

**EXHIBIT D**

# ANNUAL PROJECT CERTIFICATION FORM

## City of Shoreline Affordable Housing

REPORTING PERIOD: \_\_\_\_\_ through \_\_\_\_\_.

Project: \_\_\_\_\_ # of Required Affordable Units \_\_\_\_\_

Address: \_\_\_\_\_

The undersigned hereby certifies that during the past 12 months the Affordable Units required in the Declaration of Affordable Housing Covenants were utilized in the following manner (please enter the number of each type utilized):

\_\_\_\_\_ Affordable Units in the Project were rented to new tenants (eligible households).

\_\_\_\_\_ Affordable Units in the Project were re-rented (leases renewed) to tenants whose income for remained qualified under the limit for initial occupancy.

\_\_\_\_\_ Affordable Units in the Project were re-rented to tenants who exceeded the qualifying income for initial occupancy but remained qualified under the income limit for recertification.

\_\_\_\_\_ Affordable Units in the Project were rented to tenants who, at time of recertification, exceeded the qualifying income and either moved to a market-rate unit in the Project or moved out of the Project.

\_\_\_\_\_ Affordable Units in the Project were rented to tenants who, at time of recertification, exceeded the qualifying income and remained in the unit, causing the affordability to be re-designated to a different unit in the Project.

The above information and that on the attached sheet(s) has been verified as required by the Declaration of Affordable Housing Covenants between the City of Shoreline and:

Owner (Company) Name: \_\_\_\_\_

\_\_\_\_\_  
Name of Owner or Owner's Representative (Print)                      Signature

Date: \_\_\_\_\_, 20\_\_\_\_



**EXHIBIT D**

PROJECT NAME \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_ through \_\_\_\_\_.

**Contract rent included the following (please answer “yes” or “no”):**

Electricity and gas?                      YES                      NO

Water and sewer?                      YES                      NO

Garbage and recycling?                      YES                      NO

**Other expenses tenants are required to pay in addition to contract rent:**

Renter’s insurance? \_\_\_\_\_

King County Sewer Capacity Charge? \_\_\_\_\_

Other (specify)? \_\_\_\_\_

Other (specify)? \_\_\_\_\_

**Please attach a copy of the property’s standard residential lease agreement.**



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PROJECT NAME \_\_\_\_\_

Complete the following table for all households occupying Affordable Units in the Project

REPORTING PERIOD: \_\_\_\_\_ through \_\_\_\_\_

Unit #	Tenant's Family Name	Household Size	Move-in Date	Current Lease Begin Date	Current Household Income	Unit Type (BRs)	Affordability Level	Contract Rent

Be sure to include all affordable units. Enter "vacant" under Tenant's Family Name for unoccupied units.

Please attach copies of the current Certificate of Household Eligibility for each Affordable Housing tenant.

