State of California

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|  | Tax Credit Allocation Committee |

**Owner Placed in Service Certifications**

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| **Project Name:** |       |
| **TCAC Number:** | CA-16-      |

**CHECK THE RELEVANT BOXES AND SIGN BELOW**

1. **Minimum Construction Standards – check the appropriate box or provide waiver**

[ ]  Consistent with California State law, projects with 16 or more residential units must have an on-site manager’s unit. Projects with at least 161 units shall provide a second on-site manager’s unit for either another on-site manager or other maintenance personnel, and there shall be one additional on-site manager’s unit for either another on-site manager or other maintenance personnel for each 80 units beyond 161 units, up to a maximum of four on-site manager’s units. Scattered site projects totaling 16 or more units must have at least one on-site manager’s unit for the entire project, and at least one manager’s unit at each site where that site’s building(s) consist of 16 or more units. Scattered sites within 100 yards of each other shall be treated as a single site for purposes of the on-site manager rule only.

[ ]  In lieu of on-site manager units, a project may commit to employ an equivalent number of on-site full-time property management staff (at least one of whom is a property manager) and provide an equivalent number of desk or security staff capable of responding to emergencies for the hours when property management staff is not working. All staff or contractors performing desk or security work shall be knowledgeable of how the property’s fire system operates and be trained in, and have participated in, fire evacuation drills for tenants. CTCAC reserves the right to require that one or more on-site managers’ units be provided and occupied by property management staff if, in its sole discretion, it determines as part of any on-site inspection that the project has not been adequately operated and/or maintained.

If the project utilizes “in lieu” property management staff as described above, provide an explanation of how this requirement is met:

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[ ]  A previously approved waiver of the above requirements is attached.

1. [ ]  **Identify all federal, state, and local subsidies, including the source, type (loan, grant, deferred or waived fees, rent subsidy, other) and amount. The terms should be included in the TCAC Excel Application’s financing section. Include public loans, grants, land donations, rental subsidies. Do not include tax-exempt bond financing, related-party or seller financing, or other private funds.**

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| SOURCE | TYPE | AMOUNT |
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1. [ ]  **There are no charges or fees that may be paid by tenants in addition to rent.**

[ ]  **If applicable, a description of any charges or fees that may be paid by tenants in addition to rent, with an explanation of how such charges/fees affect eligible basis.**

**Explanation of charges/fees and amount(s) excluded from eligible basis in the Final Cost Certification:**

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1. [ ]  **The utility allowance does not include water, trash, or sewer.**

[ ]  **The utility allowance includes water, trash, or sewer and the applicable items are**

**individually metered.**

1. [ ]  **List physical amenities (community room/building, laundry, play area, fitness facility, pool, etc.) and service amenities provided at the project site. If different from the application, an explanation must be provided. If points were awarded for service amenities, contact TCAC or CDLAC for approval prior to changing the service amenity(ies).**

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| **PHYSICAL AMENITIES** |  |  |
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| **SERVICE AMENITIES** |  | **SERVICE PROVIDER** |
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**Explanation of any changes:**

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1. [ ]  **CDLAC/CTCAC Smoke Free Residence (nonsmoking building). The project committed to having at least one nonsmoking building and incorporated the prohibition into the lease agreement for the affected units. If the project contains only one building, the project has committed to prohibit smoking in designated contiguous units and has incorporated the prohibition into the lease agreement for the affected units.**
2. [ ]  **The physical space for service amenities exists, is completed, and available for use. If this space is different than what was represented in the application, provide an explanation and visual description.**

**OWNER CERTIFICATION**

**I/We, as the owner(s) of the above referenced project, certify that each of the individual items identified above were incorporated into the project.**

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| Authorized Signatory |  | Date |
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| Name of Signatory (print) |  | Owner Name (print) |