WASHINGTON STATE
HOUSING FINANCE
COMMISSION

Nicole-Bascomb Green
Chair

Steve Walker
Executive Director

OWNERSHIP CAPACITY CERTIFICATION

Proposed Ownership Entity:		
Street Address:		
City:	State:	Zip code:
Contact Person:		Title:
Email:		Phone:

For purposes of this form, the Owner is understood to be the managing general partner of the LP, or the managing member of the LLC, or the owner in any other case; the following questions should be completed based on the experience and capacity of the same.

Section I - Experience and Performance

How many years has the Owner been active in affordable housing management?

List the number of tax credit properties and units that the Owner currently manages:

	In Washington	Out-of-State
Total Properties		
Number of Locations		
Total Units		

Provide the name, address, and contact information for the WSHFC-funded properties that the proposed Owner owns or will own (may attach a separate list if needed):

Has the Owner owned any tax credit properties that they no longer own? **Yes** ☐ **No** ☐
If yes, what happened to them?

Is the Owner in good standing with WSHFC programs? **Yes** ☐ **No** ☐ **N/A** ☐ *If no, describe the issue(s) and what is being done to address them:*

If the application for tax credits involves rehabilitation of existing housing units, does the Owner have experience with the Federal Uniform Relocation Act? **Yes** ☐ **No** ☐ **N/A** ☐

Has the Owner or any of its personnel ever been involved in governmental or judicial action concerning a violation of Fair Housing Laws? **Yes** ☐ **No** ☐ *If yes, please provide details:*

Within the past 10 years, has a project for which the Owner is a principal been involved in a bankruptcy, adverse fair housing settlement, civil rights settlement or adverse federal or state government proceeding and settlement? **Yes** ☐ **No** ☐ **N/A** ☐ *If yes, please provide details:*

Within the past 10 years, has the Owner ever been debarred or received a limited denial of participation by a federal or state agency from participating in a development program?
Yes ☐ **No** ☐ *If yes, please provide details:*

Within the past 10 years, has the Owner been involved in a project which received an allocation of tax credits, but failed to meet standards or requirements of the tax credit allocation; or failed to fulfill one of the representations contained in an application for tax credits? *(This includes returning an allocation of tax credits to the agency after the carryover agreement has been signed.)*

Yes ☐ **No** ☐ *If yes, please provide details:*

Within the last five years, has a project for which the Owner is the principal been in mortgage default or arrearage of three months or more on a Federal Housing Administration (FHA) insured project, Rural Development (RD) funded rental project, tax-exempt bond funded mortgage, agency loan, tax credit project or any other publicly subsidized project?

Yes ☐ **No** ☐ *If yes, please provide details:*

Within the last five years, has the Owner been found to be directly or indirectly responsible for any other project in which there is or was uncorrected noncompliance more than three months from the date of notification by WSHFC or any other state allocating agency?

Yes ☐ **No** ☐ *If yes, please provide details:*

Which of the following certifications does the Owner require their property managers to obtain and maintain through continuing education? *(Check all that apply)*

- ☐ Housing Credit Certified Professional (HCCP)
- ☐ Certified Credit Compliance Professional (C3P)
- ☐ Tax Credit Compliance System (TaCCS)
- ☐ National Compliance Professional (NCP)
- ☐ Tax Credit Specialist (TCS) and (eTCS)
- ☐ Specialist in Housing Credit Management (SHCM)
- ☐ None of the above

List any other qualifications the Owner requires for managers responsible for resident qualification:

Education:

Previous Experience:

Other:

Section II – Operations & Structure

Identify any common interest or ownership between the property owner and the Owner:

Is the Owner properly incorporated in Washington? **Yes** ☐ **No** ☐

Does the Owner have rental properties that are being third-party managed in Washington?
Yes ☐ **No** ☐ If yes, list the names of the property management companies:

Relating to eligibility and record keeping, describe the oversight the Owner will provide to ensure compliance with the tax credit program:

How often do Owner executives or supervisors visit the properties?

Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other ☐

Describe the Owner's recordkeeping requirements. What measures are in place to ensure resident information is safe and secure?

Describe the Owner’s customer service philosophy:

Describe the Owner's experience with Affirmative Fair Housing Marketing practices and handling resident complaints:

Describe the type and frequency of tax credit training that will be provided to ownership and/or property management staff:

SIGNATURE PAGE

By signing below, I hereby certify that the information on the previous pages and any attached explanation(s) is/are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of the application/transfer and any other involving the same owner(s), principal(s), consultant(s) and/or application preparer(s).

I further understand that this form is used to determine whether or not the proposed Owner has adequate capacity to own LIHTC properties in Washington State, at the sole discretion of the Washington State Housing Finance Commission.

Signature

Printed Name

Date of Signature

Title

Relationship to Ownership: