



## Annual Certification of Compliance

As part of our Annual Risk Analysis for the Affordable Rental Housing Programs, the Owner's Annual Certification of Compliance is now required to be submitted on an annual basis. The electronic submission affects all affordable rental housing programs that are required to submit annual performance reports to the City of Boulder, Division of Housing.

Please submit all reports to: Shelly Conley, Compliance & Project Manager at [conleys@bouldercolorado.gov](mailto:conleys@bouldercolorado.gov)

Reporting Period:	From: <b>January 1, 2015</b>	To: <b>December 31, 2015</b>
Project Name:		

### CERTIFICATION

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge and that he/she will, if requested, submit documentation in support of such statement. He/she further certifies UNDER PENALTY OF PERJURY that the project meets the compliance requirements as outlined in the Covenant and Rental Compliance Manual, including any HUD regulations pursuant thereto and other applicable laws, rules, regulations and ordinances.

Recipient Information			
Name of Recipient			
Name/Title of Recipient Contact Person			Daytime Telephone Number
Address			Fax Number
City	State	Zip Code	E-mail Address
Signature			Date Form Completed:

Check if new Recipient contact, new address or phone number since submittal of last annual report

Management Agent Information			
Name of Management Company (if different from recipient)			
Name of Management Contact Person			Daytime Telephone Number
Address			Fax Number
City	State	Zip Code	E-mail Address

Check if new management company, new address or phone number since submittal of last annual report.

Read the following statements. Each question **MUST** be answered and an explanation provided when requested.

1. The owner/manager have submitted the required annual reports to the Division of Housing Compliance & Project Manager in order to be considered active and in good standing.

Yes     No, please provide an explanation in the box below.

**Income Certifications**

2. The owner/manager has properly documented eligibility of each tenant at move-in by third-party verifying all sources of income and assets in accordance with 24 CFR 92.203(b)(1).

Yes     No, please provide an explanation in the box below.

3. (a) The owner/manager has properly documented eligibility of each tenant at initial income certification and every other year thereafter by third party verifying all sources of income and assets in accordance with 24 CFR 92.203(b)(1).

Yes, go to question 4     No, must answer 3(b)

(b) Did the owner/manager allow self- certifications by tenants to document eligibility during intervening years (as allowed at 24 CFR 92.252(h))?

Yes     No, please provide explanation in the box below.

**Property Standards**

4. During the reporting period, was a physical inspection of each affordable unit conducted to ensure that Housing Quality Standards (HQS) were met as required by the 24 CFR Part 92.251(c)?

Yes     No, please provide an explanation why the unit(s) did not meet HQS in the box below.

5. The owner/manager certifies that the project meets requirements as required under Section 504.

Yes     No, please provide an explanation why the unit(s) did not meet HQS in the box below.

**Conflict of Interest**

6. Were any tenants occupying HOME-assisted units perceived as presenting a potential conflict of interest as stated in 24 CFR Part 92.356?

Yes If Yes, was the conflict of interest procedure followed for determination?

No If No, please provide explanation in the box below.

**Reserve for Replacement Account**

7. Do you maintain your own reserve for replacement account?

Yes  No

a. If yes, please provide your monthly deposit and overall balance in this account.

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b. If no, who maintains it?

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c. Briefly describe any expenditure from the reserve for replacement account.

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**Lease**

8. Does the current lease used by the recipient for affordable units meet the requirements of 24 CFR 92.253?

Yes  No, please provide an explanation in the box below.

**Fair Housing**

9. Please indicate the number of households that occupied an affordable unit during the reporting period that have a member(s) with known disabilities. \_\_\_\_\_

10. Recipient certifies that the Tenant Selection Policies/Plan, Affirmative Marketing Plan, and Fair Housing Plan used in conjunction with the leasing of this HOME-Funded project are in accordance with all applicable Fair Housing Laws.

Yes  No, please provide explanation in box below.

11. Recipient certifies that the project meets all Section 504 Regulations and Requirements.

Yes     No, please provide explanation in box below.