all requested paperwork needed to complete your submission to the end of this document.
Submissions can be submitted electronically via uploaded into AMRS and/or Certification Portal (CP).

State of Missouri _____)

_____)ss.

County of _____)

The foregoing instrument was acknowledged before me this day _____ of _____, 20____ by _____
My commission expires _____ Notary
Public _____

Changes in Ownership or Management Information (Question 16 & 16a)

Transfer of Ownership

***Please submit Exhibit G or G-1**

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc.):	

Change in Owner Contact

Please submit Exhibit L and Exhibit J

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

Change in Management Contact

Please submit Exhibit L and Exhibit J

Date of Change:	
Management Company Name:	
Management Address:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	