

# 2025 Annual Owner Certification (AOC)

Use this Form for All Program Funding **except** LIHTC  
LIHTC AOC is within Emphasys

All projects with affordable housing program funding sources (excluding LIHTC) should use this form to complete the AOC.

Please read each question thoroughly; you will be able to bypass questions that do not apply to your project.

Email [Compliance@dca.ga.gov](mailto:Compliance@dca.ga.gov) for any questions

## HOME and NSP Program Funding

- Pursuant to the HOME Investment Partnership Act, Title II of the Cranson-Gonzales National Affordable Act (as amended), 42 USC 12701 et seq., and as required by the Housing and Urban Development (HUD) agency and Georgia DCA, the AOC must be completed for each calendar year during the Period of Affordability (POA)
- Failure for properties to timely submit an AOC and any required documents by **March 1** of the following applicable calendar year may result in:
  - A notice of non-compliance
  - Adverse credit history reporting
  - Negative property management company rating by DCA
  - Adverse scoring for future deals
  - Noncompliance fee of \$250 per month

## HOME Community Housing Development Organization (CHDO) Funding

- Projects receiving funding under the CHDO set aside from HOME program funding must complete the annual CHDO certification located within the AOC
- Failure to requalify as a CHDO on an annual basis through the DCA AOC may result in the loss of the CHDO designation and adverse scoring for future deals
- CHDOs must submit their AOC by **March 1** to requalify as a CHDO with DCA

## PROJECT INFORMATION

**CURRENT PROJECT NAME**

**ANY OTHER NAME USED TO IDENTIFY THE PROJECT**

YOU MUST ENTER YOUR GA ID IN ONE OF THE FOLLOWING FORMATS:

1234-567

1234-5678

1234-H567

1234-HN56

GEORGIA PROJECT ID

ENTER THE YEAR FOR WHICH THIS AOC SUBMISSION IS APPLICABLE TO:

WAS THERE A CHANGE IN ANY OF THE FOLLOWING:

- ☐ OWNER/PARTNERSHIP
- ☐ MANAGEMENT COMPANY
- ☐ MAILING ADDRESS FOR ANY CONTACT (Owner, Compliance Staff, Mgmt. Co., etc.)
- ☐ NO CHANGES TO REPORT
- ☐ OTHER

IF YOU SELECTED **YES** FOR ANY OF THE ABOVE, PLEASE COMPLETE THE FOLLOWING APPLICABLE FORMS (if not already submitted to DCA):

CHANGE IN OWNER/PARTNERSHIP: [Project Concept Change \(PCC\) Request](#)

CHANGE IN MANAGEMENT: [Mgmt. Co. Change Approval Form](#)

UPDATE CONTACT INFO: [Property Information Form](#)

PROVIDE MANAGEMENT SPECIALTIES: [Mgmt. Co. Information Questionnaire](#)

You may also complete the Information Questionnaire to provide DCA with details of your management specialties.

Any else to report? Please contact Compliance to report updates and changes:

[Compliance@dca.ga.gov](mailto:Compliance@dca.ga.gov)

PROPERTY ADDRESS

Street Address

Street Address Line 2

City

State/Province

Postal/ Zip Code

COUNTY WHERE THE PROPERTY IS LOCATED

PROPERTY SITE PHONE NUMBER

–

Area Code

Phone Number

PROPERTY WEBSITE (IF APPLICABLE)

## PROJECT OWNERSHIP INFORMATION

GENERAL PARTNER INFORMATION

**GENERAL PARTNER NAME**

Changes to the ownership entity should be requested using the [Project Concept Change Request form](#).

Please see the Project Concept Change guidance [here](#).

All other updates to the General Partner's contact (phone, email, address, etc.)

UPDATE CONTACT INFO: [Property Information Form](#) and email to [Compliance@dca.ga.gov](mailto:Compliance@dca.ga.gov)

IF THE PROJECT HAD A NON-PROFIT SPONSOR AT THE TIME OF APPLICATION, IS THE NON-PROFIT STILL MATERIALLY PARTICIPATING?

- ☐ YES
- ☐ NO
- ☐ NOT APPLICABLE

**IF YOU ANSWERED YES ABOVE, UPLOAD IRS FORM 990 TO EMPHASYS**

**NAME OF THE MANAGEMENT COMPANY**

If not already submitted to DCA, changes to the Management Company must be approved using the [Management Change Notification](#)

All other updates to the Management Company's contact (phone, email, address, etc.) should be submitted using the [Property Information Form](#) and emailed to [Compliance@dca.ga.gov](mailto:Compliance@dca.ga.gov)

