|  |  |
| --- | --- |
| Project Name: | |
| LIHTC Project# # | HOME Agreement # : |
| IFA Compliance Officer:       (515)725-4990 | |

Project owners must promptly correct critical violations (potentially life threatening hazards). Critical violations include but may not be limited to: air quality problems, electrical hazards, emergency/fire exits, carbon monoxide hazards and fire safety hazards.

Based on the physical inspection completed on **/****/** one or more critical violations were found and need to be corrected. Within **72 hours of the inspection**, the cited item(s) must be repaired and the Iowa Finance Authority (IFA) must be provided with written notification using the attached Project Owner’s Certification That All Critical Violations Have Been Corrected and attaching all detailed supporting documents. This certification must be signed by the Owner or Owner’s duly authorized representative.

**Critical Violations**

**SITE & BUILDINGS (GROUNDS, EXTERIOR, COMMON AREAS, SYSTEMS):**

**UNITS:**

|  |  |
| --- | --- |
| Inspected by  Signature: | Telephone: |

**Safe Building Compliance & Technology inspector or IFA Compliance Officer**

|  |  |
| --- | --- |
| E- Mail: [ComplianceAdministrator@iowa.gov](mailto:ComplianceAdministrator@iowa.gov) | FAX: 515.725.4901 |

|  |  |
| --- | --- |
| This notification of critical violations was received by: |  |

the Owner or Owner’s Representative at the site inspection.

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

NOTE: If this is a LIHTC project, the Iowa Finance Authority is required to report these deficiencies to the IRS on Form 8823 along with correspondence detailing whether corrections were made within the required 72 hour correction period.

    (the “Project Owner”), the owner of*located in the City of* *, IA,* (the “Project”), by and through its duly authorized representative identified below, hereby certifies that:

1. All critical violations (potentially life threatening) items at the Project have been corrected. Such critical items include those identified in the Notification of Critical Violations observed during the physical inspection recently conducted*.*
2. The attached detailed supporting document(s) accurately identifies repairs that have been made to correct the critical item(s), the location of those repairs, and the date(s) the repairs were made.
3. This certification is made by the Project Owner and is a signed by a duly authorized representative of the Project Owner, who is so authorized by reason of his/her position as the *[State Fully Relationship Between Signer of Certification and Project Owner:*

All of the foregoing statements, as well as the date, signature and identifying information of the project Owner and signer that follows, are HEREBY CERTIFIED as true and accurate this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Project Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment:** Detailed Supporting Document(s)