

**MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY**

**ANNUAL OWNER CERTIFICATION OF CONTINUING  
PROGRAM COMPLIANCE HOME/NSP/HTF PROGRAM**

HOME       NSP       HTF

Certification Period	January 1, 2023 – December 31, 2023
Project Name	
MSHDA #	
Project Address	
City, State, 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	

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	

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

**Annual Tenant Income Certification / Establishing Tenant Eligibility**

1. For each household occupying a unit designated as HOME/NSP/HTF, the owner/management agent has conducted an initial certification and an annual recertification including full third-party documentation of all income and assets (as required in 24 CFR Section 92.203 for HOME and NSP and 24 CFR Section 93.151(d) for HTF).

- Yes.
- No. If no, explain: \_\_\_\_\_

**Rent Restrictions**

2. Each HOME/NSP/HTF restricted unit in the project was rent restricted as prescribed in the executed MSHDA Regulatory Agreement, Grant Agreement, Affordability Agreement, or other official document.

- Yes.
- No. If no, explain: \_\_\_\_\_

**Utility Allowances**

3. 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.
- No. If no, explain: \_\_\_\_\_

**Over-Income Units and Next Available Unit Rule**

4. If the income of a resident of a HOME/NSP/HTF 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: \_\_\_\_\_

4a. 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: \_\_\_\_\_
- Not Applicable.

**Vacant Units**

5. If a HOME/NSP/HTF unit in the project became vacant during the year, reasonable attempts were made to rent that or a comparable unit (for floating 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**

6. 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. \_\_\_\_\_

7. 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

8. 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".)

9. 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 8 above: \_\_\_\_\_

#### General Public Use and non-Transient Use

10. All HOME/NSP/HTF 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

11. 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

12. The lease term for all HOME/NSP/HTF -assisted units is at least one year and each lease contains all of the provisions required by the program and does not include any prohibited provisions.

- Yes.  
 No. If no, explain: \_\_\_\_\_

#### Tenant Selection Criteria

13. 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**

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

- Yes.
- No. If no, explain: \_\_\_\_\_
- Not Applicable.

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

- Yes. # of units \_\_\_\_\_
- No. If no, explain: \_\_\_\_\_
- Not Applicable.

**Evictions**

16. 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**

17. All HOME/NSP/HTF 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**

18. 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: \_\_\_\_\_

18a. The AFHMP has been reviewed by the Owner and has been found to be effective in soliciting persons.

- Yes.
- No. If no, explain: \_\_\_\_\_

18b. 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**

19. 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: \_\_\_\_\_

20. 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, sexual assault, 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**

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

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

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

- No change.
- Yes Change. If "Yes Change", the owner must complete the Notice of Change in Ownership form and submitted it to MSHDA with this HOME Annual Certification form.

**Record Keeping**

23. 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: \_\_\_\_\_

24. 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: \_\_\_\_\_

**Non-Smoking Policies**

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

- Yes.
- No. If no, explain: \_\_\_\_\_

**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"), Neighborhood Stabilization Preservation (NSP), and/or Housing Trust Fund (HTF), does hereby certify that the housing project is in continuing compliance with the Regulatory Agreement (or similar document) and any other applicable compliance requirements. 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).