## PROJECT INFORMATION FOR ALL FUNDING

**AT INITIAL OCCUPANCY, THE OWNER RECEIVED A TENANT INCOME CERTIFICATION (TIC) FROM EACH LOW-INCOME RESIDENT AND DOCUMENTATION TO SUPPORT THAT CERTIFICATION, AND IF APPLICABLE, AT ANNUAL RECERTIFICATION, THE OWNER HAS RECEIVED A TIC DOCUMENTATION TO SUPPORT THAT CERTIFICATION**

- ☐ YES/TRUE
- ☐ NO/FALSE (If false, attach an explanation and supporting documentation)

**ALL LOW-INCOME UNITS IN THE PROJECT ARE FOR USE BY THE GENERAL PUBLIC AND ARE USED ON A NON-TRANSIENT BASIS, EXCEPT AS OTHERWISE PERMITTED BY SECTION 42 OF THE CODE OR OTHER APPLICABLE FUNDING REGULATIONS:**

- ☐ YES/TRUE
- ☐ NO/FALSE (If false, attach an explanation and supporting documentation)

**EACH QUALIFIED LOW-INCOME UNIT IS RENT-RESTRICTED UNDER SECTION 42(g)(2) OF THE CODE OR OTHER APPLICABLE FUNDING REGULATIONS:**

- ☐ YES/TRUE
- ☐ NO/ FALSE (If false, attach an explanation and supporting documentation)

**THE PROPERTY IS IN COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT (VAWA) REQUIREMENTS AND ALL RELATED IMPLEMENTING REGULATIONS PROVIDING PROTECTIONS FOR RESIDENTS AND APPLICANTS WHO ARE VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND/OR STALKING:**

☐ YES/TRUE

☐ NO/ FALSE (If false, attach an explanation and supporting documentation)

**IF A LOW-INCOME UNIT IN THE PROJECT HAS BEEN VACANT DURING THE YEAR, REASONABLE ATTEMPTS WERE OR ARE BEING MADE TO RENT THAT UNIT OR THE NEXT AVAILABLE UNIT OF COMPARABLE OR SMALLER SIZE TO TENANTS HAVING QUALIFYING INCOME BEFORE ANY UNITS WERE OR WILL BE RENTED TO TENANTS NOT HAVING A QUALIFYING INCOME:**

☐ YES/TRUE

☐ NO/ FALSE (If false, attach an explanation and supporting documentation)

## **MAINTAINING THE PROPERTY**

**EACH BUILDING IN THE PROJECT IS SUITABLE FOR OCCUPANCY, TAKING INTO ACCOUNT LOCAL HEALTH, SAFETY, BUILDING CODES, AND UNIFORM PHYSICAL CONDITION STANDARDS (UPCS) AS DEFINED BY HUD, AND THE STATE OR LOCAL GOVERNMENT UNIT RESPONSIBLE FOR BUILDING CODE INSPECTIONS DID NOT ISSUE A REPORT OF VIOLATION FOR ANY BUILDING OR LOW-INCOME UNIT IN THE PROJECT**

☐ YES/TRUE

☐ NO/ FALSE (If false, attach an explanation and supporting documentation)

**THE PROPERTY HAS NOT SUFFERED A CASUALTY LOSS RESULTING IN THE CURRENT DISPLACEMENT OF RESIDENTS**

☐ YES/TRUE

☐ NO/ FALSE (If false, attach an explanation and supporting documentation)

[CASUALTY LOSS ONLINE NOTIFICATION FORM](#)

## **EXTENDED USE PERIOD (EUP)**

Projects must comply with implementing the Extended Low Income Housing Commitment:

**THE OWNER HAS MET ALL THE PROVISIONS, INCLUDING SPECIAL PROVISIONS, AS OUTLINED IN THE EXTENDED USE COMMITMENT:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

☐ NOT APPLICABLE (The project was in years 1-15 of the compliance monitoring period in 2025 and had not reached the Extended Use Period)

☐ NOT APPLICABLE (There is no Extended Use Agreement/Commitment in the LURC/LURA for this project)

## **MARKETING, ADVERTISING, AND FAIR HOUSING COMPLIANCE**

The Affirmative Fair Housing Marketing Plan (AFHMP) must be submitted during pre-audit document submission at the time of the property's file review.

The AFHMP should be updated at least once every five (5) years or if there is a significant change in your marketing due to a change in area demographics.

