State of California

|  |  |
| --- | --- |
|  | Tax Credit Allocation Committee |

**Owner Placed in Service Certifications**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **CTCAC Number:** | CA-21- |

**CHECK THE RELEVANT BOXES AND SIGN BELOW**

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

**On-site manager’s unit(s):**

Consistent with California State law, projects with 16 or more Low-Income and Market-Rate Units must have an on-site manager’s unit. Projects with at least 161 Low-Income and Market-Rate 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 Low-Income and Market-Rate Units beyond 161 units, up to a maximum of four on-site manager’s units.

Scattered site projects totaling 16 or more Low-Income and Market-Rate 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 Low-Income and Market-Rate 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.

If an applicant or project owner proposes to utilize a low-income unit to meet California and CTCAC manager unit requirements, the following applies: (1) the unit is considered a low-income restricted unit and must comply with all requirements associated with low-income restricted units; (2) the unit is included in the applicable fraction; and (3) the tenant cannot be evicted upon employment termination. If employment is terminated, the project owner is responsible for continuing to meet California and CTCAC onsite manager unit requirements. Any application proposing to utilize a low-income unit to meet California and CTCAC manager unit requirements must include a description in the application of how the project will meet those requirements if employment is terminated.

**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 who are not tenants and are 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:

|  |
| --- |
|  |
|  |
|  |

**A previously approved waiver of the above requirements is attached.**

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. Include amount(s) excluded from eligible basis in the Final Cost Certification:**

|  |
| --- |
|  |
|  |
|  |

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.), transit amenities (van, transit passes, 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 CTCAC or CDLAC for approval prior to changing the service amenity(ies).**

|  |  |  |
| --- | --- | --- |
| **PHYSICAL AMENITIES** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **TRANSIT AMENITIES** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **SERVICE AMENITIES** |  | **SERVICE PROVIDER** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Explanation of any changes:**

|  |
| --- |
|  |
|  |
|  |

1. **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. **CDLAC/CTCAC Competitive Awards, Housing Type:**

**Large Family**  **At-Risk**

**Seniors**  **Single Room Occupancy (SRO)**

**Special Needs**

1. **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.**

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