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## HOME INVESTMENT PARTNERSHIP (HOME) PROGRAM OWNER'S CERTIFICATE OF CONTINUING COMPLIANCE

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HOME Program Annual Owner Certifications (AOCs) must be completed for each calendar year during the period of affordability and/or when the project has low-income tenants occupying a unit at the project. Failing to complete an AOC by the deadline will result in a notice of noncompliance.

**Certification Dates:** From: January 1, 2020 To: December 31, 2020

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Phone:** \_\_\_\_\_

**Project Fax:** \_\_\_\_\_

**Project Email:** \_\_\_\_\_

Pursuant to the HOME Investment Partnerships Act at Title II of the Cranston-Gonzales National Affordable Housing Act as amended, 42 U.S.C. 12701 *et seq.* and as required by the Department of Housing and Urban Development (HUD) and the Maryland Department of Housing and Community Development (DHCD), certifies:

The undersigned \_\_\_\_\_  
on behalf of \_\_\_\_\_ (the "Owner") hereby certifies that:

1. The owner received an annual certification from each low-income tenant and documentation to support that certification.  YES  NO
  
  2. All units in the project were available for use by the general public.  YES  NO
  
  3. Each low-income unit in the project was rent restricted according to the Land Use Restriction Agreement and/or Regulatory Agreement.  YES  NO
  
  4. All rents for HOME-assisted units were approved by DHCD before institution and no rents exceed the approved amount.  YES  NO
  
  5. On December 31, 2020, each building and all HOME-assisted units in the project were suitable for occupancy, taking into account state and local health, safety, and other applicable codes, ordinances and requirements, and on-going property standards established by the participating jurisdiction to meet the requirements of Section 92.251. All units vacated during the past year were made suitable for occupancy within 30 days of the last move out.  YES  NO
- No units are unsuitable for occupancy because of fire, flood, or mold.

**Unit inspections by Management are done at least:**

- Quarterly  Semi-Annually  Annually

Date of last full property inspection by owner or managing agent: \_\_\_\_\_

6. Did the project receive any citations or notices for violations of local health, safety, or building codes? Please include all notices issued by state or local government during the reporting period. Use the clarification section on Page 4 to describe the violations and correction status. (DHCD may request copies of local code reports during inspections.)  YES  NO

7. An executed and updated copy of the Affirmative Fair Housing Marketing Plan (AFHMP), if applicable, is attached along with all supporting documentation (If no change since previous report, provide a copy of the AFHMP clearly marked "No Change.")

Attached     Not Attached

8. The owner has and is complying with all federal, state, and local laws relating to fair housing and equal opportunity including, but not limited to the following:

- The Federal Fair Housing Act and DC Housing Act
- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990 (ADA)
- Title VI Civil Rights Act – 1964
- Section 3 of the Housing and Urban Development Act of 1968
  - Copies of marketing efforts of handicapped units to those disabilities are attached.  
How many handicapped equipped units are at the property? \_\_\_\_\_

All staff at the property has undergone Fair Housing Training in the past two years.

9. Were any fees, in addition to rent, charged to the tenants that were not optional?

**Example:** Water-billing service fees, parking, non-refundable security deposit fees, etc.)

- No—No explanation required
- Yes—Listed below are all of the non-optional fees, and their amounts:

Fee: _____	Amount: _____
Fee: _____	Amount: _____

10. When a low-income or very low unit in the project became vacant during the year, reasonable attempts were made to rent that unit to tenants having a qualifying income and while the unit was vacant, no units of comparable or smaller size were rented to tenants not having a qualifying income.

YES     NO

11. When a tenant's income increased (above 60% of the Area Median Income [AMI]) so that the tenant was no longer a low income household, that household's rent was raised as appropriate according to the LURA, Regulatory Agreement, or other restrictive document and the next available unit of comparable or smaller size in the project was rented to tenants having a qualifying income.

YES     NO

12. The owner has met the requirement that no tenants were evicted for other than good cause.  YES  NO

13. All support services (if any) as proposed in the Formal Application or restricted document(s) (LURA/Regulatory Agreement) are in place.  YES  NO

14. Copies of all advertising (including AFHMP related) are attached to this certification.  YES  NO

15. Every household has been asked to complete an Ethnicity Data form.

YES  NO  N/A

16. Were there any units offline during the year? If yes, provide unit address & explanation below.

YES  NO

17. The owner has and is complying with all Violence Against Women’s Act (VAWA) mandates and requirements as amended.  YES  NO

**CLARIFICATION SECTION:**

**The certification MUST be signed by the Owner or General Partner of record for tax purposes.**

This certification is for the annual period beginning January 1, 2020 through December 31, 2020.

Name: \_\_\_\_\_  
(Insert Owner-GP Name)

Title: \_\_\_\_\_  
(Insert Title)

Signature: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.