VISIT DCA'S [FAIR HOUSING PAGE](#) FOR MORE INFORMATION REGARDING FAIR HOUSING COMPLIANCE

**THE PROPERTY IS IN COMPLIANCE WITH ALL FAIR HOUSING ACT REGULATIONS, AND THERE HAVE BEEN NO VIOLATIONS OF THE FAIR HOUSING REGULATIONS, INCLUDING ACCESSIBILITY, FILED AGAINST THE PROJECT WITHIN THE REPORTING PERIOD:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE OWNER HAS NOT REFUSED TO LEASE A UNIT TO AN APPLICANT BASED SOLELY ON THEIR STATUS AS A HOLDER OF A SECTION 8 VOUCHER:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE OWNER HAS REVIEWED THE GUIDANCE FROM THE HUD GENERAL COUNSEL MEMORANDUM ON USING ARREST RECORDS AND ON POTENTIAL DISPARATE IMPACT WHEN IMPLEMENTING OVERLY BROAD CRIMINAL BACKGROUND CHECKS FOR QUALIFYING TENANTS:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE QUALIFYING CRITERIA AND ASSOCIATED SCREENING PROCEDURES USED AT THE PROPERTY THAT EXCLUDE APPLICANTS BASED ON CRIMINAL HISTORY ARE TAILORED TO SERVE THE OWNER'S SUBSTANTIAL, LEGITIMATE, AND NON-DISCRIMINATORY INTEREST AND TAKE INTO CONSIDERATION SUCH FACTORS AS THE TYPE OF CRIME AND THE LENGTH OF THE TIME SINCE THE CONVICTION:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE FAIR HOUSING ACT (FHA) PROHIBITS BOTH INTENTIONAL DISCRIMINATION AND HOUSING PRACTICES THAT HAVE AN UNJUSTIFIED DISCRIMINATORY EFFECT DUE TO RACE, NATIONAL ORIGIN, OR OTHER PROTECTED CHARACTERISTICS**

## OPERATIONAL COMPLIANCE

**THE PROPERTY HAS NOT EXPERIENCED ANY LOSS OF UTILITIES DUE TO LATE PAYMENTS OR FAILURE TO MAKE PAYMENTS:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE PROPERTY IS IN GOOD STANDING WITH OTHER FUNDING SOURCES, INCLUDING ANY AND ALL LENDERS:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**ALL TAXES AND INSURANCES WERE UP TO DATE IN 2025 AND ARE CURRENT AT THIS TIME:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

## HOME AND NSP/TCAP/HTF FUNDING

This section is for either HOME, NSP, TCAP, or HTF

Additional questions for LIHTC layered with any other funding, can be completed in the next question set.

**IF YOU HAVE NSP, TCAP, AND/OR HTF WITHOUT HOME, COMPLETE THIS HOME SECTION TO SATISFY THEIR REPORTING REQUIREMENTS**

**THE PROPERTY HAS HOME, TCAP, NSP, OR HTF AS A SOLE FUNDING SOURCE OR LAYERED IN ANY COMBINATION:**

☐ YES

☐ NO

### LIHTC WITH LAYERED FUNDING QUESTIONS

**THE PROPERTY MAINTAINED THE ORIGINAL NUMBER OF HOME LOW-INCOME SET-ASIDE UNITS ESTABLISHED IN THE REGULATORY DOCUMENTS DURING THE CERTIFYING YEAR (A unit that exceeds high- or low-income limits is considered low-income until it is substituted with a comparable unit)**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**THE PROPERTY WAS FUNDED PRIOR TO 1/1/2009, AND THE 40/50 RULE WAS FOLLOWED:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

☐ NOT APPLICABLE

**EACH LOW-INCOME UNIT ON THE PROPERTY WAS RENT RESTRICTED IN ACCORDANCE WITH THE PROPERTY LURA**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**WHEN TERMINATING OR REFUSING TO RENEW A LEASE, THE OWNER HAS SERVED A WRITTEN NOTICE UPON THE TENANT DETAILING THE SPECIFIC GROUNDS FOR THE LEASE TERMINATION AT LEAST 30 DAYS PRIOR TO THE TERMINATION DATE, PER 24 CFR 92.253(c), AND DURING THE CERTIFYING YEAR:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**AN APPLICANT WAITLIST WAS MAINTAINED ON THE PROPERTY FOR PROSPECTIVE HOME-ASSISTED TENANTS DURING THE CERTIFYING YEAR:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

**IF THE OWNER RECEIVED A COVID-19 HOME LOAN DEFERMENT, NO LOW-INCOME RESIDENTS WERE EVICTED FOR NON-PAYMENT OF RENT DURING THE HOME LOAN DEFERMENT PERIOD:**

☐ YES/TRUE

☐ NO/FALSE (If false, attach an explanation and the supporting documentation)

☐ NOT APPLICABLE

## **CHDO ANNUAL RECERTIFICATION**

The following questions satisfied the annual owner certification for projects receiving funds under the Community Housing Development Organization (CHDO) set aside for HOME programs

If you do not have CHDO funding, you will be able to bypass the next set of questions

**DOES YOUR PROPERTY RECEIVE FUNDING UNDER THE CHDO SET ASIDE FOR HOME PROGRAMS?**

☐ YES

☐ NO

**THE OWNERSHIP OF THE PROPERTY MAINTAINED AND CURRENTLY MAINTAINS ITS "NOT FOR PROFIT" STATUS:**

☐ YES



☐ NO (If no, attach an explanation and the supporting documentation)

