CERTIFICATIONS

Please answer all questions on the certification sheet below and sign. If applicable, attach any explanation and/or documentation as a single separate "other" exhibit.

Development Name:	
Applicant Name:	

"Applicant" shall include all principals in the Applicant and co-sponsor entities, as well as any Affiliated Entities.

"Affiliated Entity" shall include, but not be limited to, a person that directly or indirectly is: (a) in control of another person; (b) is under the control of another person; or (c) is under common control with another person; (d) is a director or officer (or a member of the immediate family of a director or officer) of another person. For purposes of the foregoing, (a) "control" means possessing the power to directly or indirectly direct the management or policies of another person, whether through ownership of voting securities, by contract, or otherwise, including the power to elect a majority of the directors or trustees of a corporation or trust; and (b) "person" means any natural person, sole proprietorship, corporation, general partnership, limited partnership, limited liability company, limited liability partnership, limited liability limited partnership, joint venture, association, joint stock company or any other form of entity. The purpose of this policy is to ensure that Applicants do not benefit from CHFA financing if, in CHFA's sole determination, they have failed to:

- repay CHFA or public funders of affordable housing development; or
- comply with any applicable affordable housing program requirements; or
- adequately perform on prior developments.

The criteria for determining satisfaction of these eligibility standards are provided in "Schedule A" of the Program Eligibility Requirements: Delinquent or Non-Performing Applicants as found in the link below.

CHFA: Program Eligibility Requirements Requirements: Delinquent or Non-Performing Applicants

Eligibility		
The Applicant is affiliated with, owns, or manages a housing development which is at the time of application or subsequently during such application processes delinquent on any CHFA, State of Connecticut, federal agency or other state housing finance agency obligation for one hundred and twenty (120) or more days. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No
The Applicant is affiliated with, owns or manages, or has been affiliated with any housing development which has failed to comply with the terms of its mortgage documents for CHFA mortgage financing or Extended Low-Income Housing Commitment for the Federal Low-Income Housing Tax Credits previously awarded by CHFA. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No
The Applicant is or has been affiliated with any housing development or program which has failed to comply with the terms of an award of tax credits under the State of Connecticut Housing Tax Credit Contribution Program. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No
The Applicant is or has been affiliated with a housing development whose mortgage was charged off by CHFA or whose mortgage or other agreements with CHFA, its subsidiaries, or other agencies of the state or federal government are or were in default, foreclosure, or bankruptcy at any time in the past five (5) years. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No

Financial

Bankruptcy/Default

The Applicant, Co-Sponsor , and any members of its development team has been involved in any bankruptcy or similar proceedings. ◯ Yes ◯ No

Taxes

The Applicant and Co-Sponsor IS CURRENT on all local, state, and federal taxes. ◯ Yes ◯ No
If 'No', please provide explanation.

Compliance with Public Funds

The Applicant and/or the Co-Sponsor has been or is currently delinquent on any obligation with CHFA, any state agency, the United States Department of Housing and Urban Development (HUD), or any federal agency. ◯ Yes ◯ No
If 'Yes', please provide explanation.

Property Acquisition

The Applicant acquired or will acquire the property in an arm's length, market rate transaction with a seller who was not related by blood, marriage or business association. ◯ Yes ◯ No ◯ N/A
If 'No', please provide explanation.

Background Information

In the past ten years, has the applicant or any owner:

- Has the Applicant, Co-Sponsor or any member of its development team been the subject of any criminal or civil investigation (by any federal, state or local prosecuting or investigative agency and/or investigation by any governmental agency (including, but not limited to federal, state and local regulatory agencies)? ◯ Yes ◯ No
- Had any judgment, injunction or sanction obtained against it in any judicial or administrative action or proceeding other than a domestic relations proceeding or motor vehicle proceeding? ◯ Yes ◯ No
- Been convicted, after trial or by plea, of any criminal offense and/or are there any felony or misdemeanor charges pending against the applicant or any owner? ◯ Yes ◯ No

If 'Yes' is answered for any of the Background Information questions, please provide further explanation.

Housing Authorities

Resident Participation Plan (Required ONLY for Housing Authorities)

The Applicant has adopted and implemented a "resident participation plan" as defined in CGS §8-64c(a)(3) and is willing to provide it upon request. ◯ Yes ◯ No
If 'No', please explain below why a resident participation plan requirement is not triggered by the funding request.

