

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

ANNUAL OWNER CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

LIHTC 1602 TCAP

Reporting Period	January 1, 2023 - December 31, 2023		
Project Name			
MSHDA #		LIHTC #	
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	
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	

<p>Was there an owner or management change (entity, general/limited partner, or contact) during the reporting period? <input type="checkbox"/> Yes Change <input type="checkbox"/> No Change If Yes, complete the applicable form - "Notice of Change in Ownership" or "Notice of Change in Management Agent"</p> <p>If credit allocation was received but the credit period has not yet begun, please check the appropriate box below: <input type="checkbox"/> No buildings were placed in service during the reporting period. <input type="checkbox"/> At least one building was placed in service but owner does not elect 2022 as the first year of the credit period.</p> <p>If either of the above applies, please check the appropriate box, and proceed to page 4 to sign and date this form. A completed First Year Credit Statement must be attached.</p>

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

that:

1. The project meets the minimum requirements of (as elected in Part II of the first year 8609 form): (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
 - Income Averaging 40-60 test under Section 42(g)(1)(C) of the Code

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:

NO CHANGE **YES CHANGE**

If “**YES CHANGE**”, list the applicable fraction to be reported to the IRS for each building in the project for the certification year, and describe the reason(s) for the change on page 4.

3. The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has received approval to eliminate or waive recertifications from MSHDA or the IRS, as indicated on Page 4 of this Certification:

YES **NO**

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:

YES **NO**

5. All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42(i)(3)(B)(iii) of the Code or single-room-occupancy units rented on a month-by-month basis under Section 42(i)(3)(B)(iv) of the Code):

YES **NO**

6. No Finding of Discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court:

NO FINDING **FINDING**

If “**Finding**”, explain on page 4 and attach a copy of the letter of finding(s) from the adjudicating agency or court.

7. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a violation report for any building or low income unit in the project. Additionally, all low income units were continuously either occupied, vacant but rent ready, or vacant for redecorating/minor repairs for a period of 30 days or less, throughout the reporting period:

YES **NO**

If “**NO**”, state nature of violation on page 4 and attach a copy of the violation report as required by 26 CFR 1.42-5 and documentation of the correction.

8. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since the last certification submission:

NO CHANGE **YES CHANGE**

If “**YES Change**”, state the nature of the change (e.g., a common area unit has become a commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing) on page 4.

9. All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided

on a comparable basis without charge to all tenants in the buildings:

YES **NO**

10. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units in the project were or will be rented to tenants not having a qualifying income:

YES **NO**

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:

YES **NO**

12. An extended low-income housing commitment as described in Section 42(h)(6) was in effect, including the requirement under Section 42(h)(6)(B)(iv) 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, 42 U.S.C. 1437s. 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 provision, as outlined in the extended low-income housing commitment:

YES **NO**

13. The ownership of the property contains a bona fide 501(c)(3) or 501(c)(4) nonprofit organization having the fostering of housing as one of its exempt purposes and having no affiliation with or controlled by a for profit entity – and **continues** to have an ownership interest in the development and materially participate in the development's operation under Section 469(h) of the Code as required by the credit allocation.

N/A (Ownership does not include a qualified non-profit organization) **YES** _____
Non-Profit Name

NO Indicate "No" if the project was allocated credit under the non-profit set-aside, but the non-profit no longer has an ownership interest and/or did not materially participate in the development's operation and/or the requirements of this set-aside were not met for another reason). Include an explanation on page 4.

14. No tenants in low-income units were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42(h)(6)(E)(ii)(II).

YES **NO**

15. There has been no change in the ownership entity (change in limited and/or general partners) or management of the project:

NO CHANGE **YES CHANGE**

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

16. 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**

17. All required Supportive Housing units as designated in the LIHTC Regulatory Agreement have been rented to tenants that meet the special needs or homeless eligibility requirements as defined in the Regulatory agreement and substantial services are available as a result of a contract (or equivalent relationship) with a local service provider.

YES, # of units _____ **NO** **N/A** (project does not have special needs units)

18. 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.

YES

NO

19. 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

20. The property is subject to the Average Income Test (AIT) and no changes were made to required AMI levels to maintain compliance with AIT. If changes were made, written approval was received from MSHDA.

No Changes in AMI levels

Changes in AMI levels with Approval

Changes and No Approval

Not Applicable, Not AIT property

21. Has the property instituted an in unit non-smoking policy?

YES

NO

Was project granted MSHDA approval to eliminate LIHTC recertifications? Yes No Did not apply
If "YES", MSHDA Approval Date: _____ Effective Date: _____

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "YES CHANGE", OR "FINDING" ON QUESTIONS 1 – 20:

Question #	Explanation

Attach additional pages if necessary.

Note: Failure to complete this form in its entirety will result in noncompliance with Section 42 program requirements.

The project is otherwise in compliance with the IRC Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Ownership Entity: _____

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

Signature: _____ 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).