

## **Capital Investment Program**

## **Annual Certification**

Reporting Period:	to		OHFA #:	
Project Name:			Gap Financing #:	
Project Information:				
Project Address:			Phone:	
City:	State:	_ Zip:	Email:	
Owner Information:				
Name:			Phone:	
Address:			_	
City:	State:	Zip:	-	
Owner Contact:			Email:	
Is this a change from previous year?	☐ Yes ☐ No			
Management Agent Informatio	n:			
Name:	r Information:    Phone:   Pho		Phone:	
Address:			-	
City:	State:	Zip:	-	
Management Contact:			Email:	
Is this a change from previous year?	☐ Yes ☐ No			
Annual Occupancy:				
Total number of units in project:				
Total number of units repaired with CIP	funds:			
Total number of repaired units occupied	l on 12/31:			
Do you maintain a separate reserve account for this project?		Yes, bala	nnce:	
		No, bala	nce of the main reserve account:	
Project Profile:				
Please read and complete the question be	low. It must be answe	red and an explana	tion must be provided for all "No" responses below.	
	ndards), and the Stat	e or local governm ny building or low i	upancy, taking into account local health, safety, and lent unit responsible for making local health or building ncome unit in the project.	
		☐ Yes ☐ No		
If no, explain and provide a copy of all vi	iolation reports:			

 $\hbox{OHFA reserves the right to request additional documentation.}\\$ 





## **Capital Investment Program**

## **Annual Certification**

ZID Damain		* Data Last Incorporate d hou	Hand of Hamahald	Hamaahald	Cautifia d
IP Repair Unit #	<b>Building Address</b>	* Date Last Inspected by Owner in Reporting Year	Head of Household Name:	Household Size	Certified Income
1	* The owner's unit insp	e ownership entity inspected and in pection report must be submitted with tion above is true, complete and co	vith this certification for each	ch unit*	

**E** 1

that providing false representation herein constitutes fraud.