

Exhibit B  
**Low Income Housing Tax Credit Program**  
**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

To: ARKANSAS DEVELOPMENT FINANCE AUTHORITY

<b>Certification Dates:</b>	From: <b>January 1, 2011</b>	To: <b>December 31, 2011</b>	
<b>Project Name:</b>		<b>Building Identification No. :</b> AR. ____ . ____ . ____ through AR. ____ . ____ . ____	
<b>Project Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Tax ID # of Ownership Entity:</b>			
<b>Ownership Entity Address:</b>			

If either of the following applies, please check the appropriate box, and proceed to page 5 to sign and date this form.

No building has been Placed in Service  
 At least one building has been placed in Service but the owner elects to begin credit period in the following year.

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (Ownership entity), hereby certifies that:

1. The project meets the minimum requirements of: (check one)
  - 20 - 50 test under Section 42(g)(1)(A) of the Code
  - 40 - 60 test under Section 42(g)(1)(B) of the Code
 The minimum set-aside requirement was met as of \_\_\_\_\_. First taxable credit year is \_\_\_\_\_.
  
2. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:
 

**NO CHANGE**                       **CHANGE**

 If "**Change**", list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3:
  
3. The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has a re-certification waiver letter from the IRS in good standing, has received an annual Tenant Income Certification from each low-income resident, and documentation to support the certification at their initial occupancy.
 

**YES**                                       **NO**
  
4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:
 

**YES**                                       **NO**
  
5. All units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):
 

**YES**                                       **NO**                                       **HOMELESS**
  
6. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court:
 

**NO FINDING**                                       **FINDING**

7. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project: **YES**

**NO**

If "**No**", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

8. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since last certification submission:

**NO CHANGE CHANGE**

If "**Change**", state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing) on page 3:

9. All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings:

**YES NO**

10. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income:

**YES NO**

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:

**YES NO**

12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, including the requirement under section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989):

**YES NO N/A**

13. The owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.

**YES NO N/A**

14. There has been no change in the ownership or management of the project:

**NO CHANGE CHANGE**

Complete page 3 detailing the **CURRENT** ownership or management of the project.

15. Owner has received no additional tax-exempt bond funds or other Federal grants or loans with interest rates below the applicable federal rate in the project since it was placed in service.

**YES FUNDS NO FUNDS**

16. COMPLETE ONLY IF YOUR PROJECT RECEIVED **ARKANSAS STATE TAX CREDITS**:

Indicate the amount of state tax credits claimed in the most recent year for which the Limited Partnership has filed a federal tax return.

**YEAR:** \_\_\_\_\_ **AMOUNT:** \$ \_\_\_\_\_

17. Owner certifies that for the preceding 12-month period no tenants in low-income units were evicted or had their tenancies terminated other than for good cause and that no tenants in low-income units had an increase in gross rent not otherwise permitted under § 42.

**YES NO**

If you answered No, please explain on page 3.

18. Owner certifies that the complete records for the first year of the credit period are maintained and will be maintained for a minimum of twenty-one (21) years and owner further certifies that complete records for subsequent years are maintained for a minimum of six (6) years after the due date for filing the federal income tax return for that year.

YES

NO

If you answered No, please explain on page 3.

19. I have attached the following:

- (1) Year-end bank statement that confirms the balance in the property's Operating Reserve Account;
- (2) Year-end bank statement that confirms the balance in the property's Replacement Reserve Account;
- (3) Current financial statements to confirm property's debt coverage ratios (DCR);
- (4) Most current paid receipt of real estate taxes; and
- (5) Proof of current insurance.

**YOU MUST EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" BELOW**

Question	Explanation
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14	<b>FILL IN INFORMATION FOR QUESTION #14 ON NEXT PAGE</b>
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**CURRENT OWNERSHIP AND MANAGEMENT INFORMATION**

<b>CURRENT OWNERSHIP</b>	
<b>Legal Owner Name and Taxpayer EIN:</b>	
<b>Owner Complete Mailing Address:</b>	
<b>Owner Contact Person, including phone number, email address, and fax number:</b>	
<b>Name of General Partner and person responsible for signing documents:</b>	
<b>Status of Partnership (LP, LLC, etc.):</b>	
<b>MANAGEMENT CONTACT INFORMATION</b>	
<b>Management Company Name and EIN:</b>	
<b>Management Company Complete Mailing Address:</b>	
<b>Management Company Contact Person:</b>	
<b>Management Company Contact Person's Phone Number</b>	
<b>Management Company Contact Person's email address:</b>	
<b>Management Company's fax number:</b>	

