

**OWNER'S CERTIFICATE OF CONTINUING HOME PROGRAM COMPLIANCE**

To: Wyoming Community Development Authority  
 Attn: Judy Koski  
 P.O. Box 634  
 Casper, WY 82602

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Project placed in service this year           |
| <input type="checkbox"/> | Project placed in service in a previous year. |

<b>Certification Dates:</b>	<b>From:</b> January 1, 20	<b>To :</b> December 31, 20
<b>Project Name:</b>	<b>Project No:</b>	
<b>Project Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Tax ID # of Ownership Entity:</b>		

I, the undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Owner"), hereby certify to the

Wyoming Community Development Authority that:

- There has been **no change in the original square footage** of any building in the project, or that there was a change and description of the change;  
 **NO CHANGE**       **CHANGE**  
 If "**Change**" provide a description of the change and the reason for the change on page 3.
- The owner has received an annual income certification from each low-income household, and documentation to support that certification;  
 **YES**       **NO**
- The required number of HOME units has been maintained in the project and these units have been rent-restricted as per the Agreement with WCDA;  
 **YES**       **NO**
- For this reporting period, there have been no findings of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department 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;  
 **TRUE**       **FALSE**
- The buildings and low-income units in the project were 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 local health, safety, or building code inspections did not issue a violation report for any buildings or low-income units in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Authority. In addition, the owner must state whether the violation has been corrected;  
 **YES**       **NO**
- All tenant facilities included in the project, such as swimming pools and recreational facilities, were provided on a comparable basis without charge to all tenants in the project;  
 **YES**       **NO**       **N/A**
- If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit;  
 **YES**       **NO**



**EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO"**  
**OR "CHANGE" ON**  
**QUESTIONS 1-13.**

Question #	Explanation

**CHANGES IN OWNERSHIP OR MANAGEMENT**  
(to be completed **ONLY** if "CHANGE" marked for  
question 13 above)

**TRANSFER OF OWNERSHIP**

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

**CHANGES IN OWNER CONTACT**

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

**CHANGES IN MANAGEMENT CONTACT**

Date of Change:	
Management Co. Name:	
Management Address:	
Management City, State, Zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	