



MSHDA

MICHIGAN STATE HOUSING
DEVELOPMENT AUTHORITY

ANNUAL OWNER CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE HOME & NSP PROGRAM

HOME NSP

Certification Period	January 1, 2020 – December 31, 2020
Project Name	
MSHDA #	
Project Address	
City, Zip Code	

Ownership Entity

Fed. Tax ID #	
Ownership Name	
Owner Contact Person	
Title	
Street Address	
City, State, Zip Code	
Phone	
Cell Phone	
Fax	
E-mail	
CHDO (Yes or No)	
Non-Profit Organization (Yes or No)	
Date Entity Commenced Ownership of Project	
Date of Contact Change (If Applicable)	

Management

Management Company Name	
Management Contact Person	
Title	
Street Address	
City, State, Zip Code	
Phone	
Cell Phone	
Fax	
E-mail	
Date Company Commenced Management of Project	
Date of Contact Change (If Applicable)	
On-site Contact Person	
On-site Phone	
On-site Contact E-mail	

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

Was there an owner or management change (entity, general/limited partner, or contact) during the reporting period?

Yes Change No Change

If Yes, complete the applicable form - "Notice of Change in Ownership" or "Notice of Change in Management Agent"

Service Provider (If Applicable)	
Company Name	
Contact Person, Title	
Street Address	
City, State, Zip Code	
Phone/Cell Phone	
E-mail	
Description of Services /Contract or MOU Effective Date	

Annual Tenant Income Certification / Establishing Tenant Eligibility

- The owner/management agent has received an initial income certification from each HOME household and documentation to support that certification.
 - Yes.
 - No. If no, explain: _____
- For each household occupying a unit designated as HOME, the owner/management agent has conducted an initial certification and an annual recertification including full third-party documentation of all income and assets.
 - Yes.
 - No. If no, explain: _____

Rent Restrictions

- Each HOME restricted unit in the project was rent restricted as prescribed in the executed HOME Regulatory Agreement, Grant Agreement, Affordability Agreement, or other official document.
 - Yes.
 - No. If no, explain: _____
- No fee(s) other than rent was charged to any HOME tenant for a service or provision that was not optional (i.e. water-billing service fees, mandatory parking fees, non-refundable security deposit fees, mandatory payments for meals, etc.).
 - Yes (true, no fees were charged).
 - No (false, there was a fee charged). If no, complete the Resident Fee form (which is available on the MSHDA website) and attach it to this certification form.

Utility Allowances

- The Owner certifies that the utility allowance is reviewed annually and is obtained through the local PHA, MSHDA, directly from the local utility companies, or calculated by using the Actual Consumption Method (ACM).
 - Yes. Complete the attached Utility Allowance Documentation Form and submit it with this Annual Owner Certification form.
 - No. If no, explain: _____

Note: Owners of HOME projects must include a Utility Allowance documentation form with this annual compliance certification. In addition, for ACM allowances, these figures must be submitted to MSHDA on the ACM form (available on the MSHDA website) and the final figures be pre-approved by MSHDA prior to their use at the development.

Over-Income Units and Next Available Unit Rule

- If the income of a resident of a HOME restricted unit in the project increased to an amount that exceeds the limit allowed under HOME Regulatory Agreement (or similar document), the next available unit in the project was rented to a qualified household.
 - Yes.
 - No. If no, explain: _____

7. If the annual income of a resident of a HOME restricted unit in the project increased to an amount that exceeded 80% of the area median income at recertification, the household's rent was adjusted to 30% of the family adjusted income (unless Low-Income Housing Tax Credit Program rules apply to the unit).
- Yes.
 No. If no, explain: _____

Vacant Units

8. If a HOME unit in the project became vacant during the year, reasonable attempts were made to rent that or a comparable unit (for floating HOME units, comparable in terms of size, features, and number of bedrooms) to a qualified household and while the unit was vacant, no units of comparable size were rented to an unqualified household.
- Yes.
 No. If no, explain: _____

Physical Condition

9. Each unit and building in the project is, as of date of execution of this certification and for the entire period covered by this certification, suitable for occupancy and there are no unresolved deficiencies or violations taking into account State and local codes, ordinances, requirements and HUD's Uniform Physical Condition Standards (UPCS).
- Yes.
 No. If no, state the nature of violation, attach copies of the applicable document(s) citing the deficiencies and (or) violations, and describe any corrective action that has been taken or is planned. _____
10. Carbon Monoxide detectors have been installed and maintained in all units that have fuel-fired/burning appliances and/or an attached garage. Or a waiver has been completed on file at the development.
- YES
 NO

Lead-based Paint

11. All tenants have signed the "Lead Based Paint" form and have been given a copy.
- Yes.
 No, due to the following exemption(s):
- None of the buildings or portions of the buildings in the development were constructed prior to January 1, 1978. (See 35.86 "Target Housing".)
 - All buildings on the property have been certified Lead-based paint free and appropriate test reports and certification have been or will be provided to MSHDA.
 - All units are 0-bedroom units (See 35.86 "Target Housing" and "0-bedroom dwelling".)
 - This is a HUD Elderly development and no child of less than 6 years of age resides or is expected to reside in any unit.
 - The development is designated exclusively for persons with disabilities and no child of less than 6 years of age resides or is expected to reside in any unit.
 - Other reason as follows: _____

(For the above exemptions please see Title 24: Housing and Urban Development, PART 35 – LEAD-BASED PAINT POISONING PREVENTION IN CERTAIN RESIDENTIAL STRUCTURES 35.82 "Scope and Applicability" and 35.86 Definitions, "Housing for the Elderly", "Target housing", and "0-bedroom dwelling".