The Applicant has entered into a "signed agreement" as referenced in CGS §8-64c(d). ◯ Yes ◯ No

Compliance

Fair Housing Law Violation for GP and Management Agent

The Applicant's General Partner and/or Management Agent have/had any finding of a violation of any federal or state laws for regulations pertaining to fair housing, housing accessibility, or non-discrimination in the area of rental housing.
If 'Yes', please provide explanation.

◯ Yes ◯ No

Applicant Disclosure

Does the funding recipient employ or contract with (1) any elected public official or the spouse of any elected public official or (2) any state employee or the spouse of any state employee who has supervisory or appointing authority over the state agency administering this funding?
If 'Yes', please provide explanation.

◯ Yes ◯ No

LIHTC Compliance (LIHTC Only)

The Applicant IS in compliance with the terms of any Extended Low-Income Housing Commitment, for a development previously sponsored or developed, as well as all eligibility requirements outlined in the Qualified Allocation Plan (relevant at the time the property was developed), all occupancy, rent restrictions and other basic statutory requirements of the Code, LIHTC Procedures of the Authority, and applicable State and Federal law.
If 'No', please provide explanation.

◯ Yes ◯ No ◯ N/A

Very-Low Income Construction Employment Policy (VLI) (CHFA and LIHTC)

The Applicant affirms that their General Contractor or Construction Manager who is listed as part of the Development Team, acknowledge, and understand the CHFA Very Low Income Policy (VLI) and the Affirmative Action Policy (AAP) requirements, and affirm the hard cost estimates presented are informed by these requirements. These policies and the requirements can be found on the CHFA website.
If 'No', please provide explanation.

◯ Yes ◯ No ◯ N/A

Public Housing Preference (LIHTC Only)

The Applicant shall give preference in its tenant selection plan to eligible households on Public Housing Authority (PHA) waiting list(s); and make on-going efforts to request that the PHA make referrals to the project, or request that the PHA include relevant information about the project on any listing the PHA makes available to persons on its waiting list(s), and persons least likely to apply, unless HUD regulations prohibit such preference.
If 'No', please provide explanation.

◯ Yes ◯ No ◯ N/A

Displacement/Relocation

If the applicant is unable to affirm, and answers "No" to any of the below, then a Relocation Plan will be required to be submitted with the Consolidated Application (ConApp). The Relocation Plan must be prepared in accordance with 49 CFR 24.2, HUD Handbook 1378, Chapter 135 of the C.G.S. and any applicable regulations. In addition, the Relocation Plan must demonstrate an effort to minimize the impact of relocation on the tenants and must include an estimated budget for relocation activities and the source(s) of funds. Please include a tenant roster dated no earlier than three months prior to application submission.

Non-Displacement

The Applicant affirms that the proposed housing will be developed on completely vacant land, that has no active business, farm operations or nonprofit uses, the development will NOT cause any temporary or permanent displacement.

◯ Yes ◯ No

The Applicant affirms that the proposed housing will be developed in a completely vacant structure(s), which have been vacant for at least one year prior to any contact with the Department of Housing and/or the Connecticut Housing Finance Authority and which contain no active businesses, farm operations, or nonprofit uses. The development will NOT cause any temporary or permanent displacement.

◯ Yes ◯ No

Displacement/Relocation (cont.)		
The Applicant affirms that there will be NO demolition of residential units or portions of residential units	◯ Yes	◯ No
The Applicant affirms that there will be NO conversion of residential units to use other than lower-income dwelling units. ("Other non-residential uses" includes emergency shelters.)	◯ Yes	◯ No
The Applicant affirms that in the case where occupiable lower-income dwelling units are demolished or converted to other uses, those dwelling units will be replaced on a one-for-one basis with comparable lower-income dwelling units. If Section 104(d) applies: "Occupiable" is defined as occupied at any time (except by squatters) within a 3- month period prior to execution of a contract for demolition or rehabilitation; a unit in standard condition; or a substandard unit that is suitable for rehabilitation. Replacement units shall meet federal requirements at 42.375(b) (1)-(5) of 24 CFR Part 42, effective 11/4/96.	◯ Yes ◯ N/A	◯ No
The Applicant affirms that funds being used to make accessibility modifications to owner-occupied single family homeownership units will NOT cause displacement or loss of units.	◯ Yes ◯ N/A	◯ No
The Applicant affirms that any State assistance will NOT cause the temporary or permanent displacement of persons and families residing in any single-family or multifamily dwelling.	◯ Yes	◯ No

