

# OWNER CERTIFICATION OF SUPPORTIVE SERVICES

**PROPERTY NAME / GA ID:**

**PREVIOUS PROPERTY NAME:**

**PROPERTY TYPE:**

FAMILY

SENIOR

HOUSING FOR OLDER PERSONS

**ADDRESS:**

**FUNDING SOURCES** (check all that apply):

Tax Credit (HTC)

811

KRESGE

HOME

FDIC

HTF

NSP

TCAP

EXCHANGE

USDA

List Supportive Service(s) as outlined in the Land Use Restrictive Covenant (LURC) or Land Use Restriction Agreement (LURA).

*If the GA ID # is prior to 1999 - list services as outlined in the Application or the QAP*

## INITIAL BELOW

\_\_\_\_\_ Supportive Service(s) listed above are implemented and ongoing as of the date of this audit review

\_\_\_\_\_ I have attached supporting proof of events (flyer, signs, sign-in sheets, etc.)

## OWNER CERTIFICATION OF SUPPORTIVE SERVICES

\_\_\_\_\_ The following services have been discontinued because of lack of participation by residents and a corresponding PCC is attached (initial or type N/A):

### SUMMARY OF SUPPORTIVE SERVICES (include frequency [monthly, weekly, etc.]):

#### **Please consider these key points when summarizing your supportive services:**

1. Frequency of activities (monthly, weekly, etc.)
  2. Average attendance at events
  3. Any outside service providers appearing under contract
  4. If a service has been discontinued, please provide replacement service
  5. Was DCA approval requested for a discontinued service (attach PCC approval)
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*This form must be signed by the Owner, the Managing Agent or General Partner*

NAME:

SIGNATURE:

DATE: