

9. Each HTF-assisted unit in the project has been rent-restricted under the Declaration of Land Use Restrictive Covenants and under 24 CFR Part 93. 302
 TRUE FALSE
10. No tenants in HTF-assisted 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 an HTF- assisted unit not otherwise permitted under 24 CFR Part 93.
 TRUE FALSE
 If "FALSE" provide a description of the change and the reason for the change on page 3.
11. No tenants have been rejected for occupancy based solely on the fact they hold a Section 8 voucher;
 TRUE FALSE
12. 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
13. All initial lease periods have been for a minimum of 12 months;
 TRUE FALSE
14. 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 January 31st each year.

Mail to:

Wyoming Community Development Authority
 Attn: Laurie Gray
 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:	