HTC Form 100 A1
NON-PROFIT ADDENDUM TO
OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

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

This form is to be completed if the site listed above received its 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.

IRC 42(h)(5) requires that each state set aside at least 10% of its state housing credit ceiling for allocations to projects in which qualified nonprofit organizations own an interest and materially participate in the development and operation of the projects. "Qualified nonprofit organization" is defined as an IRC 501(c)(3) or 501(c)(4) organization exempt from tax under IRC 501(a) that is determined by the state agency as not being affiliated with or controlled by a for-profit organization, and one of the exempt purposes of the organization includes the fostering of low-income housing.

For purposes of this allocation, a nonprofit organization must have an ownership interest in the low-income housing project throughout the compliance period and materially participate in the development and operation of the project.

Nonprofit Organization Name:

Address: **City:** **State:** **Zip:**

Contact Person: **Phone:**

Email Address:

The undersigned hereby certifies that the response to the following questions is true and accurate. These statements are made UNDER PENALTY OF PERJURY.

1. **Do you have an ownership interest in the project?**
   ☐ **YES** ☐ **NO**
2. **Did you participate in the development of the project?**
   ☐ **YES** ☐ **NO**
3. **Do you continue to participate in the day-to-day operations of the project?**
   ☐ **YES** ☐ **NO**
   Brief Description _____
4. **Do you aid in the management decision-making of the project?**
   ☐ **YES** ☐ **NO**
   Brief Description _____
5. **Do you provide services to the project?**
   ☐ **YES** ☐ **NO**
   Brief Description _____
6. **How often do you have an on-site presence at this site?**

Non-Profit Rep Name Printed **Title of Person Signing**

Signature of Non-Profit Rep **Date**