

Owner Name:			
Address:			
Project Name:			
Address(s):			
City:		Zip:	

Reporting Period 1/1/____ - 12/31/____

Total Units in Project ____ Number of HOF Units ____ Date of Initial Occupancy ____

1. The Owner certifies that all current households residing in HOF units had income at or below 115% of the Area Median Income (AMI) at move-in. YES NO
2. The Owner certifies that each low-income unit has a gross rent (rent paid by tenant plus any utility allowance) that does not exceed the maximum allowed under the HOF Program. YES NO
3. The Owner certifies that each unit and building in the project is suitable for occupancy taking into account local health, safety, building codes and HUD Housing Quality Standards. YES NO
4. The Owner certifies that the utility allowance is reviewed annually and that data is obtained through either the local PHA or directly from the applicable utility companies. YES NO N/A
 -Date the most recent utility analysis was completed. ____/____/____
5. The Owner certifies that Equal Opportunity, Fair Housing, and Affirmative Marketing Guidelines and Regulations have been followed in all business transactions. YES NO
6. The Owner certifies that pursuant to Section 504 of the Rehabilitation Act of 1973:
 - a. Reasonable accommodation policies have been implemented. YES NO
 - b. Appropriate auxiliary aids are available, if requested, to ensure effective communication with tenants/applicants with disabilities. YES NO
 - c. Policies are in place to inform eligible persons with disabilities about the availability of accessible units and nondiscriminatory steps are taken to maximize utilization of such units by persons with disabilities. YES NO
 - d. If applicable, Section 504 coordinator(s) have been designated. YES NO N/A
7. The Owner certifies that all tenant facilities of any building in the project are provided on a comparable basis to all tenants in the building. YES NO

8. The Owner certifies that evictions within the reporting period, if any, have been conducted in accordance with the lease and applicable state/local laws. YES NO N/A
9. The Owner certifies that all tenants have signed the "Lead Based Paint" form and have been given a copy (if applicable) YES NO N/A
10. The Owner certifies that flood insurance is in effect (if required). YES NO N/A
11. The Owner certifies that any added requirements, as stated in the written agreements, have been adhered to. YES NO N/A
12. The Owner certifies that a Tenant Selection Plan has been developed and is updated as necessary. YES NO
13. The Owner certifies that funds are being deposited into a Replacement Reserve Account in the amounts required. YES NO

-Amount deposited into the Replacement Reserve for the reporting period. \$ _____

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Report Submitted By: _____

Name of Project/Owner

Signature of General Partner or Authorized Representative*

Owner Address _____

Phone Number _____ Date Submitted _____

** If completed and signed by other than the general partner, a signed and notarized authorization form must be on file at SDHDA. See Form AM-504 Designation of Authorized Representative.*

Management Agent Information

Does the management agent have fidelity bond coverage? YES NO

Supporting Documents to be Included with the Owner's Certification Form

- Tenant Selection Plan;
- Policies for implementation/compliance with Section 504 of the Rehabilitation Act of 1973 (*If not addressed in the Tenant Selection Plan*). Refer to question 6 of the Certification;
- Current bank statement reflecting the Replacement Reserve Account Balance at year-end;
- Current Management Agreement (if applicable);
- Current Lease Agreement (blank);
- Copy of the property tax paid receipt;
- Copy of the Insurance Declarations page;
- Verification of property tax payment;
- Statement of Profit Loss/Statement of Operations for year-end December 31.

Changes in Ownership or Management

(To be completed if any change since last submission or initial submission)

Transfer of Ownership

Date of Change:	
Legal Owner Name:	
General Partnership:	

Change in Owner Contact

Date of Change:	
Owner Contact:	
Owner Address:	
Owner City, State, Zip Code:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

Change in Management Contact

Date of Change:	
Management Company Name:	
Management Address:	
Management City, State, Zip Code:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	
Regional Manager Name:	
Regional Manager Address:	

Regional Manager City, State, Zip Code:	
Regional Manager Phone:	
Regional Manager Fax:	
Regional Manager Email:	
Site Manager Name:	
Site Manager Address:	
Site Manager City, state, zip:	
Site Manager Phone:	
Site Manager Fax:	
Site Manager Email:	
Annual Reporting Contact Name:	
Annual Reporting Address:	
Annual Reporting City, State, Zip Code:	
Annual Reporting Email:	

Current Tenant Information (HOF) Units Only

Unit #	
Tenant Name – Head of Household	
Move-in Date	/ /
# of Household Members at Move-in	
Calculated Household Income at Move-in	\$
Gross Rent at Move-in	\$
Utility Allowance at Move-in	\$
Net Rent at Move-in	\$
Current Gross Rent	\$
Current Utility Allowance	\$
Current Net Rent	\$
Amount of Security Deposit Received	\$

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