



OWNER'S CERTIFICATE OF CONTINUING HOME/SCHTF/NHTF PROGRAM COMPLIANCE

Submit to: South Carolina State Housing Finance & Development Authority
300-C Outlet Pointe Boulevard, Columbia, SC 29210

Certification Dates:	From:	To:
Project Name:		Project No:
Project Address:		
Ownership Entity Name:		
Tax ID# of Ownership Entity:		
Check all applicable Funding Sources for this project:	<input type="checkbox"/> HOME <input type="checkbox"/> SCHTF <input type="checkbox"/> NHTF <input type="checkbox"/> NSP <input type="checkbox"/> LIHTC	

The Owner hereby certifies that as of the Certification Dates of this Annual Owner's Certification (AOC) submission:

1. The property has submitted the annual HOME/SCHTF/NHTF Rent Approval Form to SC Housing for the certifying year AND SC Housing has approved all rents, and no rents exceed the approved rent amounts by SC Housing.
 YES **NO** *If "NO", AOC cannot be processed at this time.*

2. The owner has received an annual Tenant Income Certification from each HOME/SCHTF/NHTF-assisted resident and documentation to support that certification, and documentation to support the certification at their initial occupancy.
 YES **NO** *If "NO", attach explanation and supporting documentation*

3. All tenant certifications referenced in question #2 have been submitted in the Certification Portal.
 YES **NO** *If "NO", does the management company have access to the Certification Portal?* **YES** **NO**

4. Each HOME/SCHTF/NHTF-assisted unit in the project has been rent-restricted in accordance with the HOME Restrictive Covenants.
 YES **NO** *If "NO", attach explanation and supporting documentation*

5. All HOME/SCHTF/NHTF-assisted units in the project are and have been for use by the general public.
 YES **NO** *If "NO", attach explanation and supporting documentation*

6. No finding of discrimination under the Fair Housing Act has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), an adverse final decision by a substantially equivalent state or local fair housing agency, or an adverse judgement from a federal court.
 YES **NO** *If "NO", attach explanation and supporting documentation*

7. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit 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", attach explanation and a copy of the violation report*



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8. If a HOME/SCHTF/NHTF-assisted 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.
 YES NO *If "NO", attach explanation and supporting documentation*

9. The owner has not evicted or terminated the tenancy of an existing tenant of any HOME/SCHTF/NHTF-assisted unit other than for good cause.
 YES NO *If "NO", attach explanation and supporting documentation*

10. The owner has not increased the gross rent above the maximum allowed gross rent of any HOME/SCHTF/NHTF-assisted unit that was income-qualified at recertification.
 YES NO *If "NO", attach explanation and supporting documentation*

11. When a tenant's income increased above 80% of AMI, the rent was adjusted to the lesser of 30% of the adjusted gross income, or the rent for comparable unassisted units, or according to the property's LURA or other restrictive document.
 YES NO **N/A – all units are layered with LIHTC** *If "NO", attach explanation and supporting documentation*

12. The tenant lease for any HOME/SCHTF/NHTF-assisted unit is no less than one (1) year, unless by mutual agreement between the tenant and the owner per 24 CFR 92.253(a).
 YES NO *If "NO", attach explanation and supporting documentation*

13. The tenant lease for any HOME/SCHTF/NHTF-assisted units on the property does not contain any of the prohibited lease terms set forth in 24 CFR 92.253(b).
 YES NO *If "NO", attach explanation and supporting documentation*

14. When terminating or refusing to renew tenancy, the project has served written notice upon the tenant specifying the grounds for the action at least 30 days before the termination of the tenancy.
 YES NO *If "NO", attach explanation and supporting documentation*

15. The property is retaining the appropriate amount of operating and replacement reserves in accordance with applicable program requirements.
 YES NO N/A *If "NO", attach explanation and supporting documentation*

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 project is not permitted to sign this form, unless permitted by the state agency.

This project is otherwise in compliance with the program federal regulations, applicable Restrictive Covenants, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Printed Name of Owner Representative:
Title:
Signature:
Date: