

OWNER'S CERTIFICATE OF CONTINUING COMPLIANCE

To: City of Palm Desert/Palm Desert Housing Authority
73-510 Fred Waring Drive
Palm Desert, CA 92260

Attn: **DIRECTOR OF HOUSING**

Certification Dates:	From:	To:
Project Name:		
Project Number:		
Project Address:		
Tax Id # of Ownership Entity:		

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

- ☐ No buildings have been Placed in Service
☐ Other _____

1. The project meets the minimum requirements of:

- ☐ _____
☐ _____

2. There has been **change / no change** for any building in the project:

- ☐ NO CHANGE ☐ CHANGE

If "**Change**," please list : _____

3. The owner has received annual Tenant Income Certification from all low-income households and documentation to support that certification.

- ☐ YES ☐ NO

4. All low-income units in the project have been rent-restricted under the terms of Agreement No.: _____

- ☐ YES ☐ NO

5. All low-income units in the project have been and are being for used by the general public on a non-transient basis:

- ☐ YES ☐ NO

6. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court:

- ☐ YES ☐ NO

List Finding if occurred: _____

7. Each building and low-income unit in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low-income unit in the project:

☐ YES ☐ NO

If “**No**” state nature of violation: _____

Attach a copy of the violation report as required by 26 CFR 1.42- and any documentation of correction.

8. All tenant facilities, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis, without charge, to all tenants in the buildings:

☐ YES ☐ NO

9. If any of the low-income units in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable size to households having a qualifying income before any units were or will be rented to tenants not having a qualifying income:

☐ YES ☐ NO

10. If the income of a household of a low-income unit in any building increased above the qualifying limit allowed by the Agreement NO. _____, the next available unit of comparable size in that building was or will be rented to tenants having a qualifying income:

☐ YES ☐ NO

11. There has been **change / no change** in the ownership or management of the project:

☐ NO CHANGE ☐ CHANGE

If “**Change**,” attach a copy detailing information of the changes in ownership or management of the project.

Note: Failure to complete this form in its entirety will result in non-compliance with program requirements. In addition, any individual other than an owner or general partner of project is not permitted to sign this form.

The project is otherwise in compliance with Agreement No. _____ and all other applicable laws, rules and regulations. This Certification and any attachments are made **UNDER PENALTY OF PERJURY** of the Laws of the State of California.

(Ownership Entry)

By: _____

Title: _____

Date: _____

Place: _____