

**LIHTC Permanent Supportive Housing Certification  
REPORTING YEAR: 2023**



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

Property Name:		Project #:	
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 12/31/2023:	

**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 2023, attached is the most recent written agreement.
- Attached is a report (rent roll) indicating which units are occupied by households as of 12/31/2023 referred by the approved Qualified Service Provider that satisfy the Permanent Supportive Housing requirements for this Project.

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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