

**Owner's Annual Certification of Compliance  
-HOME Investment Partnerships Program-**

To decrease costs for partners and KHC, the Owner's Annual Certification of Compliance is now required to be submitted through Tenant Data Collection System (TDCS). The electronic submission affects all affordable rental housing programs that are required to submit annual performance reports to Kentucky Housing's Compliance Department. This includes projects allocated Housing Credits and funding from the Section 1602, TCAP, Risk-Sharing, HOME Investment Partnerships, Small Multifamily Affordable Loan programs and Affordable Housing Trust Fund. Tenant data and the Annual Operating Expense Information are required to be submitted through Kentucky Housing Corporation's Tenant Data Collection System (TDCS).

Reporting Period:	From: <b>January 1, 2015</b>	To: <b>December 31, 2015</b>
Project Name:		Project No.:

**CERTIFICATION**

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge and that he/she will, if requested, submit documentation in support of such statement. He/she further certifies UNDER PENALTY OF PERJURY that the project meets the requirement of HOME Investment Partnerships Program, including any HUD regulations pursuant thereto and other applicable laws, rules, regulations and ordinances.

<b>Recipient Information</b>			
Name of Recipient			
Name/Title of Recipient Contact Person			Daytime Telephone Number
Address			Fax Number
City	State	Zip Code	E-mail Address
<i>See Electronic Signature Authorization Form</i>			Date Form Completed:

Check if new Recipient contact, new address or phone number since submittal of last annual report

<b>Management Agent Information</b>			
Name of Management Company (if different from recipient)			
Name of Management Contact Person			Daytime Telephone Number
Address			Fax Number
City	State	Zip Code	E-mail Address

Check if new management company, new address or phone number since submittal of last annual report.

Read the following statements. Each question **MUST** be answered and an explanation provided when requested. **To mark a response box, double click on box and select "Default Value as Checked"**.

1. The owner and all primary parties to the project (management company) have submitted the required annual reports and fees to the Secretary of State's office in order to be considered active and in good standing.

Yes     No, please provide an explanation in the box below.

**Income Certifications**

2. The recipient has properly documented eligibility of each tenant at move-in by third-party verifying all sources of income and assets in accordance with 24 CFR 92.203(b)(1).

Yes     No, please provide an explanation in the box below.

3. (a) The recipient has properly documented eligibility of each tenant at annual recertification by third party verifying all sources of income and assets in accordance with 24 CFR 92.203(b)(1).

Yes, go to question 4     No, must answer 3(b)

(b) If the project has affordability period of ten years or greater, did the Recipient allow self-certifications by tenants to document eligibility at recertification (as allowed at 24 CFR 92.252(h))?

Yes     No, please provide explanation in the box below.

4. For households whose anticipated gross annual income exceeded 80 percent of area median income at annual recertification, was the rent recalculated in accordance with KHC policy (the greater of the applicable High HOME rent limit or 30 percent of the household's adjusted gross monthly income)? (This rule does not apply to properties that were also allocated Housing Credit.)

Yes     No     N/A

**Property Standards**

5. During the reporting period, was a physical inspection of each HOME unit conducted to ensure that Housing Quality Standards (HQS) were met as required by the 24 CFR Part 92.251(c)?

Yes     No, please provide an explanation why the unit(s) did not meet HQS in the box below.

6. The owner certifies that the project meets requirements as required under Section 504.

Yes     No, please provide an explanation why the unit(s) did not meet HQS in the box below.

**Conflict of Interest**

7. Were any tenants occupying HOME-assisted units perceived as presenting a potential conflict of interest as stated in 24 CFR Part 92.356?

Yes    If Yes, was the conflict of interest procedure followed for determination?     No

Yes     No    If No, please provide explanation in the box below.

**Reserve for Replacement Account**

8. Do you maintain your own reserve for replacement account?

Yes     No    No, maintained by KHC     If maintained by KHC, go to question 9

a. If yes, please provide your monthly deposit and overall balance in this account.

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b. If no, and KHC does not maintain the account, who maintains it?

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c. Briefly describe any expenditure from the reserve for replacement account. Was KHC advised prior to such expenditure?

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**Lease**

9. Does the current lease used by the recipient for HOME-assisted units meet the requirements of 24 CFR 92.253?

Yes     No, please provide an explanation in the box below.

**Fair Housing**

10. Did the recipient agency draw down Federal Funds through Kentucky Housing Corporation during 2011.

Yes If Yes, please answer question 11?       No If No, please go to question 12.

11. Has the recipient submitted a Title VI update to KHC?

Yes     No

12. Please indicate the number of households that occupied a HOME-assisted unit during the reporting period that have a member(s) with known disabilities. \_\_\_\_\_

13. Recipient certifies that the Tenant Selection Policies/Plan, Affirmative Marketing Plan, and Fair Housing Plan used in conjunction with the leasing of this HOME-Funded project are in accordance with all applicable Fair Housing Laws.

Yes     No, please provide explanation in box below.

14. Recipient certifies that the project meets all Section 504 Regulations and Requirements.

Yes     No, please provide explanation in box below.