

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

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;
 TRUE **FALSE**
- 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;
 TRUE **FALSE**
- 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;
 TRUE **FALSE**
- 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;
 TRUE **FALSE**
- 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;
 TRUE **FALSE**

8. If the income of a household in a low-income HOME unit increased above the 80% AMI limit, the tenant's rent was increased to 1/12th of 30% of the household's adjusted gross annual income; or if the project has Tax Credit funding the unit became a Tax Credit Only unit and was replaced with a unit that met the HOME income and rent qualifications.
 TRUE FALSE
9. No tenants have been rejected for occupancy based solely on the fact they hold a Section 8 voucher;
 TRUE FALSE
10. No tenants have been rejected for occupancy based solely on the fact they are included in one of the 7 protected classes (race, color, religion, sex, disability, familial status or national origin), or age or sexual orientation;
 TRUE FALSE
11. All initial lease periods have been for a minimum of 12 months;
 TRUE FALSE
12. If the owner received its HOME funding from the portion of the state allocation set-aside for a project involving a CHDO, the CHDO is still significantly participating in the project.
 YES NO N/A
13. There has been no change in the ownership or management of the project in the past year;
 NO CHANGE CHANGE
If "**Change**", complete page 3 detailing the changes in ownership or management of the project and provide the documentation from WCDA approving the change.

This Original Signed Document must be mailed to WCDA on or before February 28th each year.

Mail to:

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

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.

The project is otherwise in compliance with any HUD Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

By: _____
(Signature) _____
(Please Print Name) _____

_____ (Ownership Entity)
_____ (Owner Phone Number)

Title: _____

Date: _____

**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:	