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| **MULTIFAMILY HOUSING REVENUE BOND PROJECTS**  **Certification of Compliance II**  **for Qualified Residential Rental Project** |
| ***APPLICABILITY:*** *All issuances* |
| ***INSTRUCTIONS:*** *The following certification must be submitted by the Project Sponsor (on Project Sponsor letterhead) to the Applicant (Issuer) who will then forward it to the California Debt Limit Allocation Committee annually on March 1st (or at such other time as requested by CDLAC) and retain the document for a minimum of three years.* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Project Name Change: | | | No | Yes | | |
|  | *(If project name has changed since the award of allocation, please note the new project name as well as the original project name.)* | | | | | | |
|  | New: | | |  | Original: | | |
| 2. | CDLAC Application No.: |  | | | | | |
| 3. | Bond Issuer Change: | | | No | Yes | | |
|  | *(If Bond Issuer has changed since the award as a result of refinancing or refunding of an allocation, please note the new Issuer as well as the original Issuer.)* | | | | | | |
|  | New: | | |  | Original: | | |
|  | Address: | | |  |  | | |
|  | Phone: | | |  |  | | |
|  | Email: | | |  |  | | |
| 4. | Has a termination of the Regulatory Agreement occurred or is a termination planned in the next year? Has proper noticing occurred? | | | | | | |
|  | No | | | Yes | | | |
|  |  | | | *(If yes, please describe and explain.)* | | | |
| *If you answer “Yes” to question #4, there is no need to complete the rest of the form. Please submit the form completed through questions #4.* | | | | | | | |
| 5. | Change in Borrower: | | | No | | | Yes |
|  | *(If Borrower has changed since the award affecting the CDLAC resolution, please note the new Borrower as well as the original Borrower.)* | | | | | | |
|  | New: | | |  | Original: | | |
|  | Address: | | |  |  | | |
|  | Phone: | | |  |  | | |
|  | Email: | | |  |  | | |
| 6. | Change in Management Company: | | | No | Yes | | |
|  | *(If yes, please provide the following information for the New Management Company)* | | | | | | |
|  | New: | | |  | Original: | | |
|  | Address: | | |  |  | | |
|  | Phone: | | |  |  | | |
|  | Email: | | |  |  | | |
|  |  | | |  |  | | |
| 7. | Has the Qualified Project Period commenced? | | | | | | |
|  | No | | | Yes | | | |
|  |  | | | *(If yes, please submit the Certificate of Qualified Project Period - one time only.)*  *Already Submitted Certification* | | | |
| 8. | Has the project been completed and placed in service? | | | | | | |
|  | No | | | Yes | | | |
|  |  | | | *(If yes, please submit the Completion Certificate - one time only.)*  *Already Submitted Certification* | | | |
|  |  | | |  | | | |
| 9. | Has any of the following events occurred associated with the bond allocation including but not limited to:   * Notices of defaults associated with rents and income requirements * Bond default or a qualified bond default | | | | | | |
|  | No | | | Yes | | | |
|  |  | | | *(If yes, please describe and explain.)* | | | |
| 10. | Federally Bond Restricted Units  *(Reflected in PSR)* | | Other Restrictions  *(Reflected in PSR)* | | | Total Units  *(Reported in CDLAC Resolution)* | |
|  | DUs at 50% AMI | | DUs at 50% AMI | | | DUs at 50% AMI | |
|  | DUs at 60% AMI | | DUs at 60% AMI | | | DUs at 60% AMI | |
|  | *Please attach a copy of the project’s TCAC Project Statue Report (PSR) or equivalent documentation.* | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 11. | Please indicate the distribution of the CDLAC restricted 10% of the 50% AMI units. | | | | | | |
|  | Bedroom Type | | # of Units in PSR | | | # of Units in CDLAC Resolution | |
|  | 1 Bedroom | |  | | |  | |
|  | 2 Bedrooms | |  | | |  | |
|  | 3 Bedrooms | |  | | |  | |
| 12. | If the Project has committed to and is currently providing the service amenities for a term as specified in the CLDAC resolution, please verify the services are being provided: on a regular and ongoing basis, which are provided free of charge and all hour requirements are being met: | | | | | | |
|  | After-school Programs | | | | | | |
|  | Educational, Health and Wellness or skill development classes | | | | | | |
|  | Health and Wellness services and programs (not group classes) | | | | | | |
|  | Licensed Childcare provided for a minimum of 20 hours per week (Monday-Friday) | | | | | | |
|  | Bona-Fide Service Coordinator/Social Worker | | | | | | |
|  | Is the service being offered on an ongoing basis and provided free of charge (childcare excluded)? | | | | | | |
|  | No | | | Yes | | | |
|  | Are all hour requirements being met? | | | | | | |
|  | No | | | Yes | | | |
|  | *Attach evidence demonstrating that the above listed services are being provided and have met the requirements in the CDLAC Resolution. Including, but not limited to, MOUs and/or contracts associated with the services rendered, a 12-month schedule (current reporting year) of the services offered, flyers, sign-up sheets, etc.* | | | | | | |
| ***Please note, if you have indicated any changes listed above, redeemed the bonds, or a notice/event of default or foreclosure has occurred, you will need to request a revision to the CDLAC resolution.*** | | | | | | | |
|  | Has a revised CDLAC resolution been requested? | | | | | | |
|  | No | | | Yes | | | |
|  |  | | | *(If yes, please submit the revised CDLAC resolution - one time only.)*  *Already Submitted revised CDLAC resolution* | | | |

“Pursuant to Section 13 of Resolution No. 00-00 (the “Resolution”), adopted by the California Debt Limit Allocation Committee (the “Committee”) on (Meeting date) I, , an Officer of the Borrower, hereby certify under penalty of perjury that, as of the date of this Certification, the above-mentioned Project is in compliance with all of the terms and conditions set forth in the Resolution, as outlined above. I further certify that I have read and understand the CDLAC Resolution, which specifies that once the Bonds are issued, the terms and conditions set forth in the Resolution Exhibit A, shall be enforceable by the Committee through an action for specific performance, negative points, with holding future allocation or any other available remedy.

Signature of Officer Date

Printed Name of Officer Phone Number

Title of Officer