OWNER CERTIFICATION OF PROGRAM COMPLIANCE

Name of Monitoring Agency				Initial CertificationAnnual Update for Period		
Address					to	
				Date	Date	
From:			_			
	Owner Na					
	Property I	Name	-			
	Address		-			
Proper	ty Identifica	ation Number				
		ner(s) of the above-referenced property, I/we her If Use Restriction Agreement (LURA) for this pro			conditions	
	I/We certify	that:				
	1.	The property meets the Total Set-Aside and the	he Very Low-Income Set Aside	requirements	s of the LURA.	
	2.	The income of tenants in all Qualifying Units h AHDP income limits.	and falls with	nin the applicable		
	3.	Units have been leased in accordance with al	l occupancy and lease requirem	nents of the L	URA.	
	4.	All Qualifying Units have contract rents that are equal to or less than the applicable AHDP maximum rents.				
	5. The lease provisions required by the LURA have been incorporated in all leases for				Tying Units.	
	6.	The reports submitted to the monitoring agend	cy are accurate and correct to the	ne best of ou	r knowledge.	
		hat any willful false statement or misrepresenta its successors, which may result in legal action.		s the monitor	ring agency to promptly	
	Ow	vner	Date			
						

Warning:

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.