



**HOME INVESTMENT PARTNERSHIP (HOME)
OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

Certification Period	January 1, 2018 – December 31, 2018
Agency Name	
IDIS #'s	
Project Address	
City, Zip Code	
Project Phone:	
Project Email:	

1. The owner/management agent has received an annual certification from each HOME-assisted unit and documentation to support that certification.

Yes No

2. All units in the project were available for use by the general public.

Yes No

3. All rents for HOME-assisted units were approved by RIHousing before institution and no rents exceed the approved amount.

Yes No

4. On December 31, 2018, each building and all HOME-assisted units in the project were suitable for occupancy, taking into account State and local health, safety, and other applicable codes, ordinances and requirements, and on-going property standards established by the participating jurisdiction (PJ) to meet the requirements of Section 92.251.

Yes No

If “No”, please attach information on all units that are not suitable for occupancy including unit numbers, date unit went “off-line”, and detailed explanation of the events/circumstances that led to the current condition.

Unit inspections by Management are done at least: Quarterly Semi-Annually Annually

Date of last full property inspection by owner or managing agent: _____



Note: Failure to complete this form in its entirety will result in noncompliance with HOME program requirements.

The undersigned, having entered into a loan or grant agreement pursuant to the applicable provisions of the “HOME Investment Partnership Act” (“HOME”), does hereby certify that the housing project is in continuing compliance with the HOME Regulatory Agreement (or similar document) and any other applicable compliance requirements. This Certification and any attachments are made under penalty of perjury.

Ownership Entity: _____

Printed Name: _____
(Authorized Representative of Ownership Entity)

Title: _____

Date: _____

Signature By: _____