OWNER'S CERTIFICATE OF CONTINUING 1602 PROGRAM COMPLIANCE

If "Change", state nature of the change on page 3.

 Development Bank of American Samoa C/O Spectrum Enterprises, Inc.
 545 Shore Road Cape Elizabeth, ME 04107

	No buildings have been Placed in Service
	At least one building has been placed in Service but owner
	elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and proceed to page 3 to sign and date this form. $\,$

Certification Dates:		From: January 1, 20	То:		ember 31, 20
Proj	ect Name:		Proj	ject No:	
Project Address:			City	:	Zip:
Tax ID # or S.S. # of Owner(s):					
The ι	undersigned				on behalf of
				(the "O	wner"), hereby certifies to the
Develo	ppment Bank of Am	nerican Samoa ("the Authority") th	at:		
l.	The project me	t the minimum requirements o	of the 40 - 60 test under S	Section 42(g)(1)(B) of the Code.
II.	There has been no change in the applicable fraction (as defined in Section 42(c)(1)(B)) of any building in the project, or that there was a change and description of the change; NO CHANGE CHANGE				
	If " Change " list the applicable fraction to be reported to the DBAS for <u>each building</u> in the project for the certification year on page 3.] in the project for the
III. The owner has received an annual income certification from each low-income tenant, and docume that certification. NO		it, and documentation to support			
IV.	Each low-incon	ne unit in the project has beer	rent-restricted under Se	ection 42(g)(2);	
V.	All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court; NO				
VI.	The buildings and low-income units in the project were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the State or local government unit responsible for making local health, safety, or building code inspections did not issue a violation report for any building or low-income unit in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Authority under paragraph (c)(1) of Section 1.42-5. In addition, the owner must state whether the violation has been corrected;				
VII.	was a change, the charged for a te	nange in the eligible basis (as the nature of the change (e.g., mant facility formerly provided O CHANGE	, a common area has bed		

VIII.			l) of any building in the project, such as ere provided on a comparable basis without
		INO	
IX.			reasonable attempts were or are being made to the total terms to tenants having a qualifying income.
X.	An extended low-income housing co	mmitment as described in Sec] NO	ction 42(h)(6) was in effect.
XI.	All low-income units in the project we	ere used on a nontransient bas] NO	sis.
XII.	<u> </u>	CHANGE	
	If "Change", complete page 3 detail	ing the changes in ownership	or management of the project.
XIII.		ood cause) from any low-inco	ue Ruling 2004-82, Prohibiting the eviction of a me unit (no-cause eviction protection) and any mitted under § 42.
addit unles The p Plan,	ion, any individual other than an overse permitted by the state agency. Project is otherwise in compliance with	vner or general partner of the the Code, including any Trea	ompliance with program requirements. In the project is not permitted to sign this form, sury Regulations, the applicable State Allocation ion and any attachments are made UNDER
By:			
_,.	(Signature)		(Ownership Entity)
	(Please Print Name)		(Owner Phone Number)
Title:			
Date:			
Signe	d sealed and delivered in the presence	of:	
		Notary:	
Witne	ss:	My commission expires:	
Date of	of Execution:	(NOTARY PUBLIC SEAL)	

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed **ONLY if "CHANGE"** marked for question 12 above)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE".

Question #	Explanation

	TRANSFER OF OWNERSHIP				
	Date of				
	Change:				
	Taxpayer ID				
	Number:				
	Legal Owner				
	Name:				
	General				
	Partnership:				
	•				
	Status of				
	Partnership				
	(LLC, etc):				
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	CHA	ANGES IN OWNER CONTACT			
	Date of				
	Change:				
	Owner				
	Contact:				
	Owner				
	Contact				
	Phone:				
	Owner				
	Contact Fax:				
	Owner				
	Contact Email:				
	CHANG	SES IN MANAGEMENT CONTACT			
	Date of				
	Change:				
	Management				
	Co. Name:				
	Management				
	Address:				
	Management				
	city, state, zip:				
	Management				
	Contact:				
	Management				
ļ	Contact				
	Phone:				
	Management				
ļ	Contact Fax:				
	Management				
	Contact Email:				