Owner's Annual Certification of Compliance
-Housing Assistance Fund Program-

AFFIDAVIT

Comes the affiant,_____("Owner"), and after being duly sworn, states as follows:

1. That the Affiant is the owner of the property located at_____ ("Property");
2. That the Property is ensuring that all households' annual gross income did not exceed Kentucky Housing Corporation's Homeownership income limits upon initial occupancy;
3. That charged rent(s) are comparable to local market rent(s);
4. That the project will remain in compliance with the Housing Assistance Fund requirements for the upcoming 12 month period; and
5. That the Affiant will notify Kentucky Housing Corporation within thirty (30) days if he/she chooses to rent to persons who do not qualify under the Housing Assistance Fund requirements.

Further the affiant sayeth naught.

_____
Owner's Printed Name

_____
Signature

_____
Title

_____
Date

COMMONWEALTH OF KENTUCKY)
)SS
COUNTY OF _____)

Subscribed and sworn to before me by _____on this_____day of_____, 200____.

My Commission Expires: _____.

_____
Notary Public, State at Large, Kentucky