Litigation		
The Applicant, Co-sponsor, or any member of the proposed development team, or any identity of interest entity related thereto, is currently involved in any litigation or other legal claims, including as a defendant. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No
Any state and/or federal agency has taken any action against the Applicant and/or Co-Sponsor or any principals of the Applicant or Co-Sponsor's organizations, or any member of the Development Team, or any identity of interest entity related thereto. ***If 'Yes', please provide explanation.***	◯ Yes	◯ No

Other		
Applicants shall certify that 90% of drawings and specifications have been subjected to peer review and/or quality control review to check for errors, omissions, accessibility, building and fire code compliance issues, as well as for general completeness and coordination between the various trades. The Applicant affirms that the drawings and specifications submitted with the application have been reviewed for quality control as described. ***If 'No', please provide explanation.***	◯ Yes ◯ N/A	◯ No
The Applicant affirms that their General Contractor or Construction Manager, who is listed as part of the Development Team has based their construction hard cost estimates on the set of drawings and specifications submitted with this application and can attest that the estimate provided is accurate and reasonable given the proposed scope of work. ***If 'No', please provide explanation.***	◯ Yes ◯ N/A	◯ No
If an Applicant has not yet selected a contractor at the time of application, the Applicant affirms that the professional cost estimator or project architect who has developed the construction hard cost estimate has based their estimate on the set of drawings and specifications submitted with the application and can attest that the estimate provided is accurate and reasonable given the scope of work. ***If 'No', please provide explanation.***	◯ Yes ◯ N/A	◯ No

Other (cont.)

The Applicant acknowledges with this application that as a condition of applying for and receiving an allocation of LIHTCs, the Applicant waives their right to request a qualified contract. This waiver of the right to a qualified contract acknowledged by the Applicant will be binding upon the eventual ownership entity, any successor entities, and any subsequent purchasers of the development. ***If 'No', please provide explanation. (LIHTC Only)***	◯ Yes ◯ No ◯ N/A	
Market Study ***(LIHTC Only)*** The Applicant acknowledges that any allocation of Low-Income Housing Tax Credits shall be subject to the submission of a housing market study, in form and content consistent with the Authority's Procedures and Market Study Guidelines, demonstrating a sufficient demand for the housing to be developed.	◯ Yes ◯ No ◯ N/A	
The Applicant acknowledges with this application that as a condition of applying for and receiving an allocation of LIHTCs utilizing the income averaging minimum set-aside, the Applicant will elect to treat a multi-building development as all one project when completing item 8b on Form 8609. ***If 'No', please provide explanation. (LIHTC utilizing the Income Averaging Minimum Set-Aside Only)***	◯ Yes ◯ No ◯ N/A	
The Applicant acknowledges that once a minimum set-aside is selected in item 10c on Form 8609, it is irrevocable. ***If 'No', please provide explanation. (LIHTC utilizing the Income Averaging Minimum Set-Aside Only)***	◯ Yes ◯ No ◯ N/A	
The Applicant/ Owner understands the compliance implications related to the election of the Income Averaging with regards to meeting the meeting the minimum set aside as well as maintaining the applicable fraction throughout the extended use period. ***If 'No', please provide explanation. (LIHTC utilizing the Income Averaging Minimum Set-Aside Only)***	◯ Yes ◯ No ◯ N/A	

Intention to Comply/Post Award

Affirmative Action

Provide Affirmative Action Policy Statements for all Applicants and Co-sponsors. For all developments obtaining CHFA provided financing (Construction-only or Construction to Permanent or Permanent-only loans), provide a copy of the Contractor's Affirmative Action Plan. See CHFA Website link below.

www.chfa.org

False Statement

The undersigned understands that the Department of Housing and/or the Connecticut Housing Finance Authority will rely on the information in this application and that, if the application is approved, any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application from the review process at the Department of Housing's and/or the Connecticut Housing Finance Authority's discretion. The undersigned understands that he/she may be prosecuted for making a false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Name _____ Signature _____

Title _____ Date _____