

EXHIBIT D
OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE
COMPLIANCE HOME PROGRAM

Certification Dates: From January 1, 20 _____ to December 31, 20 _____
Project Name: _____ Project No.: _____
Project Address: _____ City: _____
Tax Identification Number of Ownership Entity: _____

Failure to submit the AOC or supporting documentation detailing the status of the property for the year ending by **February 15, annually** will result in a notice of non-compliance. 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 Louisiana Housing Corporation the Owner/General Partner hereby certifies that:

This owner also certifies that for the preceding calendar years the following applies:

1. An annual income certification for each HOME resident was received and the documentation supporting that certification is on file. ___ **YES** ___ **NO** ___ **N/A**

**If NO, or N/A, please explain:*

2. Each HOME restricted unit in the project was rent restricted as prescribed in the executed HOME Regulatory Agreement. ___ **YES** ___ **NO** ___ **N/A** **If NO, or N/A, please explain:*

**Provide the date of the last rent increase approval:*

3. There were no non-optional fees charged to tenants in addition to rent (i.e., parking, non-refundable security deposit fees or bond deposits) ___ **YES** ___ **NO** ___ **N/A**

****If NO, or N/A, please explain:***

4. If the annual income of a resident of a HOME assisted unit in the project increased above 80% of the area median, their rent was adjusted to equal 30% of the family's adjusted income(unless the Low Income Housing Tax Credit Program rules apply to the unit). ___ **YES** ___ **NO** ___ **N/A**

****If NO, or N/A, please explain:***

5. If the income of a resident of a HOME assisted unit increased above the limit allowed under the HOME Regulatory Agreement, the next available unit in the project was rented to residents having a qualified income. ___ **YES** ___ **NO** ___ **N/A**

****If NO, or N/A, please explain:***

6. All HOME restricted units in the project were for use by the general public and used on a non-transient basis and the initial leases for all of the units in the project were a term of one year, unless by mutual agreement between the owner and the tenant. ___ **YES** ___ **NO** ___ **N/A**

****If NO, or N/A, please explain:***

7. The lease agreement used for each unit includes all provisions required by the

HOME Management and Agreement and doesn't include any prohibited provisions. YES NO N/A

****If NO, or N/A, please explain:***

8. Each HOME assisted unit and each building in the property is suitable for occupancy, taking into account local health, safety, and building codes and Uniform Physical Condition Standards, and no units are unsuitable for occupancy because of fire, flood, or mold. YES NO N/A

****If NO, or N/A, please explain:***

9. All units vacated during the past year were made suitable for occupancy within 30 days of the last move out. YES NO N/A

****If NO, or N/A, please explain:***

10. All HOME assisted units were leased to residents without regard to their status as holders of rental vouchers or certificates that are available under 24 CFR 882.887 or 92.211. YES NO N/A

****If NO, or N/A, please explain:***

11. Owner Utility Certification: I, _____, owner of the HOME project known as _____ hereby certify that I have adhered to the requirements of the LHC HOME program to obtain accurate utility allowances for use in the calculation of maximum rents for

this project. I acknowledge the process to be an annual requirement and certify to the adherence of the requirement for the year ending.

12. The Owner is aware of the conflict of interest provisions outlined in 24 CFR 92.356 and hereby certifies they are not in violation of this regulation.

YES **NO** **N/A**

****If NO, or N/A, please explain:***

13. There has been no change in the ownership or management of the property in the past 12 months. **YES** **NO** **N/A**

****If NO, or N/A, please explain:***

FAIR HOUSING QUESTIONS

1. All of the staff at the property has completed Fair Housing Training in the past 2 years. YES NO N/A

**If NO, or N/A, please explain:*

2. 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
- Age Discrimination Act of 1975
- Section 504 of the Rehabilitation Act of 1973
- Americans With Disabilities Act of 1990 (ADA)
- Section 3 of the Housing and Urban Development Act of 1968
- Title VI Civil Rights Act of 1964

YES NO N/A

**If NO, or N/A, please explain:*

3. There has been NO Finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619 for this property. **A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR180.680, 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. If YES, attach the documentation to this Owners Annual Certification and include a description of the finding on the Explanations page.** YES NO N/A

**If NO, or N/A, please explain:*

4. An updated copy of the Affirmative Fair Housing Marketing Plan (AFHMP) form 935.2 is in the project files and a copy has been submitted to LHC. **The owner is required to have a plan to market to tenant populations who are least likely to apply as well as persons with disabilities and maintain documentation of all outreach efforts annually. The AFHMP must be updated at least once every 5 years, or if there is a change in your marketing efforts.**

YES NO N/A

**If NO, or N/A, please explain:*

5. Advertising of vacant units includes the Equal Housing Opportunity logo, slogan, or both. (e.g., newspapers, brochures, on-site sign, radio, etc.)

YES NO N/A

**If NO, or N/A, please explain:*

6. Applications are solicited from persons in the market who are least likely to apply without the benefit of special outreach efforts. YES NO N/A **If NO, or N/A, please explain:*

7. The local housing market has been analyzed (required annually) to identify those persons who are least likely to apply, and specific marketing techniques have been implemented to reach the identified tenant population(s), including partnering with community organizations or utilizing other resources. YES NO N/A **If NO, or N/A, please explain:*

8. A file documenting all marketing efforts is being maintained throughout the affordability period. YES NO N/A

**If NO, or N/A, please explain:*

9. An applicant waitlist is being maintained on-site of all HOME assisted tenants. YES NO N/A

**If NO, or N/A, please explain:*

*** 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, 20 through December 31, 20

Name: _____ (Insert Owner – GP

Name) Title: _____
(Insert Title)

Signature: _____ Date: _____
(Owner)

Signed, sealed and delivered on the _____ day of _____, and in the presence of

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.