

VERTICAL HOUSING PROGRAM

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
Certification Period: January 1, 2021 through December 31, 2021

Property Name:	
Property Address:	
City, State and Zip:	
Tax Lot:	

The undersigned _____ as, or on behalf of

_____ (Owner), hereby certifies the following:

1. A copy of the Property Use Agreement is attached, and the Property has maintained the mix of residential and non-residential uses as originally presented in the Property Application:
 YES **NO**
2. The Property qualified for a 10-year partial exemption from ad-valorem property taxes imposed by local taxing districts, as identified in ORS 307.857 (7), and beginning with the execution of the Property Use Agreement, because it has at least one Residential Equalized Floor. To calculate Residential Equalized Floors, the State provides a specific calculation to determine how much square footage is dedicated to residential use and is called the Equalized Floor Square Footage (EFSF). Note: project square footage calculations do *not* include parking, patio, or porch areas, so **be sure to exclude those from your building calculations.**

Enter the Total Square Footage of the building/project: _____ Square Feet

Enter the number of Actual Floors that are part of your project/building: _____ Floors

Divide the Total Square Footage by the number of Actual Floors _____ **EFSF**
This will be your Equalized Floor Square Footage (EFSF):

EQUALIZED FLOORS FOR RESIDENTIAL USES

Enter the project's Total Square Footage of intended Residential Use: _____ Square Feet

Enter the EFSF from above: _____ EFSF

Divide the Total Square Footage of Residential Use by the EFSF _____ **Floors**
To find the number of Equalized Floors for *Residential Use*:
(Round down to the nearest whole number)

3. No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this property. 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

If "Finding", state the nature of the finding on a separate sheet of paper and attach to this certification.

4. Each building in the property 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 entity responsible for making building code inspections did not issue a report of a violation for any building in the property.

YES

NO

If "No", state the nature of the violation on a separate sheet of paper and attach to this certification.

5. Per OAR 813-013-0050 (4), "Modifications to or transfers of ownership of a Certified Vertical Housing Development Property must receive prior written approval from the Department". Failure to obtain prior written approval may result in the decertification of all or a portion of the Certified Property. (check one)

No Change – owner of record remains the same as what was represented in the Property

Application Changes – current owner differs from what the Property Application represented

Please note that failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the property is not permitted to sign this form, unless documentation to support signature authority is attached.

Under penalty of perjury, the undersigned certifies that the information presented within this document, as well as all attachments provided, is true and accurate and that the property is in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules, and regulations. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Print Name: _____

Phone: _____

Signature: _____

Date: _____