OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

New Jersey Housing and Mortgage Finance Agency

Certification		From: To:					
Dates: Project Name:		January 1, 2023	December 31, 2023				
FIOJE	ect Name.			LITCING).		
Proje	ect Address:				City:		Zip:
	D # of						
	ership Entity: ership Entity						
Addr							
	ership Entity		I	Fax Numbe	r:		
	ne Number: ´						
	ership Entity						
E-Ma	ail Address:						
The u	ndersigned	on behalf of			(the "O	wner"), he	ereby certifies that:
1.	The project meets the minimum requirements of: (check one) □ 20 - 50 test under Section 42(g) (1) (A) of the Code □ 40 - 60 test under Section 42(g) (1) (B) of the Code □ 15 - 40 test for "deep rent-skewed" projects under Section 42(g) (4) and 142(d) (4) (B) of the Code □ Average Income (please attach unit designations)						
2.	There has been no change in the applicable fraction (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:			building in the			
	p)	☐ NO CHANGE		E			
	If "Change", list	the applicable fraction for each building in the p	project for th	ne certificatio	n year on pag	je 4:	
3.		received an "Annual" Tenant Income Certification from each low-income resident and documentation to support an and/or an "Initial" Tenant Income Certification from each low-income resident, and documentation to support the nitial occupancy.					
		☐ YES	□ NO				
	please attach a c	If "No" please provide explanation of the interest of the inte	not signed certification	notices, No	tice to Cease/	Quit and	provide
4.	Each low-income	e unit in the project has been rent-restricted und	er Section 4	42(g)(2) of th	ne Code:		
		☐ YES	□ NO				
5.		nits in the project are and have been available for a lonal housing for the homeless provided under				on a non	-transient basis
		☐ YES [□ NO		HOMELESS		
6.	discrimination inc	crimination under the Fair Housing Act, 42 U.S. cludes an adverse final decision by the Secreta decision by a substantially equivalent state or logeral court:	ry of Housin	ng and Urbar	n Development	t (HUD),	24 CFR 180.680,
		□ NO FINDING □ F	INDING				

7.	(or other habitability stan	th building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes other habitability standards), and the state or local government unit responsible for making building code inspections did not e a report of a violation for any building or low income unit in the project:		
		☐ YES	□NO	
			a copy of the violation report as required by 26 CFR 1.42-5 and	
	any documentation of	correction.		
8.	There has been no cha last certification submis-		ned in Section 42(d) of the Code) of any building in the project since	
		□ NO CHANGE	☐ CHANGE	
	tenant facility formerly	y provided without charge, or th	rea has become commercial space, a fee is now charged for a e project owner has received federal subsidies with respect to to gauthority in writing) on page 4:	<u>he</u>
9.	swimming pools, other r		ction 42(d) of the Code of any building in the project, such as s, washer/dryer hookups, and appliances were provided on a lings:	
		☐ YES	□NO	
10.	or the next available un		the year, reasonable attempts were or are being made to rent that untenants having a qualifying income before any units were or will be	nit
		☐ YES	□NO	
11.			ng increased above the limit allowed in Section 42(g)(2)(D)(ii) of the e in that building was or will be rented to residents having a qualifying	g
	moonie.	☐ YES	□NO	
12.	section 42(h) (6) (B)(iv) voucher or certificate of refused to lease a unit t meets the provisions, in	that an owner cannot refuse to lea eligibility under Section 8 of the L o an applicant based solely on the	ed in section 42(h) (6) was in effect, including the requirement under ase a unit in the project to an applicant because the applicant holds a united States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not sir status as a holder of a Section 8 voucher and the project otherwise outlined in the extended low-income housing commitment (not 989):	à
		L 123		
		If "No" or "N/A" please provide	explanation on page 4.	
13.	organizations" under Sec		the state ceiling set-aside for a project involving "qualified non-profit on-profit entity materially participated in the operation of the code.	
		☐ YES	□NO	
14.	There has been no char	nge in the ownership or managem	• •	
		☐ NO CHANGE	☐ CHANGE	
	If "Change", complete	page 4 detailing the changes in	ownership or management of the project.	
15.	Pub. L. No. 103-322, tit I VAWA 2013, Pub. L. 113	V, 108 Stat. 1902 (1994), VAWA 2 3-4, 601, 127, Stat. 54 (2013) and	n HUD – 5380, of their rights under the Violence Against Women Act 2005, Pub. L. No. 109-162, 4402, 119 Stat. 2960, 3041-49 (2006), if applicable VAWA 2013: Implementation in HUD Housing programs Rule" and distributed Form HUD-5382, VAWA self-certification	
		□ YES	□NO	
	<u>lf</u>	"No" please provide explanatio	n on page 4.	

	he owner has not increased the rent charged to each existing tenant (excluding rental assistance) by more than 5.00 percent nnually, including due to changes in utility allowance calculations:		
	□ YES □ I	NO	
	If "No" please provide explanation on	page 4.	
17.	The on-site Property Management office had office hours of at le	east 20 hours every week:	
	□ YES □	NO	
	If "No" please provide explanation on p	page 4.	
18.	The owner has registered and posted the property on our Housiand actively updated property information.	ng Resource Center (https://www.nj.gov/njhrc/)	
	□ YES □	NO	
	If "YES", please attach a copy from the website.	"No" please provide explanation on page 4.	
	noncompliance with program requirements. In addition, a partner of the project is not permitted to sign this form, unproject is otherwise in compliance with the Code, including any Tether applicable laws, rules and regulations. This Certification and a	reasury Regulations, the applicable State Allocation Plan, and	
		(Ownership Entity)	
		(Signature)	
		(Title)	
		(Date)	

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" NO EXPLANATION NEEDED FOR QUESTION #13

Ques.	#	Explanation
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1		
1		
1		
1		
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CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed ONLY if "CHANGE" marked for question 14 above)

Т	RANSFER OF OWNERSHIP
Date of	
Change:	
Taxpayer ID	
Number:	
Legal Owner	
Name:	
_	
General	
Partnership:	
Status of	
Partnership	
(LLC, etc):	
(-,,	
	ANGE IN OWNER CONTACT
Date of	
Change:	
Owner	
Contact:	
Owner	
Contact	
Phone:	
Owner	
Contact Fax:	
Owner	
Contact Email:	
CHAN	GE 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:	