

**LIHTC PERMANENT SUPPORTIVE
HOUSING CERTIFICATION
REPORTING YEAR: 2024**



This Certification is to be completed by all Projects that were allocated LIHTC with Permanent Supportive Housing for persons experiencing homelessness.

Property Name: _____ Project No: _____

Name of Qualified Service Provider: _____ Date of Current MOU/Agreement: _____

Qualified Service Provider Contact: _____

Qualified Service Provider Contact Email: _____

Total # of Project Units: _____

Total # of Units serving persons experiencing homelessness as of 12/31/2024: _____

OWNER'S CERTIFICATION:

Per the Qualified Allocation Plan under which the project was awarded:

THE OWNER HEREBY CERTIFIES THAT THE PROJECT IS IN COMPLIANCE WITH THE REQUIREMENTS OF THE LAND USE RESTRICTIVE COVENANTS AGREEMENT FOR THE LOW-INCOME HOUSING TAX CREDIT PROGRAM EXECUTED IN CONNECTION WITH THIS PROJECT.

THE OWNER FURTHER CERTIFIES THAT THE PROJECT IS OTHERWISE IN COMPLIANCE WITH THE REQUIREMENTS OF PERMANENT SUPPORTIVE HOUSING FOR PERSONS EXPERIENCING HOMELESSNESS AS WELL AS ALL OTHER APPLICABLE LAWS, RULES, AND REGULATIONS.

THE OWNER ACKNOWLEDGES THAT ANY CHANGE IN THE QUALIFIED SERVICE PROVIDER MUST BE APPROVED BY IFA PRIOR TO THE SIGNING OF A NEW WRITTEN AGREEMENT WITH SUCH QUALIFIED SERVICE PROVIDER.

If a change was made with the Qualified Service Provider in 2024, attached is the most recent written agreement.

Attached is a report (rent roll) indicating which units are occupied by households as of 12/31/2024 referred by the approved Qualified Service Provider that satisfy the Permanent Supportive Housing requirements for this Project.

THIS CERTIFICATION AND ANY ATTACHMENTS ARE MADE UNDER PENALTY OF PERJURY.

Name of Ownership Entity

Owner (Authorized Rep) Signature

Title

Print Name

Date

QUALIFIED SERVICE PROVIDER CERTIFICATION:

THE QUALIFIED SERVICE PROVIDER CERTIFIES THAT THE PROJECT IS OTHERWISE IN COMPLIANCE WITH THE REQUIREMENTS OF PERMANENT SUPPORTIVE HOUSING FOR THE HOMELESS AS SET FORTH IN THE APPLICABLE QUALIFIED ALLOCATION PLAN.

THIS CERTIFICATION IS MADE **UNDER PENALTY OF PERJURY.**

Name of Qualified Service Provider

Qualified Service Provider (Authorized Rep) Signature

Title

Print Name

Date