**CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

(of the Owner)

Project Name: [Project Name from CDLAC Application]

CDLAC Application Number(s): [\_\_-\_\_\_]

CDLAC Resolution Numbers: [\_\_-\_\_]

Property Address: [Primary Address]

Project Completion Date (if completed, otherwise mark N/A): [Date]

Name of the [Bonds/Notes]: City and County of San Francisco, Multifamily Housing Revenue [Bonds/Notes] ([Project Name]), Series [Year][Series Letter]

The undersigned authorized representative of [Borrower Name], a [State of Formation] [Type of Entity (e.g., “limited partnership”)] (the “Owner”), hereby certifies that he/she has read and is thoroughly familiar with the provisions of the various documents associated with its participation in the City and County of San Francisco, California (the “City”) Multifamily Securities Program, such documents including:

1. the Regulatory Agreement and Declaration of Restrictive Covenants, dated as of [Date], between the Owner and the City (the “Regulatory Agreement”); and

2. the Loan Agreement, dated as of [Date], between the City and the Owner relating to the above-captioned [bonds/notes] (the “[Bonds/Notes]”).

and further certifies that:

A. There have been no changes to the ownership entity, principals or property management of the Project since the [Bonds/Notes] were issued and delivered, or since the last certification was provided (as applicable), except as described below:

(If so please attach a request to revise the CDLAC Resolution, noting all pertinent information regarding the change, otherwise state “NONE”)

If Project has not yet been placed in service, mark N/A for the balance of the items below:

B. During the preceding twelve months (i) such Project was continually in compliance with the Regulatory Agreement executed in connection with the Loan (as that term is defined in the Regulatory Agreement) from the City and (ii) and excluding the one manager unit, \_\_\_\_\_\_ of the units in the Project were occupied by Very Low Income Tenants (as such term is defined in the Regulatory Agreement).

C. As of the date of this Certificate, the following percentages of completed residential units in the Project (as defined in the Regulatory Agreement) (i) were occupied by Very Low Income Tenants and were occupied by DRS Tenants (as such term is defined in the Regulatory Agreement), or (ii) are currently vacant and being held available for such occupancy and have been so held continuously since the date a Very Low Income Tenant or DRS Tenant, vacated such unit, as indicated below:

Occupied by Very Low Income Tenants:

|  |  |
| --- | --- |
| 1 bedroom units:  | Unit Nos.  |
| 2 bedroom units:  | Unit Nos.  |
| 3 bedroom units:  | Unit Nos.  |
| 4 bedroom units:  | Unit Nos.  |
| 5 bedroom units:  | Unit Nos.  |

Total percentage occupied by Very Low Income Tenants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Held vacant for occupancy continuously since last occupied by a Very Low Income Tenant:

\_\_\_\_\_%; Unit Nos. \_\_\_\_\_

Occupied by DRS Tenants:

|  |  |
| --- | --- |
| 1 bedroom units:  | Unit Nos.  |
| 2 bedroom units:  | Unit Nos.  |
| 3 bedroom units:  | Unit Nos.  |
| 4 bedroom units:  | Unit Nos.  |
| 5 bedroom units:  | Unit Nos.  |

Total percentage occupied by DRS Tenants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Held vacant for occupancy continuously since last occupied by a DRS Tenant:

\_\_\_\_\_%; Unit Nos. \_\_\_\_\_

It hereby is confirmed that each tenant currently residing in a Restricted Unit (as that term is defined in the Regulatory Agreement) in the Project has completed an Income Certification Form in the form approved by the City and that since commencement of the Qualified Project Period (as such term is defined in the Regulatory Agreement), \_\_\_\_ of the occupied units (excluding at least one manager’s unit) in the Project have been rented to (or are vacant and last occupied by) \_\_\_\_ Very Low Income Tenants and \_\_\_\_ DRS Tenants. The undersigned hereby certifies that the Owner is not in default under any of the terms and provisions of the above documents.

D. The units occupied by Very Low Income Tenants and DRS Tenants are of similar size and quality to other units and are dispersed throughout the Project.

E. Select appropriate certification: [No unremedied default has occurred under this Regulatory Agreement, the [Bonds/Notes], the [Project] Loan Agreement or the Mortgage.] [A default has occurred under the \_\_\_\_\_\_\_\_\_\_\_. The nature of the default and the measures being taken to remedy such default are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]

F. There has been no change of use for the Project, except as follows: (please describe if any, or otherwise indicate “NONE”)

G. Select appropriate certification: The undersigned hereby certifies that the Project [has satisfied all] [except as described below, has satisfied all] of the requirements memorialized in the Exhibit A of the CDLAC Resolution, a copy of which is attached hereto (i.e. qualifying project completion, qualifying depreciable asset purchase, qualifying loan originations, the use of public funds, manager units, income rent restrictions, sustainable building methods, etc., as applicable), and thus has achieved all public benefit requirements (excluding service amenities) as presented to CDLAC.

[Describe any requirements not satisfied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

H. As captured in Exhibit A of the CDLAC Resolution, the Project has committed to and is currently providing the following service amenities for a minimum of ten years, on a regular and ongoing basis, which are provided free of charge (with the exception of day care services):

Please check the services that apply or write N/A where appropriate:

\_\_\_\_\_ After-school Programs

\_\_\_\_\_ Educational, health and wellness, or skill building 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

1) For this reporting period, attached is evidence (i.e. MOUs, contracts, schedules, calendars, flyers, sign-up sheets, etc.) confirming that the above listed services are being provided and have met the requirements of Exhibit A of the CDLAC Resolution.

2) If any of the above services requirements were not met, what corrective action is being taken to comply?

(Please also attach the completed project sponsor certification form as provided in the CDLAC Resolution)

(Please also attach the completed Occupancy and Rent Information form attached hereto)

I. The representations set forth herein are true and correct to the best of the undersigned’s knowledge and belief, and the undersigned acknowledges and agrees that the City will be relying solely on the foregoing certifications and accompanying documentation, if any, in making its certification to CDLAC pursuant to Section 5144 of the CDLAC Regulations, and agrees to provide to the City such documentation or evidence, in support of the foregoing certifications, as the City or CDLAC may reasonably request.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER:

**[Signature Block]**