

Exhibit 3YDP – 3-Year Decontrol Period

Annual Owner Certification of Continuing Compliance

Property Information	
Property Name:	Property Number:
Property Address:	
Certification Dates: (from)	(to)
Date Property Began 3-Year Decontrol Period:	

This section must be completed by the Owner.

I _____, (Owner) certify that all provisions pursuant to IRC Section 42(h)(6)(E)(ii) with the Land Use Restriction Agreement and Good Cause Eviction Provisions were accomplished as follows:

- If a low-income unit in the property became vacant during the year; the prior existing low-income household did not vacate due to an eviction or termination of residency for less than "good cause."
☐ Yes ☐ No
- All remaining low-income units in the property have remained rent-restricted under the IRC §42 LIHTC guidelines.
☐ Yes ☐ No

NOTE: Please attach the annual rent roll covering this certification period.

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).*

By signing below, I swear/affirm that the above information in this certification and any attachments are true and made UNDER PENALTY OF PERJURY.

Owner Signature:	Date:
Print Name:	Tax Identification Number:

NOTE: Failure to complete this form in its entirety will result in noncompliance with the agreed upon requirements. Signature of anyone other than the Property Owner is not permitted without the prior written approval of MHDC.

Acknowledgement

STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing instrument was acknowledge before me this _____ of _____, 20____ by _____
 (Owner(s) name) Member of _____ (Owner(s) entity).

My Commission Expires: _____ Notary Public _____