**THE CHDO REMAINS ENGAGED WITH THE PROJECT:**

☐ YES

☐ NO (If no, attach an explanation and the supporting documentation)

**THE COMPOSITION OF THE CHDO BOARD REPRESENTS COMMUNITY MEMBERS, WITH AT LEAST 1/3 OF ITS MEMBERS REPRESENTING LOW-INCOME PERSONS, AND NO MORE THAN 1/3 OF ITS MEMBERS REPRESENT PUBLIC OFFICIALS:**

☐ YES

☐ NO (If no, attach an explanation and the supporting documentation)

**THE PROJECT DOES NOT AND HAS NEVER MAINTAINED A “FOR PROFIT” STATUS OR PUBLIC CONTROL:**

☐ YES

☐ NO (If no, attach an explanation and the supporting documentation)

**THE PROJECT HAS A 503(c) OR (c)(4) RULING FROM THE IRS:**

☐ YES

☐ NO (If no, attach an explanation and the supporting documentation)

**THE PROJECT HAS DEMONSTRATED A CAPACITY FOR CARRYING OUT ACTIVITIES ASSISTED WITH HOME FUNDS:**

☐ YES

☐ NO (If no, attach an explanation and the supporting documentation)

**NEXT, YOU WILL UPLOAD THE FOLLOWING DOCUMENTS TO EMPHASYS**

- IRS FORM 990 (If you uploaded form IRS 990 previously in this AOC, please upload it again)
- THE MOST RECENT AUDITED FINANCIALS FOR THE NON-PROFIT (not the property)
- LIST OF BOARD MEMBERS (use the board members from the CHDO application from the most recent funding year)

**I HAVE UPLOADED ALL OF THE ABOVE REQUIRED CHDO SUPPORTING DOCUMENTS:**

☐ YES, AFFIRMED

**I AM THE EXECUTIVE DIRECTOR (OR AGENT OF THE EXECUTIVE DIRECTOR) OF THE CHDO FOR THE PROPERTY, AND I AFFIRM THAT I HAVE ANSWERED ALL OF THE CHDO CERTIFICATION QUESTIONS AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

☐ YES, I AFFIRM

**EXECUTIVE DIRECTOR OR AGENT NAME**

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First Name

Last Name

**I AM THE:**

- ☐ EXECUTIVE DIRECTOR OF THE CHDO  
☐ AGENT OF THE EXECUTIVE DIRECTOR OF THE CHDO

## CONGRATULATIONS!

You have completed all questions for the Annual Owner Certification for the above property.

Forms submitted after **JANUARY 1<sup>st</sup>** and before **MARCH 4<sup>th</sup>** for the preceding year of reporting are considered on time.

**YOU MUST CERTIFY AND SUBMIT TO FINALIZE YOUR AOC SUBMISSION**

Please review your answers carefully before submitting this form

### UPLOAD A SIGNED AOC TO EMPHASYS

Complete and submit the AOC with a signature by a Managing Member, General Partner or Owner\*

**THIS AOC WAS COMPLETED BY:**

First Name

Last Name

**TITLE/POSITION:**

### **Georgia Annual Owner's Certification** For Upload with Annual Owner Certification

Principal's or GP's Name:

AOC year:

Address:

City:

State:

Zip:

Phone #:

GP Email:

Pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code"), and as required by the Department of the Treasury in 26 CFR Part 1.42-5, and/or the HOME Investment Partnership Act (if applicable)

hereby certifies the properties listed below are in continuing compliance with all promises, covenants, set-asides, and agreed upon restrictions set forth in the final allocation application, DCA Qualified Allocation Plan (QAP), all applicable laws, rules, regulations and other regulatory recorded documents (e.g., Land Use Restrictive Covenant (LURC), Land Use Restrictive Agreement (LURA).

The owner is responsible for non-compliance and the resulting consequences. All instances of noncompliance have been reported and described herein. This Certification and any attachments are made Under Penalty of Perjury. **Failure to complete the annual report in its entirety will result in noncompliance with Internal Revenue Code Section 42 program requirements, (Code). The Certification is required for properties throughout the extended use period.**

This Certification and any attachments are made **UNDER PENALTY OF PERJURY**. I understand that any material omission or misrepresentation of fact herein constitutes an act of fraud, which is punishable by a fine or imprisonment. False, misleading, or incomplete information shall also be grounds for rejection of the Certification and will result in non-compliance.

All the foregoing statements, as well as the date, and identifying information of the person authorized to complete the form by the Development Owner in each complete report, are hereby certified as true, accurate, and complete on this  day of  20 .

Signed by Managing Member or General Partner

Print name of Managing Member or General Partner

Phone Number:

Email:

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency

Be sure to **UPLOAD TO EMPHASYS** to finalize the submission process.