



POLK COUNTY  
**HOUSING  
TRUST FUND**

Basic Needs | Powerful Solutions

**ANNUAL CERTIFICATION**

This certification is completed by projects which received PCHTF funding awards to provide set-aside housing units, in accordance with the agreement between the developer/owner and PCHTF.

Property name & address: \_\_\_\_\_ Total # of units: \_\_\_\_\_

Owner/Developer: \_\_\_\_\_ Property management co.: \_\_\_\_\_

Compliance point of contact name: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Number of Set-Aside Units</b> <i>Example: 5 units</i>	<b>AMI%</b> <i>30%</i>	<b>Unit Type (Studio, #Bds)</b> <i>3- studios, 1- 2bd &amp; 1- 3bd</i>	<b>Currently Occupied (%)</b> <i>80% (4/5)</i>

**Owner's Certification:**

The owner, or authorized representative, hereby certifies that the project is in compliance with the requirements set forth by the executed agreement to receive funding awarded by the Polk County Housing Trust Fund in connection with this project.

The owner further certifies that the project is otherwise in compliance with the requirements of fair housing as well as all other applicable laws, rules, and regulations.

This certification is made under penalty of perjury.



\_\_\_\_\_  
Name of Ownership Entity

\_\_\_\_\_  
Owner (Authorized Rep) Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date