

APPENDIX 3

**SAMPLE FORMAT FOR
OWNER'S CERTIFICATION OF COMPLIANCE WITH THE REQUIREMENTS OF
NOTICE:
*Annual Adjustment Factor Rent Increase Requirements Pursuant to
42 U.S.C. 1437f(c)(2)(A).***

Property Name: _____

FHA Number: _____

Section 8 Contract Number: _____

The attached represents a request for a rent increase for the aforementioned property and the following unit type(s) (e.g. 1 BR, 2BR/2BA, 3 BR, etc.):

I certify as the owner of the property (or the agent empowered to act on behalf of the owner) that all of the following items are true:

- Preparations of all copies of form HUD-92273-S8 were completed IN ACCORDANCE WITH INSTRUCTIONS CONTAINED IN Chapter Nine of the Section 8 User Guide.
- If project funds were used to pay for the completion of form(s) HUD-92273-S8, I certify that I am in compliance with the Contracting Guidelines set forth in Paragraph 6.50 of Handbook 4381.5, REV-2.
- If a figure is submitted for the initial difference this figure is the same dollar difference that existed between the original comparable used in underwriting (or the FMRs) and the contract rents at the time of initial occupancy. If no initial difference is submitted, then I authorize HUD to use 10% of the initial Section 8 contract rent for each unit type as the initial difference.
- The figures submitted with this request regarding the number of units in which turnover has occurred since the last HAP anniversary date are complete and accurate.

Under penalties and provisions of Title 18, United States
Cost, Chapter 47, Section 1001, the statements contained in this
request have been examined by me and to the best of my knowledge
and belief are true, correct and complete.

Owner/Agent

**APPENDIX 4
OWNER
SAMPLE FORMAT FOR REPORTING UNIT TURNOVER**

This form or any other format may be used for reporting the number of units in which turnover occurred **since the last HAP contract anniversary date**. This information need only be submitted for the unit types in which a rent increase is being requested under this Notice.

This information reflects the number of units in which turnover has occurred since __/__/ (HAP Anniversary Date)

Unit Type_____ Total Number of Units _____

_____Units have incurred turnover

_____Units did not incur turnover

Unit Type_____ Total Number of Units _____

_____Units have incurred turnover

_____Units did not incur turnover

Unit Type_____ Total Number of Units _____

_____Units have incurred turnover

_____Units did not incur turnover

Unit Type_____ Total Number of Units _____

_____Units have incurred turnover

_____Units did not incur turnover

Unit Type_____ Total Number of Units _____

_____Units have incurred turnover

_____Units did not incur turnover

Owner/Agent

APPENDIX 5
AAF RCS ADJUSTMENT WORKSHEET

_____ My Rent Comparability Study (RCS) is less than five years old.

- ◇ The date of my original RCS is _____.
- ◇ A updated RCS was completed on _____. (Attach a list with the names and titles of persons contacted for each comparable property).
- ◇ Based on the updated RCS, the *New Comparable Market Rent Potential* is_____.

I hereby certify that:

_____ The original RCS that was submitted on _____, has been updated and that the revised comparable market rent is as stated above; AND

_____ neither I, nor any of my affiliates, are suspended or debarred,

OR

_____ I, or my affiliates, are suspended or debarred and are requesting a contract renewal subject to HUD approval; AND

_____ this information is true and complete.

Project Name _____

Owner's Name _____

Owner's signature:_____ **Date:**_____

Warning: There are fines and imprisonment--\$250,000/5 years--for anyone who makes false, fictitious, or fraudulent statements or entries in any matter within the jurisdiction of the Federal government (18 USC 1001). In addition, any person who knowingly and materially violates any required disclosure of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.