



Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - Tel: (510) 747-4300 - Fax: (510)522-7848 - TDD: (510) 522-8467

OWNER'S CERTIFICATION OF PARTICIPATION IN THE LOW INCOME HOUSING TAX CREDIT PROGRAM

Project Name: _____

Project Address: _____

I certify that:

_____ Neither I nor any other representative of the project identified above currently intends to participate in the Low Income Housing Tax Credit Program (LIHTC).

_____ The project identified above intends to participate in the LIHTC Program and is subject to a Subsidy Layering Review by HUD prior to the execution of the Agreement.

If plans change regarding this project's decision to use the LIHTC Program as indicated above, I will notify the CAHASC in writing immediately so long as it is prior to the execution of the Agreement to enter into Housing Assistance Payments Contract (AHAP).

WARNING: It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include fine and imprisonment. For details, see Title 18 U.S. Code, Sections 1001 and 1010.

Signature

Date

Print Name

Title