

**Certifications  
Exhibit – 10.1**

DEVELOPMENT NAME:	
APPLICANT:	

Please answer all questions on the below certification sheet and sign. If applicable, attach any explanation and/or documentation as a single separate “other” exhibit.

"Applicant" shall include all principals in the Applicant and co-sponsor entities, as well as any Affiliated Entities.

“Affiliated Entity” shall include, but not be limited to, a person that directly or indirectly is: (a) in control of another person; (b) is under the control of another person; or (c) is under common control with another person; (d) is a director or officer (or a member of the immediate family of a director or officer) of another person. For purposes of the foregoing, (a) “control” means possessing the power to directly or indirectly direct the management or policies of another person, whether through ownership of voting securities, by contract, or otherwise, including the power to elect a majority of the directors or trustees of a corporation or trust; and (b) “person” means any natural person, sole proprietorship, corporation, general partnership, limited partnership, limited liability company, limited liability partnership, limited liability limited partnership, joint venture, association, joint stock company or any other form of entity. The purpose of this policy is to ensure that Applicants do not benefit from CHFA financing if, in CHFA’s sole determination, they have failed to:

- repay CHFA or public funders of affordable housing development; or
- comply with any applicable affordable housing program requirements; or
- adequately perform on prior developments.

The criteria for determining satisfaction of these eligibility standards are provided in “Schedule A” of the Program Eligibility Requirements: Delinquent or Non-Performing Applicants as found in the link below.

[CHFA: Program Eligibility Requirements: Delinquent or Non-Performing Applicants](#)

**Eligibility**

<p>The Applicant is affiliated with, owns, or manages a housing development which is at the time of application or subsequently during such application processes delinquent on any Authority, State of Connecticut, Federal agency or other state housing finance agency obligation for one hundred and twenty (120) or more days. <b><i>If 'Yes', please provide explanation.</i></b></p>	Yes	No
<p>The Applicant is affiliated with, owns or manages, or has been affiliated with any housing development which has failed to comply with the terms of its mortgage documents for CHFA mortgage financing or Extended Low-Income Housing Commitment for the Federal Low-Income Housing Tax Credits previously awarded by CHFA or any other State Low-Income Housing Tax Credit Contribution Program. <b><i>If 'Yes', please provide explanation.</i></b></p>	Yes	No
<p>The Applicant is or has been affiliated with any housing development or program which has failed to comply with the terms of an award of tax credits under the State of Connecticut Housing Tax Credit Contribution Program. <b><i>If 'Yes', please provide explanation.</i></b></p>	Yes	No
<p>The Applicant is or has been affiliated with a housing development whose mortgage was charged off by the Authority or whose mortgage or other agreements with the Authority, its subsidiaries, or other agency of the State or Federal Government are or were in default, foreclosure, or bankruptcy at any time in the past five (5) years. <b><i>If 'Yes', please provide explanation.</i></b></p>	Yes	No

**Financial**

Bankruptcy/Default

The Applicant, Co-Sponsor, and any members of its development team has declared bankruptcy. Yes      No  
*If 'Yes', please provide explanation.*

The applicant and/or the Co-Sponsor is or has been affiliated with a housing development whose mortgage was charged off by CHFA or whose mortgage or other agreements with CHFA, its subsidiaries, or other state or federal agency, has been or is in default, or foreclosure at any time in the past five (5) years. Yes      No  
*If 'Yes', please provide explanation.*

Taxes

The Applicant and Co-Sponsor **IS CURRENT** on all local, state, and federal taxes. Yes      No  
*If 'No', please provide explanation.*

Compliance with Public Funds

The Applicant and/or the Co-Sponsor has been or is currently delinquent on any obligation with CHFA, any State Agency, the United States Department of Housing and Urban Development ("HUD"), or any Federal Agency. Yes      No  
*If 'Yes', please provide explanation.*

Property Acquisition

The Applicant acquired the property in an arm's length, market rate transaction with a seller who was not related by blood, marriage or business association. Yes      No  
*If 'No', please provide explanation.*

N/A

Background Information

In the past 10 years, has the applicant or any owner:

- Been the subject of any criminal or civil investigation (by any federal, state or local prosecuting or investigative agency), any bankruptcy or similar proceedings, and/or investigation by any governmental agency (including, but not limited to federal, state and local regulatory agencies)? Yes      No
- Had any judgment, injunction or sanction obtained against it in any judicial or administrative action or proceeding other than a domestic relations proceeding or motor vehicle proceeding? Yes      No
- Been convicted, after trial or by plea, of any criminal offense and/or are there any felony or misdemeanor charges pending against the applicant or any owner? Yes      No

*If yes is answered for any of the **Background Information** questions, please provide further explanation.*

**Housing Authorities**

Resident Participation Plan      **(Required ONLY for Housing Authorities)**

The Applicant has adopted and implemented a "resident participation plan" as defined in CGS §8-64c(a)(3) and is willing to provide it upon request. Yes      No

If NO, please explain below why a resident participation plan requirement is not triggered by the funding request.