12. The property owner has incorporated ongoing lead-based paint maintenance activities into regular building operations, such as a visual inspection of lead-based paint annually and at unit turnover; repair of all unstable paint; and repair of encapsulated or enclosed areas that are changed.
- Yes.
 No. If no, explain if different from the reason(s) given in Item 10 above: _____

General Public Use and non-Transient Use

13. All HOME units in the project are and have been for use by the general public and used on a non-transient basis.
- Yes.
 No. If no, explain and/or describe the project's target population: _____

Comparable Basis – Tenant Facilities

14. The Owner certifies that all tenant facilities (such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances) of any building in the project are provided on a comparable basis to all tenants (including HOME-assisted and non-HOME-assisted) in the development.

- Yes.
- No. If no, explain: _____

Lease Agreement

15. The lease term for all HOME-assisted units is at least one year and each lease contains all of the provisions required by the HOME Program, and does not include any prohibited provisions.

- Yes.
- No. If no, explain: _____

Tenant Selection Criteria

16. The owner/management has adopted and utilizes written tenant selection policies that:

- are consistent with the purpose of providing housing for very low-income and low-income families;
- are reasonably related to program eligibility and the applicants' ability to perform the obligations of the lease;
- provide for the selection of tenants from a written waiting list in the chronological order of their application, insofar as is practicable; and
- requires prompt written notification to any rejected applicant of the grounds for any rejections.

- Yes.
- No. If no, explain: _____

Supportive Housing Services / Special Needs

17. All required special needs units designated in the HOME Regulatory Agreement (or similar document) have been rented to tenants with special needs.

- Yes.
- No. If no, explain: _____
- Not Applicable.

18. All required supportive housing services agreed to in the HOME Regulatory Agreement (or similar document) have been made available to the residents of the HOME-assisted units. Where stipulated in the HOME Regulatory Agreement (or similar document), these supportive services were made available by contract with a local service provider.

- Yes.
- No. If no, explain: _____
- Not Applicable.

Evictions

19. The Owner certifies that no tenants have been evicted or not had leases renewed, except for serious or repeated violations of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing, or for other good cause.

- Yes.
- No. If no, explain: _____

Discrimination Against Section 8/Housing Choice Vouchers

20. All HOME restricted 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. If no, explain: _____

Affirmative Fair Housing Marketing Plan

21. An up-to-date Affirmative Fair Housing Marketing Plan (AFHMP) is on file (and available for viewing by interested parties) at the development.

- Yes. Indicate the date of the last up-date: _____
- No. If no, explain: _____

22. The AFHMP has been reviewed by the Owner and has been found to be effective in soliciting persons.

- Yes.
- No. If no, explain: _____

23. If the affirmative marketing requirements were not met, the Owner has attached a plan of corrective actions to be taken to make the AFHMP a success.

- Yes.
- No. If no, explain: _____

Fair Housing and Reasonable Accommodations / Handicap-Accessibility

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

- Yes.
- No. If no, explain: _____

25. The project has complied with the Violence Against Women Act (VAWA), which provides protections for residents and applicants who are victims of domestic violence, dating violence or stalking, and any other situation or incidence mandated by VAWA. Compliance requirements mandated by VAWA include, but are not limited to, honoring civil protection orders, eviction protection and bifurcation of lease when necessary.

- Yes.
- No. Explain: _____

Change in Management/Ownership

26. There has been no change in the management of the project during this Certification Period.

- Yes, no change.
- No (There has been a change). If "No", a Notice of Change in Management Agent form must be completed and submitted to MSHDA with this Annual Certification form.

27. There has been no change in the ownership of the project during this Certification Period.

- Yes, no change.
- No (There has been a change). If no, the owner must complete the Notice of Change in Ownership form and submitted it to MSHDA with this HOME Annual Certification form.

Record Keeping

28. The Owner is maintaining required records for the most recent five year period during the affordability period, and has policies in place to keep these records until five years after the end of the affordability period. (Required records include documentation related to tenant income verifications, unit rents, affirmative marketing, and property standards.) Initial certifications are retained in the file until the household vacates a unit.

- Yes.
- No. Describe: _____

29. All resident data for the project has been entered as required into MSHDA's on-line data collection system for all project activity through December 31 of the reporting year.

- Yes.
 No. If no, explain: _____

Other Compliance Requirements

30. Does the project have any other government funding and/or income, rent or leasing restrictions, other than the MSHDA HOME funds and its requirements?

- No.
 Yes. Describe: _____

Note: Failure to complete this form in its entirety will result in noncompliance with HOME program requirements.

The undersigned, having entered into a loan or grant agreement pursuant to the applicable provisions of the "HOME Investment Partnership Act" ("HOME"), does hereby certify that the housing project is in continuing compliance with the HOME Regulatory Agreement (or similar document) and any other applicable compliance requirements. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

Signature By: _____

Printed Name: _____
(Name of Authorized Representative of Ownership Entity*)

Title: _____ Date: _____

*** No individual other than an owner or general partner of the project is permitted to sign this form, unless authorized by the owner (documentation of owner authorization must be attached).**