

CERTIFICATE of CONTINUING PROJECT COMPLIANCE Bond Part A

PROJECT NAME: <u>GREEN PASTURES APARTMENTS</u>	COUNTY: <u>SPOKANE</u>
STREET: <u>1000 6TH AVE</u>	CITY: <u>SPOKANE</u> ZIP: <u>99206</u>
OWNER: <u>GREEN PASTURES APARTMENTS, LP</u>	TELEPHONE: <u>509-555-1212</u>
Annual Re-certifications required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
OID#: <u>99-500A</u>	

**The undersigned does hereby certify the following information is correct for the report period:
January 1, 2008 through December 31, 2008**

	50 REQUIRED	OCCUPIED as of 12/31/08	PERCENT
1. Total number of units in the project:	50		
2. Total number of low-income units set-aside in the project:	15		
3. Total number of low-income units set-aside for:			
■ Moderate (100%)	0	_____	_____
■ Qualified (80%)	0	_____	_____
■ Project Qualified (60%)	0	_____	_____
■ Additionally Qualified (50%)	15	_____	_____
■ Qualifying @ :	N/A	_____	_____
4. Total number of market-rate units	11	_____	_____
5. Total number of units occupied by initially qualified residents with incomes in excess of 140% of the applicable income limits at re-certification:	_____	_____	_____
6. Total number of Special-Needs Commitment units:			
■ Large household (3 bedrooms; 4 or more people)	10	_____	_____
■ Disabled	0	_____	_____
■ Medicaid	0	_____	_____
7. Is this an elderly project?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check box below.)			
<input type="checkbox"/> 55 <input type="checkbox"/> 62 and older <input type="checkbox"/> HUD Elderly			

8. Total Number of units currently vacant in the project: _____
9. The following units are vacant and were *last occupied* by Income Qualified Households. Only Qualified Vacant units may be counted towards the project set-aside requirements, (if additional room is needed please attach additional sheets).

Owner's Certification

10. The warranties, covenants and representations of the owner contained in the Regulatory Agreement remain true, and the Owner remains in compliance therewith.
 Yes No If no, attach an explanation.
11. The Owner has obtained low-income certification forms and supporting documentation for each low-income Household at initial occupancy and at re-certification if applicable.
 Yes No If no, attach an explanation.
12. Each building in the Project is suitable for occupancy taking into account local health, safety, and building codes.
 Yes No If no, attach an explanation of the nature of the issue.
13. The property is in compliance with the Fair Housing Accessibility Guidelines as issued in the Federal Register Vol. 56, No.44/ Wednesday, March 6, 1991.
 Yes No If no, attach an explanation.
14. Have there been any building code violations received by the project within the reporting period?
 Yes No If yes, attach a copy of the complaint and resolution/status.
15. Have there been any violations of the Fair Housing Regulations filed against the project within the reporting period?
 Yes No If yes, attach a copy of the complaint and resolution/status.
16. Has the Owner refused to lease a unit in the project because an applicant holds a voucher or certificate of eligibility under Section 8 of the United State Housing Act of 1937, 42 U.S.C. 1437s?
 Yes No If yes, attach an explanation.
17. Is the Owner required to submit an Affirmative Marketing Report?
 Yes No If yes, attach to this report.

18. Has the Owner paid off their loan in the last 12 months?
 Yes No (a loan payoff does not release you from the regulatory requirements)

19. Has there been a transfer or change in ownership during this reporting period?
 Yes No If yes and the transfer was not approved by the Commission, contact us immediately. **The Commission must approve all transfers.**

I, _____, the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the information contained in this statement and answers to the above questions, including any attachments hereto, is true, correct and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this *Certificate of Continuing Project Compliance, Part A*.

I also certify that the *Certificate of Continuing Project Compliance, Part B*, listing the apartment number of each unit, the names of all resident who commenced or terminated occupancy during the reporting period, qualifying incomes (for Qualified Households), the size (number of bedrooms) of such units, rents currently being paid, vacant units and their immediately previous rental history and which units are set-aside for Special-Needs Housing Commitments pursuant to the Regulatory Agreement executed by the Ownership Entity, is true and accurate.

(If there has been a change in signing authority, please attach a copy of the corporate resolution or minutes from the partnership meeting showing the undersigned has the authority to execute these documents for the ownership entity.)

Original signature of the Owner must be sent to the Commission.

Print Name: _____ Title: _____

Signature: _____ Date: _____