

AHD CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

DS ANGELES HOUSING DEPARTMENT	(To be completed and submitted annually)				
	Program Type: MP BOND	CRA LU NPP-Rh EQ			
Property Address:					
Property Owner's Name:	Property Owner's Email:	Phone Number.			
Owner's Address:	City	State Zip			
Property Manager's Nam	e: Property Manager's email:	Phone Number.			
This document is fo	r the 12-month reporting period beginning on	and ending on			
I, the undersigned, bein (Please Check Boxes Indic	ng the Owner/Manager of the above Project, hereby ce cating Compliance	rtify the following:			
	accurate records as required by the Regulatory Agreement of yself during the reporting period and these records are oper				
	eporting period, I have inspected the property, and my propered by Los Angeles Housing Department in the loan agreen				
If units became vaca Agreement/covenan	ant during the reporting period, I used Affirmative Marketi at, to fill the vacant units (if required).	ng standards, per the Regulatory			
At present, the property.	erty insurance is current, all property taxes have been paid a	nd there are no additional encumbrances			
I have received or ha	ave contacted the Urban Futures, Inc. for the most recent m	aximum income and rent figures for the			
I HAVE ATTACHED T	HE FOLLOWING DOCUMENTS:				
reporting period and Tenant Income and signed Tenant Form	lete Occupancy Summary listing the Units/ tenants in the l all requested information. l Rent Certification Forms (Tenant Forms) for all restrict to each individual household. cumentation for all new tenants who are presently occupyi s.	ed households. I have given a copy of the			
• DOCUMENTS REQ	UIRED ANNUALLY: (New Tenants and Recertification)				
New tenants and 6	th year Income Source Documentation (required every 6	years after the project's completion).			
 Mandatory Addendum to Lease/Rental Agreement for restricted households. I have given a copy to each household. Lease or Lease-waiver (if applicable). 					
Owner Certificatio	on of HOME Requirement Check List				
Housing Choice Voucher – Copy of Section 8 contract or rent adjustment letter effective during reporting period.					
• DOCUMENTS FOR	HOPWA Units:				
HIV/AIDS Diagnosis from a licensed physician. (For new tenants in HOPWA assisted units only)					
Annual Income Sou	Annual Income Source documents for all households in HOPWA assisted units.				
Under penalty or perj	ury, I certify that the information presented in this certific	ation is true and accurate to the			

best of my knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government.

 PRINT/TYPE Name:

Signature:	(Check One):	Owner;	<u> </u>