



WASHINGTON COUNTY
OREGON

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

HOME NSP

Certification Period	July 1, 2021 – June 30, 2022
Project Name	
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)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Non-Profit Organization (Yes or No)	<input type="checkbox"/> YES <input type="checkbox"/> 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	

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

<p>Was there an owner or management change (entity, general/limited partner, or contact) during the reporting period? <input type="checkbox"/> Yes Change <input type="checkbox"/> No Change If yes, complete the applicable form - "Notice of Change in Ownership" or "Notice of Change in Management Agent"</p>
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Annual Tenant Income Certification / Establishing Tenant Eligibility

1. For each household occupying a unit designated as HOME/NSP, 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).

- Yes.
- No. If no, explain: _____

Rent Restrictions

2. Each HOME/NSP restricted unit in the project was rent restricted as prescribed in the executed Project 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, 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 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 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.

- 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 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 -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 Project Agreement 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 Project Agreement (or similar document) have been made available to the residents of the HOME-assisted units.

- Yes.
- 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 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;
- 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 OCD 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 OCD 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: _____

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"), and/or Neighborhood Stabilization Preservation (NSP), does hereby certify that the housing project is in continuing compliance with the Project Agreement (or similar document) and any other applicable compliance requirements. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

Signature By: _____

Printed Name: _____
(Name of Authorized Representative of Ownership Entity*)

Title: _____

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).**