

OWNER'S CERTIFICATION OF CONTINUING COMPLIANCE REPORTING YEAR: 2025



Project Name: _____

Project Address: _____ City: _____

Name of Ownership Entity: _____

Select which of the following describes your Project:

- ☐ LIHTC Project #
- ☐ HOME Agreement #
- ☐ NHTF Agreement #

If the project is HOME and/or NHTF ONLY -answer questions 1 - 9 then sign and date on page 5

Initial Owners Certification

If any **ONE** of the following three statements apply to the Project, check the appropriate box, and proceed to page 5 and sign and date this certification; if not, proceed to the next section:

- ☐ No buildings in the Project have been placed in service as of 12/31/2025.
- ☐ At least one building in the Project has been placed in service but the Owner has elected not to begin the project's credit period in 2025. **No further reporting is required – go to page 5.**
- ☐ This is a HOME or National Housing Trust Fund (NHTF) ONLY Project, and the Project has not yet entered its Period of Affordability (as determined by IFA.)

Re-syndicated LIHTC Projects Only:

- ☐ No buildings have been placed in service under the most recent allocation.
- ☐ At least one building has been placed in service under the most recent allocation, but the owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and complete the certification for the original allocation using the original project number/name, etc.

The Owner hereby certifies that:

Please mark the appropriate box for all questions.

1. ☐ No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3501-3619, has occurred for this Project.
A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Project (HUD), 24 CFR 180.680, and 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.
☐ A finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred and the Project has **attached documentation of the findings to this certification.**
2. ☐ There has not been a casualty loss to the property during the certification year.
☐ There has been a casualty loss to the property during the certification year. **Documentation of the loss, including the circumstances, date of the loss, and the date the unit/building/ project was returned to service is attached to this certification if not previously submitted.**
Documentation was previously submitted to IFA on _____
3. ☐ All units in the project are suitable for occupancy, considering all federal, state, and local health, safety, and building codes (or other habitability standards), Uniform Physical Condition Standards (UPCS) or National Standards for Physical Inspection of Real Estate (NSPIRE) as defined by HUD. All building code inspections did not issue a report of a violation for any building or low-income unit in the project.
☐ The state or local unit responsible for making building code inspections issued a report of a violation for any building or low-income unit in the project during the certification year. **Documentation of the violations is attached to this certification as well as verification that the violations have been properly addressed.**
4. ☐ The project has no HOME or NHTF units or the LIHTC project was not required by the QAP under which it was allocated to follow the Affirmative Fair Housing Marketing Plan (AFHMP) requirements.
☐ The project includes less than five (5) HOME or NHTF-assisted rental units under common ownership or developed by a single entity; therefore, AFHMP requirements are not applicable.
☐ The project includes five (5) or more HOME or NHTF-assisted rental units under common ownership or developed by a single entity **AND/OR** is also a LIHTC project required by the QAP under which it was allocated to utilize the AFHMP requirements in soliciting renters, determining their eligibility, and concluding all transactions.
5. At initial occupancy, the owner has received a Tenant Income Certification (TIC) from each low-income household and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification (TIC) and documentation to support that certification.
☐ Yes ☐ No ☐ NA
6. There has been a change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.
☐ Yes ☐ No ☐ NA
If "Yes" and the change has not been reported, provide an Exhibit F "Compliance Monitoring Information form."
7. The project is in compliance with the Violence Against Women Act (VAWA) requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.
☐ Yes ☐ No ☐ NA

8. Fair housing, equal employment opportunity, and lead-based paint informational posters, as required by IFA, are conspicuously displayed at the project. Additionally, each household of the HOME assisted units has been given lead-based paint and fair housing brochures as required by IFA. Documentation of each beneficiary's receipt of the brochures is being maintained throughout the affordability period and is available for inspection by IFA and/or HUD.

☐ Yes ☐ No ☐ NA

9. The Owner has received an annual Student Status Certification for each low-income household.

☐ Yes ☐ No ☐ NA

10. The project meets the minimum requirement of (check one):

☐ The 20/50 test under Section 42 (g)(1)(A)

☐ The 40/60 test under Section 42 (g)(1)(B)

☐ The Average Income Test (AIT) under Section 42 (g)(1)(C) ☐

10a. The project is "deep rent skewed" (DRS) in accordance with Section 42 (g)(4) and 142 (d)(4)(B).

