

**NYS CDBG PROGRAM
OWNER CERTIFICATION OF OCCUPANCY**

Part I

Project Information

Unit Mix

Project Number _____
Address _____
City _____
County _____

Date of Closeout _____

0BR _____ 1BR _____ 2BR _____
3BR _____ 4BR _____ Other _____

Part II

Owner Information

Manager Information

Owner Name _____
Address _____
City _____
Telephone No. _____
Email _____

Name _____
Address _____
City _____
Telephone No. _____
Email _____

Part III

Total # of CDBG Assisted units in property @ **80%** of median income _____
Total # of CDBG Assisted units in property @ **60%** of median income _____
Total # of CDBG Assisted units in property @ **50%** of median income _____
Total # of CDBG Assisted Units: _____

Owner Certification

On the basis of having completed tenant income certifications for each tenant currently residing in the NYS CDBG assisted rental project, I CERTIFY THAT I am maintaining the units in compliance with the occupancy and income targets as approved in the project pro-forma.

I CERTIFY THAT each building and all assisted units are suitable for occupancy and meet all applicable codes and standards, State and local health, safety and other applicable codes, ordinances and requirements and meets ongoing CDBG property standards. I CERTIFY THAT there are no current health or safety violations present at any building in the CDBG project.

Attached is a COMPLETE LIST of current tenants occupying the units as of the date of this Certification to include unit address, rents, utility allowances and household income.

I am aware that all information obtained from the tenants is confidential. No information will be released to anyone but HCR Asset Management unless prior written permission has been obtained from the tenant.

Date _____ Owner _____