

**HOME PROGRAM
OWNER CERTIFICATION
OF COMPLIANCE
FOR YEAR 2011**

Owner Name: _____ **Contact Person:** _____
Sponsor (if any): _____ **Telephone No:** _____
Project Address(es): _____ **Prepared by:** _____
_____ **Email Address:** _____

HPD Program: LISC/ Enterprise Small Bldg. Loan TPT NOW

Participation Loan Program MHANY Sp. Needs Hsg NRP NEP

The undersigned, under penalty of perjury, hereby certifies to the NYC Department of Housing Preservation and Development that all the information set forth below is true:

1. I have received an initial certification of income and household composition, current as of move-in date, for each new tenant that has been leased a HOME unit during the calendar year 2011. I have also obtained documentation of income of each HOME tenant at move-in and have determined that the income of each tenant was at or below the income eligibility limits for the HOME Program at move-in. I shall make these and all other records available to HPD or its designee upon request.
2. I have received an annual income re-certification form for 2011 from each and every existing tenant in a HOME assisted unit.
3. I understand that the affordability period for this project is 10 years or more. Accordingly, I have or will secure income documentation every sixth year of the affordability period and shall make this and all other records available to HPD or its designee upon request.
4. Each HOME assisted unit in the project is rent restricted in accordance with the HOME Written Agreement. The rents charged to tenants occupying HOME assisted units do not exceed the affordability limits established by HUD and are in accordance with HPD's regulatory agreement.
5. All HOME assisted units in the project are for use by the general public in accordance with HUD housing policy governing non-discrimination, with HPD's affirmative marketing plan, and with the HOME Written Agreement for the project.
6. Each HOME unit in the project is habitable and suitable for occupancy, in accordance with all applicable federal, state and local laws, rules and regulations, including but not limited to health, safety and building codes.

- 7. Any HOME assisted unit in the project that became vacant during the past calendar year was re-rented to a new tenant having a qualifying HOME income. If not, please explain.

- 8. The project is in compliance with all of the terms and conditions of the HOME Written Agreement for the project.

PLEASE NOTE: If the required certification cannot be made, the owner must provide a detailed building-by-building description of the reason(s) such certification could not be made. The owner must specify which building(s) and units do not conform to items 1-8 of the owner certification and in what respect(s) each building and unit does not conform.

Authorized Signature

(Print) Name: _____

Title: _____

Date: _____

**THIS FORM MUST BE EXECUTED
BY THE OWNER OR AN OFFICER
OF THE GENERAL PARTNER**

On this ____ day, of _____ 2012, before me personally came _____, who being by me duly sworn, did depose and say that (s)he is the _____ of _____ of the above referenced project; and that (s)he is authorized to execute this document on behalf of the owner.

Notary Public