☐ Yes ☐ No ☐ NA

10b. If the project is an Average Income Test (AIT) project as certified in question 10 above

(if not AIT project, leave blank 10b & 10c).

☐ Yes ☐ No The Owner has met the qualified group of units to satisfy the AIT.

☐ Yes ☐ No The Owner has met the qualified group of units to determine the application fraction.

☐ Yes ☐ No There have been no changes in the unit designation in the reporting year.

If "No" to any of the above 10b questions attach an explanation and supporting documentation.

10c. If project is an Average Income Test (AIT) project, as certified in question 10 above, the following additional documents must be submitted.

☐ Current Rent Roll which includes tenant name, unit number, square footage, rental rate & average income designation.

☐ Summary that includes the identification with move in dates, of units that may have changed designation during the reporting year.

☐ Summary of total project average with specific AMI levels and qualified household numbers.

11. There has been no change in the applicable fraction as defined in Section 42 (c)(1)(B) for any of the buildings in the project.

☐ Yes ☐ No ☐ NA

12. Each qualified low-income unit is rent restricted under Section 42 (g)(2) of the Code.

☐ Yes ☐ No ☐ NA

13. All low-income units in the project are for the use by the public and are used on a non-transient, except as otherwise permitted by Section 42 of the Code.

☐ Yes ☐ No ☐ NA

14. There have been no changes in the eligible basis under Section 42 (d) for any building in the project.

☐ Yes ☐ No ☐ NA

15. All tenant facilities included in the eligible basis under Section 42 (d) of any building, in the project such as a community room, recreational facilities, and parking areas, were provided on a comparable basis without charge to any of the tenants in the building(s).
- ☐ Yes ☐ No ☐ NA
16. If a low-income unit 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(s) of comparable or smaller size to income-qualified tenants before any units were or will be rented to market-rate tenants, if applicable.
- ☐ Yes ☐ No ☐ NA
17. If the income of a low-income household increased above the limit allowed in Section 42 (g)(2)(D), all next available unit(s) of comparable or smaller size in the building were rented to an income qualified household.
- ☐ Yes ☐ No ☐ NA
18. An extended low-income housing commitment as described in Section 42(h)(6) is in effect, including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.
- ☐ Yes ☐ No ☐ NA
19. If the owner received a Credit allocation from the portion of the State ceiling set-aside for a project involving “qualified non-profit organizations” under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).
- ☐ Yes ☐ No ☐ NA
20. The Owner has followed the requirements of the Iowa ROSE Program. The Owner has developed written policies and procedures that provide information regarding the terms, conditions and distribution of the ROSE Program funds and has made it available to all households and staff.
- ☐ Yes ☐ No ☐ NA
- If “Yes”, attach the following:
- ☐ An end of year escrow bank statement
- ☐ A list showing amounts in each tenant’s account
- ☐ A list of any funds that have been released to those that have purchased homes
- ☐ A blank lease
- ☐ Any applicable documentation (blank contract, agreement, or addendum) pertaining to the Iowa ROSE Program.
21. The owner continues to comply with all terms agreed to in the application for the applicable QAP, including all federal and state-level program requirements for which it received points or other preferential treatment in its application. For projects allocated under the Housing for Homeless **or** Permanent Supportive Housing Set-Asides, complete the Permanent Supportive Housing Certification.
- ☐ Yes ☐ No ☐ NA

I, the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified Allocation Plan, Land Use Restrictive Agreement (LURA), the HOME Investment Partnership Program (HOME) and/or the National Housing Trust Fund (NHTF) and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct, and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this Owner’s Annual Certification.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations.

The undersigned has executed this certification this _____ day of _____, 2026.

Name of Ownership Entity

Authorized Representative of Ownership Entity Signature

Title

Printed Name

Date

If any questions above answered “No” please explain below

Question Number	Explanation