OWNER CERTIFICATION OF PROGRAM COMPLIANCE

Name of Monitoring Agency					Initi	Initial Certification	
Address				Anr	ual Update for Period		
					to		
					Date	Date	
From:							
	Owner Nar						
	Property N	lame					
	Address						
Proper	ty Identifica	tion Number					
certify,	based on p	er(s) of the above-referenced personal knowledge, that the prenent (LURA) for this property c	operty is in compli	ance with <u>all</u> terms and o			
	I/We certify	that:					
	1.	The property meets the Tota	I Set-Aside and the	e Very Low-Income Set A	Aside requirements	s of the LURA.	
	The income of tenants in all Qualifying Units has been reviewed and verified, and falls within the a AHDP income limits.					hin the applicable	
	3.	Units have been leased in ac	ccordance with all o	occupancy and lease rec	quirements of the L	.URA.	
4. All Qualifying Units have contract rents that a				re equal to or less than the applicable AHDP maximum rents.			
	5.	The lease provisions require	d by the LURA hav	e been incorporated into	o all leases for Qua	alifying Units.	
	6.	The reports submitted to the	monitoring agency	are accurate and correct	ct to the best of my	/our knowledge.	
	7.	All administrative (and other) fees due pursuant to the LURA have been paid.					
	8.	No further agreements (including lease addendums) have been entered into with tenants of Qualifying Units that have not been previously approved by the monitoring agency and that authorize one or more additional charges that increase the total amount payable by such tenant to an amount that exceeds the applicable AHDP maximum rent allowed to be charged for such Qualifying Unit.					
		g: Section 1001 of Title 18 of the sentations to any Department					
	Owner:						
	Signature	e of owner (if an individual) or	of duly authorized	officer or other governing	g person (if an enti	ty)	
	Printed I	Name	Title		ate	, 20	
	i illitou i	101110	. 100	D	4.0		