The Applicant has entered into a "signed agreement" as referenced in CGS §8-64c(d). Yes      No

**Compliance**

**Fair Housing Law Violation for GP and Management Agent**

The Applicant's General Partner and/or Management Agent have/had any finding of a violation of any Federal or State laws for regulations pertaining to fair housing, housing accessibility, or non-discrimination in the area of rental housing. Yes      No

*If 'Yes', please provide explanation.*

**Applicant Disclosure**

Does the funding recipient employ or contract with (1) any elected public official or the spouse of any elected public official or (2) any state employee or the spouse of any state employee who has supervisory or appointing authority over the state agency administering this funding? Yes      No

*If 'Yes', please provide explanation.*

The applicant has been affiliated with any housing development which has failed to comply with the terms of any mortgage documents for CHFA mortgage financing. Yes      No

*If 'Yes', please provide explanation.*

**ELIHC Compliance (LIHTC Only)**

The Applicant **IS** in compliance with the terms of any Extended Low-Income Housing Commitment for a development previously sponsored or developed. Yes      No

*If 'No', please provide explanation.*

**Very-Low Income Construction Employment Policy (VLI) (CHFA only)**

The Applicant acknowledges CHFA's VLI Policy and will comply with requirements. (See CHFA Very Low Income Policy) Yes      No

*If 'No', please provide explanation.* N/A

The Applicant shall give preference in its tenant selection plan to eligible households on Public Housing Authority (PHA) waiting list(s); and make on-going efforts to request that the PHA make referrals to the project, or request that the PHA include relevant information about the project on any listing the PHA makes available to persons on its waiting list(s), and persons least likely to apply. (LIHTC Only) Yes      No

*If 'No', please provide explanation.*

**Displacement/Relocation**

**If the applicant is unable to affirm, and answers "No" to any of the below, then a Relocation Plan will be required within four weeks of receiving a funding award from the DOH and/or financing approval from CHFA (please refer to the Application tab in the Consolidated Application). The Relocation Plan must be prepared in accordance with 49 CFR 24.2, HUD Handbook 1378, Chapter 135 of the C.G.S. and any applicable regulations. In addition, the Relocation Plan must demonstrate an effort to minimize the impact of relocation on the tenants and must include an estimated budget for relocation activities and the source(s) of funds. Please include a tenant roster dated no earlier than three months prior to application submission.**

**Non-Displacement**

The Applicant affirms that the proposed housing will be developed on a completely vacant land, that has no active business, farm operations or nonprofit uses, the development will **NOT** cause any temporary or permanent displacement. Yes      No

N/A

The Applicant affirms that the proposed housing will be developed in a completely vacant structure(s), which have been vacant for at least one year prior to any contact with the Department of Housing and/or the Connecticut Housing Finance Authority and which contain no active businesses, farm operations, or nonprofit uses. The development will **NOT** cause any temporary or permanent displacement. Yes      No

N/A

The Applicant affirms that there will be **NO** demolition of residential units or portions of residential units. Yes      No

N/A

The Applicant affirms that there will be <b>NO</b> conversion of residential units to use other than lower-income dwelling units. ("Other non-residential uses" includes emergency shelters.)	Yes	No
	N/A	
The Applicant affirms that in the case where occupiable lower-income dwelling units are demolished or converted to other uses, those dwelling units will be replaced on a one-for-one basis with comparable lower-income dwelling units. If Section 104(d) applies: "Occupiable" is defined as occupied at any time (except by squatters) within a 3- month period prior to execution of a contract for demolition or rehabilitation; a unit in standard condition; or a substandard unit that is suitable for rehabilitation. Replacement units shall meet federal requirements at 42.375(b) (1)-(5) of 24 CFR Part 42, effective 11/4/96.	Yes	No
	N/A	
The Applicant affirms that funds being used to make accessibility modifications to owner-occupied single family homeownership units will <b>NOT</b> cause displacement or loss of units.	Yes	No
	N/A	
The Applicant affirms that any State assistance will <b>NOT</b> cause the temporary or permanent displacement of persons and families residing in any single-family or multifamily dwelling.	Yes	No
	N/A	

**Litigation**

The Applicant, Co-sponsor, or any member of the proposed development team, or any identity of interest entity related thereto, is currently involved in any litigation or other legal claims, including as a defendant. <i>If 'Yes', please provide explanation.</i>	Yes	No
Any state and/or federal agency has taken any action against the Applicant and/or Co-Sponsor or any principals of the Applicant or Co-Sponsor's organizations, or any member of the Development Team, or any identity of interest entity related thereto. <i>If 'Yes', please provide explanation.</i>	Yes	No

**Intention to Comply/Post Award**

Affirmative Action

Provide Affirmative Action Policy Statements for all Applicants and Co-sponsors. For **CHFA only**, provide a copy of the Contractor's Affirmative Action Plan. See CHFA Website link below.

[www.chfa.org](http://www.chfa.org)

False Statement

The undersigned understands that the Department of Housing and/or the Connecticut Housing Finance Authority will rely on the information in this application and that, if the application is approved, any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application from the review process at the Department of Housing's and/or the Connecticut Housing Finance Authority's discretion. The undersigned understands that he/she may be prosecuted for false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Signature

Title

Date