

**HTC 3 YEAR TENANT PROTECTION PERIOD FORM 100
OWNER'S CERTIFICATE OF CONTINUING COMPLIANCE**

Certification Dates:	From:	To:	
Project Name:			Project No:
Project Address:			City:
			Zip:
Tax ID # of Ownership Entity:			

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

- No tenants in low-income units were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42(h)(6)(E)(ii).
YES NO
- Each low-income unit in the project has been rent-restricted under section 42(g)(2) of the Code:
YES NO
- All low income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under section 42 (i)(3)(B)(iii) of the Code or singleroom-occupancy units rented on a month-by-month basis under section 42 (i)(3)(B)(iv)):
YES NO HOMELESS
- No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. 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:
YES NO
- Each building and low income unit 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**", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5.
- There has been no change in the ownership or management of the project:
NO CHANGE CHANGE
If "**Change**", complete page 2 detailing the changes in ownership or management of the project.

The project is otherwise in compliance with the 3 Year Tenant Protection Period, the applicable State Qualified Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Print Owner's Name

Name of Ownership Entity

Date Signed

Owner Signature

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements.

