

INCLUSIONARY OR DEVELOPMENT AGREEMENT RENTAL PROPERTIES

**Certificate of Continuing Program Compliance
City of San José Housing Department**

Reporting Period: January 1, ___ to December 31, ___

Property Name: _____
Property Address: _____
Property Owner: _____

The undersigned, who is fully authorized to execute this certificate on behalf of the Property Owner, which being subject to recorded Affordability Restrictions pursuant to State Health and Safety Code for the multifamily rental housing property listed above (the "Property"), does hereby certify the following for this reporting period:

1. The Property was continually in compliance with the executed Regulatory Agreement;
2. The Property met its requirement to provide ___ units for Very Low-Income residents and ___ units for Low-Income residents;
3. The submitted Rent Roll for (date) _____ is accurate to the best knowledge of the Owner, and the Property's occupancy as of the final day of this compliance period is as follows:

Total Units in Property: _____
Total occupied Extremely Low-Income Units: _____
Total occupied Very Low-Income Units: _____
Total occupied Low-Income Units: _____
Total Units Held Vacant for Lower-Income residents: _____

4. That, as set forth below, the income-qualified tenants who commenced or terminated occupancy during the preceding month are as follows (insert additional rows if needed):

Commenced Occupancy		Terminated Occupancy	
Unit #	Residents	Unit #	Residents

5. The Property Owner, or an entity acting on its behalf, has completed an annual Tenant Income Certification for each affordable unit in a format acceptable to the City, and has received sufficient documentation to support that certification, both at the resident's initial occupancy and on the anniversary of the occupancy;

6. That, if the Property's ownership has changed since the previous reporting period, the Property's new ownership contact information is provided below:

New Ownership Entity:	
Contact name:	
Company of majority owner:	
Address:	
Phone:	
Fax:	
Phone number:	

7. The Property Owner understands that Notice is generally required for a change of Property Management Company; further, if Property Management Company or its contacts has changed since the previous reporting period, the current contact information is provided below:

Property Management Company:	
Contact name:	
Address:	
Phone:	
Fax:	
Phone number:	

8. And, that no unremediated default has occurred under the Affordability Restrictions. [**OR CHOOSE** A default under the Affordability Restrictions has occurred. The nature of the default and the measures being taken to remedy such default are as follows: *(explain)*]

This certification, along with the submitted Rent Rolls and Tenant Income Certifications, is herewith attested to be true and accurate information to the best of the undersigned's knowledge and belief.

Submitted by: _____

Signature: _____

Company: _____

Title: _____

Date: _____