

**HOME PROGRAM
OWNER'S ANNUAL CERTIFICATION OF COMPLIANCE**

To: *Oregon Housing & Community Services Department – 725 Summer St. NE, Salem OR 97301*

Certification	From: January 1,	To: December 31,
Project Name:		Project No:
Project Address:		City: _____ Zip: _____

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies that:

- The owner has received an initial and annual Tenant Income Certification from each HOME household and documentation to support that certification.
 YES NO
- Each HOME unit in the project has been rent-restricted or had rents adjusted per the provisions of 24 CFR Part 92:
 YES NO
- All low-income units in the project are and have been for use by the general public and used on a non-transient basis.
 YES NO
- Each HOME unit in the project has been inspected and is suitable for occupancy, taking into account local health, safety, and building codes (*or other habitability standards as required by HUD and OHCS*), and the state or local government unit responsible for making building code inspections did not issue a report of violation for any building or HOME unit in the project:
 YES NO

If "No", state nature of violation on page 3 and attach a copy of the violation report and any documentation of correction.

- An extended low-income housing commitment was in effect, including the requirement that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment.
 YES NO

- There has been no change in the management of the project:
 NO CHANGE CHANGE

If "Change", complete page 2 detailing the changes in management of the project. (*Note: Change in Management Agent requires pre-approval from OHCS*)

****Attached hereto is:**

- The Annual HOME Monitoring Report listing all activity in unit for the reporting year.
- Most recent utility allowance information.

Please note that 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 documentation to support signature authority is attached.

Under penalty of perjury, the undersigned certifies that the information presented within this document, as well as all attachments provided, is true and accurate and that the project is in compliance with the Code with 24 CFR Part 92 and all other applicable laws, rules, and regulations.

Signature: _____

Date: _____

Printed Name: _____

Organization: _____

Title: _____

Phone: _____

