**CERTIFICATION OF COMPLIANCE II**

**FOR QUALIFIED RESIDENTIAL RENTAL PROJECT**

1. **Project Name Change?**  Yes  No

*(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:

1. **CDLAC Application Number:**
2. **Bond Issuer Change?**   Yes  No

*(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 Issuer: Original:

Address:

City/State/Zip:

Phone Number:

E-Mail:

1. **Has a termination of the Regulatory Agreement occurred or is a termination planned in the next year? Has proper noticing occurred?**  Yes  No

*If yes, please describe and explain:*

If you answered Yes, there is no need to complete the rest of the form. Please submit the form completed through Question 4.

1. **Change in Borrower?**  Yes  No

*(If Borrower has changed since the award affecting the CDLAC Resolution, please provide the new Borrower information as well as the original Borrower.)*

New Borrower: Original:

Address:

City/State/Zip:

Phone Number:

E-Mail:

1. **Change in Management Company?**  Yes  No

*(If yes, please provide the following information for the new Management Company.)*

Name:

Address:

City/State/Zip:

Phone Number:

E-Mail:

1. **Has the Qualified Project Period commenced?**  Yes  No

*(If yes, please submit the Certificate of Qualified Project Period [one time only].)*

Certificate of Qualified Project already submitted

1. **Has the project been completed and placed in service?**  Yes  No
2. **Have 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?**  Yes  No

*If yes, please explain:*

1. **Federally Bond**

**Restricted Units Other Restrictions Total**

**(Reflected in PSR) (Reflected in PSR) (Reported in CDLAC Resolution)**

at 50% AMI at 50% AMI at 50% AMI

at 60% AMI at 60% AMI at 60% AMI

*Please attach a copy of the Project’s TCAC Project Status Report (PSR) or equivalent documentation.*

1. **Please indicate the distribution of the CDLAC restricted 10% of the 50% AMI units.**

**# of Units # of Units in**

**Bedroom Type in PSR CDLAC Resolution**

1 Bedroom

2 Bedroom

3 Bedroom

1. **If the Project has committed to and is currently providing the service amenities for a term as specified in the CDLAC Resolution, please verify the services are being provided: on a regular and ongoing basis and are provided free of charge and all hour requirements are being met:**

After-school programs

Education, 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 (excluding childcare)?

Yes  No

Are all hour requirements being met?

Yes  No

**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.**

Pursuant to Section 13 of Resolution No. \_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Resolution”), adopted by the California Debt Limit Allocation Committee (the “Committee”) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 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, withholding future allocation or any other available remedy.

Signature of Officer Date

Printed Name of Officer Phone Number

Title of Officer