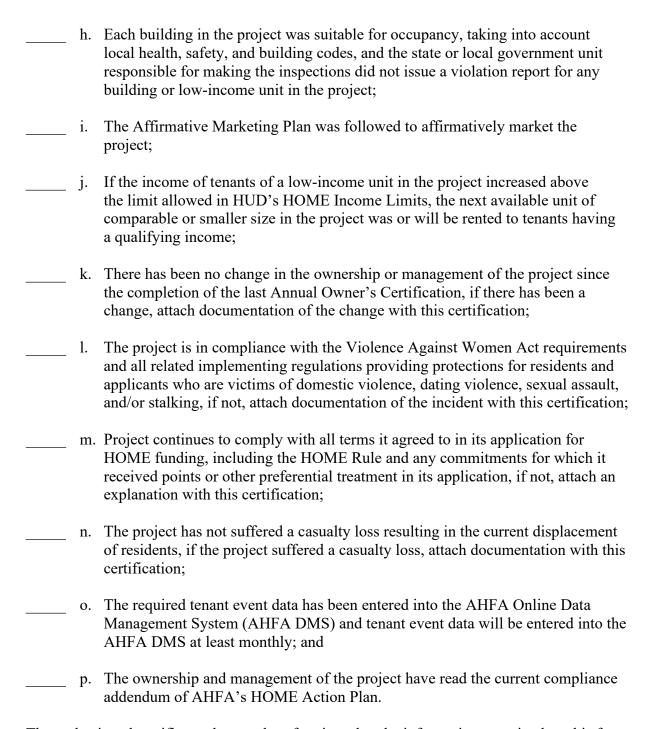
2024 ANNUAL OWNER'S CERTIFICATION For Projects Receiving HOME Funding Only

Note: The year 2024 is in the title of this form to match AHFA DMS. If you have not completed the tenant data through December 31, 2024, in AHFA DMS, complete and mail this form along with a rent roll for December 31, 2024, to: Multifamily Compliance Department, Alabama Housing Finance Authority, 7460 Halcyon Pointe Drive, Suite 200, Montgomery, Alabama 36117.

| Due Da | ate: | March 3, 2025 |
|-----------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Name: Project | | me: Project Number: |
| | | h certification, indicating your acceptance and verification of each statement. -month period from January 1, 2024, to December 31, 2024, I/We hereby certify |
| | a. | The project met the income requirements of the HOME Rule, and/or any income requirement elected on the owner's application; |
| | b. | The project met the 100% MR/MI set-aside during the year. If not, note whether or not the service provider, the State Board of Mental Health and AHFA were notified of any vacancies the property experienced; |
| | c. | A Confidential Tenant Eligibility Certificate was completed for every MR/MI household; |
| | d. | The owner or his/her representative has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, an acceptable alternative, is a statement from a public housing authority declaring that the tenant's income does not exceed the applicable income limit under the HUD HOME income limits, and the owner has not refused to lease a unit in the project to an applicant because the applicant holds a Section 8 voucher or certificate of eligibility; |
| | e. | Each low-income unit in the project was rent restricted under HUD's HOME Rent Limits, and/or AHFA's more restrictive MR/MI rent requirements; |
| | f. | All units in the project were for use by the general public and used on a non-transient basis, and no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project; |
| | g. | An annual HOME Student Self Certification was completed by any household member eighteen years of age or older; |



The undersigned certifies under penalty of perjury that the information contained on this form and the certifications herein have been verified as required. The undersigned certifies that the documentation to support the information herein has been received and such documentation shall be kept for the minimum amount of time required under The HOME Rule. The undersigned understands that any noncompliance with the HOME Regulations left uncorrected will be reported to HUD in accordance with their published regulations on compliance monitoring.

| Report submitted by: | Owner Name (print na | me) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|
| | C. 1101 1 111110 (P11110 1111 | |
| | Owner Signature | |
| STATE OF | | |
| COUNTY OF | | |
| I, the undersigned, a Notary Public in and to who signed, a cknowledged before me on this date, bein executed the same voluntarily on the day the | d this Owner's Certificati g fully informed of the co | on, and who is known to me, |
| Given under my official seal this | day of | , 20 |
| [SEAL] | Notary Public | |
| | My Commission Expire | es |