OWNER'S CERTIFICATION OF COMPLIANCE DURING THE EXTENDED USE PERIOD

New Jersey Housing and Mortgage Finance Agency

Certification Dates:	From: January 1, 2023	To: December 31, 2023	
Project Name:	January 1, 2023	LITC #:	
During A Address		0.4	7
Project Address:		City:	Zip:
Tax ID# of			
Ownership Entity: Ownership Entity			
Address:			
Ownership Entity Phone Number:		Fax Number:	
Ownership Entity E-Mail Address:			
The undersignedhereby certifies that:		on behalf of	(the "Owner"
•	!:bl- ft' b b	-4 for each building building a leading with 4	- indiniduals on families advers in some is
50% or 60%,	as irrevocably elected by the o		o individuals or families whose income is of the area median gross income (includinaternal Revenue Code (Code).
	□ YES	□ NO	
If "NO", list	the applicable fraction for ea	ch building in the project for the c	ertification year on page 4.
	ertification and/or an "Initial" I certification at initial occupanc WES		n low-income resident, and documentation
	If "No" please provide exp	lanation on page 4.	
please attach explanation o	a copy of the TIC with back on page 4. If the tenant failed t	kup documentation, recertification to recertify, please attach court docu	d by the tenant prior to vacating the un notices, Notice to Cease/Quit and provi ments and provide explanation on page 4
3. Each low-inco	• •	the required rent restriction(s):	
	□ YES	□ NO	
	If "No" please provide exp	lanation on page 4.	
4. All low-incom	ne units in the project are and h	nave been available for use by the ger	neral public:
	\square YES	□ NO	
	If "No" please provide exp	lanation on page 4.	
discrimination 180.680, an a	n includes an adverse final deci	ision by the Secretary of Housing and	has occurred for this project. A finding of I Urban Development (HUD), 24 CFR housing agency 42 U.S.C. 3616a(a)(1), or
	□ NO FINDINGS	☐ FINDINGS	
codes (or other	er habitability standards), and t	suitable for occupancy, taking into ache state or local government unit respon for any building or low income un	
	\square YES	\square NO	
If "NO", state	te nature of violation on page	4 and attach a copy of the violation	n report and any documentation of

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7.	swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis to all tenants in the buildings:		
	□ YES		NO
	If "No" please provide explanation	on	n page 4.
8.	8. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to that unit to tenants having a qualifying income before any units were or will be rented to tenants not having qualify		
	income:		NO
	If "No" please provide explanation	on	n page 4.
9.	If the income of tenants of a low-income unit in any lavailable unit in the building was or will be rented to		lding increased above 140% of the applicable income limit, the next sidents having a qualifying income:
	□ YES		NO
	If "No" please provide explanation	on	n page 4.
10.	under Section 42(h)(6)(B)(iv) that an owner cannot re	efus	ibed in IRS Section 42(h)(6) was in effect, including the requirement se to lease a unit in the project to an applicant because the applicant a 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s.
	□ YES		NO □ N/A
	If "No" please provide explanation		
11.	1. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of 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
	If "No" please provide explanation	on	n page 4.
12.		ode	n of the state ceiling set-aside for a project involving "qualified non- e and its non-profit entity materially participated in the operation of of the Code.
	□ YES		NO
13.	There has been no change in the ownership or manag	eme	nent of the project:
	□ NO CHANGE		CHANGE
	If "Change", complete page 4 detailing the change	s in	n ownership or management of the project.
14.	4. The owner has notified each applicant and tenant, via Form HUD – 5380, of their rights under the Violence Against Women Act, Pub. L. No. 103-322, tit IV, 108 Stat. 1902 (1994), VAWA 2005, Pub. L. No. 109-162, 4402, 119 Stat. 2960, 3041-49 (2006), VAWA 2013, Pub. L. 113-4, 601, 127, Stat. 54 (2013) and if applicable VAWA 2013: Implementation in HUD Housing programs, 81 Fed. Reg. 80, 724 (Nov. 16, 2016) "HUD VAWA Final Rule" and distributed Form HUD-5382, VAWA self-certification form.		
	□ YES	□ l	NO
	If "No" please provide explanation of	n pa	page 4.
15.	The owner has not increased the rent charged to each percent annually, including due to changes in utility a		existing tenant (excluding any rental assistance) by more than 5.00 awance calculations.
	□ YES		INO
	If "No" please provide explanation of	n na	nage 4.

16.	The on-site Property Management office has office	ce hours of at least 20 hours every week.
	□ YES	□NO
	If "No" please provide explanation	n on page 4.
17.	The owner has registered and posted the property and actively updated property information.	on our Housing Resource Center (https://www.nj.gov/njhrc/)
	□ YES	□NO
	If "YES", please attach a copy from the websi	ite. If "No" please provide explanation on page 4.
ri p The proje	noncompliance with program requirements. In a partner of the project is not permitted to sign this eact is otherwise in compliance with the Code, include	r the December 31, 2023 expiration date, will result in addition, any individual other than an owner or general is form, unless permitted by the state agency. ding any Treasury Regulations, the applicable State Allocation Plan, and attachments are made UNDER PENALTY OF PERJURY.
		(Ownership Entity)
		*(Signature)
		*(Title)
		*(Date)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE", "N/A" OR "FINDING" ON QUESTIONS 1-17. No Explanation required for Question #12.

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGMENT

(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):	

CHANGE IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

CHANGE 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:	