PROJECT NO. KY-

OWNER CERTIFICATION OF FEDERAL, STATE OR LOCAL SUBSIDY

Federal regulations require that Kentucky Housing Corporation (KHC) ensure that the housing credit dollar amount allocated to a project shall not exceed the amount KHC determines is necessary for the financial feasibility of the project and its viability as a low-income housing project through the credit period.

In making this determination, KHC shall consider, among other things, the amount of subsidy the project is receiving. This determination must be made at the time of application, the time of allocation and the date the building is placed in service in order to award the proper amount of credit.

THE OWNER’S SIGNATURE BELOW CERTIFIES THAT THE APPLICATION, REQUEST FOR CARRYOVER ALLOCATION AND THE FINAL COST CERTIFICATION IDENTIFY ALL FEDERAL, STATE AND/OR LOCAL SUBSIDIES FOR WHICH THE OWNER(S) HAVE APPLIED OR INTEND TO APPLY. RELATED SOURCES AND USES OF FUNDS STATEMENT(S) ARE ALSO INCLUDED WITH THIS STATEMENT. THESE SUBSIDIES ARE HEREBY LISTED BELOW AND ALL SUPPORTING DOCUMENTATION HAS BEEN ATTACHED. IF NO SUBSIDIES HAVE BEEN RECEIVED AND THE OWNER(S) DO NOT INTEND TO APPLY FOR ANY FORM OF FEDERAL, STATE OR LOCAL SUBSIDY, THEN THE OWNER MUST SIGN CERTIFYING THAT THIS IS A TRUE STATEMENT.

THIS OWNER CERTIFICATION MUST BE COMPLETED AND SIGNED AT EACH OF THE THREE EVENTS LISTED ABOVE.

FEDERAL SUBSIDY ____________________________________________________________ (Attach Documentation)

STATE SUBSIDY ____________________________________________________________ (Attach Documentation)

LOCAL SUBSIDY ____________________________________________________________ (Attach Documentation)

I CERTIFY THAT THE ABOVE-LISTED SUBSIDY/SUBSIDIES ARE THE ONLY SUCH FUNDS THAT ARE CONTAINED IN OR BEING SOUGHT BY THE PROJECT.

__________________________________________ (Owner)  ______________________________ (Date)

I CERTIFY THAT THIS PROJECT IS RECEIVING NO FEDERAL, STATE OR LOCAL SUBSIDY NOR WILL THE PROJECT OR OWNERS OF THE PROJECT APPLY FOR ANY FEDERAL, STATE OR LOCAL SUBSIDY.

__________________________________________ (Owner)  ______________________________ (Date)