

**City of Hagerstown Residential Rehab Tax Credit Program
2008 OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

Certification Dates:	From: July 1, 2007	To: June 30, 2008
Project Name:		
Project Address:		
Tax ID # of Ownership Entity:		

The undersigned _____ on behalf of _____ (the "owner"), hereby certifies that:

1. The Engineering Department has determined that the exterior of the building meets all code requirements and all core systems have been brought up to code;
 YES NO
2. The creation of off-street parking spaces for the building's tenants has been fully investigated;
 YES NO
3. Written lease agreements are in place for all rental tenants which identify unacceptable habitation standards for the tenants;
 YES NO
4. No additional residential units have been added to the property; and
 YES NO
5. The owner is not delinquent on taxes for the property.
 YES NO

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the City.

I certify that the information provided is correct to the best of my knowledge. If requested, I will provide the information required to verify this data.

(Ownership Entity)

By: _____
(must be owner or partner in ownership entity)

Printed name: _____

Title: _____

Date: _____