



CERTIFICATION of COMPLIANCE II
(for Qualified Residential Rental Project)

1. Project Name Change: Yes No
(If project name has changed since the award of allocation, please note the new project name as well as the original project name.)

New: Original:

2. CDLAC Application No.:

3. Bond Issuer Change: Yes No
(If Bond Issuer name has changed since the award of allocation, please note the new name.)

New: Original:

Address:

Phone:

Email:

Yes No

4. Has a termination of the Regulatory Agreement occurred or is a
termination planned in the next year? Has proper noticing occurred?
(If yes, there is no need to complete the rest of this form. Please complete this form through #4)

5. Borrower Change: Yes No
(If borrower has changed since the award affecting the CDLAC resolution, please note the new borrower.)

New: Original:

Address:

Phone:

Email:

6. Management Company Change: Yes No
(If yes, please provide the following information for the New Management Company.)

New: Original:

Address:

Phone:

Email:

7. Has the Qualified Project Period commenced? Yes No
(If yes, please submit the Certificate of Completion....ONE TIME ONLY)

___ Already Submitted Certification

8. Has project been completed and placed in service? Yes No
(If yes, please submit the Certificate of Completion....ONE TIME ONLY)

___ Already Submitted Certification

9. Has any of the following events occurred associated with the bond allocation: Yes No
a. Notices of defaults associated with rents and income requirements
b. Bond Default
c. Qualified Bond Default

(If yes, please describe and explain on separate sheet)

<u>10. Federally Bond Restricted Units (Reflected in PSR)</u>	<u>Other Restrictions (Reflected in PSR)</u>	<u>Total (Reported in CDLAC Resolution)</u>
___ @ 50% AMI	___ @ 50% AMI	___ @ 50% AMI
___ @ 60% AMI	___ @ 60% AMI	___ @ 60% AMI

Please attach a copy of the project's TCAC Project Status Report (PSR) or equivalent documentation.

11. Please indicate the distribution of the CDLAC restricted 10% of the 50% AMI units

<u>Bedroom Type</u>	<u># of Units in PSR</u>	<u># of Units in CDLAC Resolution</u>
1 Bedroom		
2 Bedroom		
3 Bedroom		

12. If the project has committed to and is currently providing the service amenities for a term as specified in the CDLAC resolution, please verify the services are being provided: on a regular and ongoing basis, which are provided free of charge and all hour requirements are being met:

After-School Programs

Educational, Health & Wellness or skill development classes

Health & Wellness services and programs (not group classes)

Licensed Childcare provided for a minimum of 20 hours per week
(Monday-Friday)

Bona-Fide Service Coordinator/Social Worker

Is the service being offered on an ongoing basis and provided free of charge (childcare excluded)?	Yes	No
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Are all hour requirements being met?	Yes	No
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Attach evidence demonstrating that the above listed services are being provided and have met the requirements in the CDLAC Resolution. Including but not limited to MOUs and/or contracts associated with the services rendered, a 12-month schedule (current reporting year) of the services offered, flyers, sign-up sheets, etc.

"Pursuant to Section 13 of Resolution No. _____ (the "Resolution"), adopted by the California Debt Limit Allocation Committee (the "Committee") on _____, I, _____, an Officer of the Borrower, hereby certify under penalty of perjury that, as of the date of this Certification, the above-mentioned Project is in compliance with the terms and conditions set forth in the Resolution as outlined above. I further certify that I have read and understand the CDLAC Resolution, which specifies that once the Bonds are issued, the terms and conditions set forth in the Resolution Exhibit A, shall be enforceable by the Committee through an action for specific performance, negative points, withholding future allocation or any other available remedy.

Signature of Officer

Date

Printed Name of Officer

Phone No.:

Title of Officer