



Annual Recertification Waiver Form

The enactment of the Housing and Economic Recovery Act of 2008 (HERA) changed Recertification for 100% low-income properties (properties financed with Tax Credits where the owner contractually agreed to restrict the rents and incomes of all units at or below 60% AMI). Effective January 1, 2009, South Carolina State Housing Finance and Development Authority (SC Housing) allows Owners of 100% low-income properties to perform a complete initial certification, including all applicable third party verifications, for each household. In subsequent years following the anniversary date, the household must complete a self-certification as to income, assets, household composition and student status.

In order to comply with the requirements the information below must be forwarded to: South Carolina State Housing Finance and Development Authority, Attention: SC Housing Compliance Monitoring Department, 300-C Outlet Pointe Boulevard, Columbia, South Carolina 29210.

Please refer all questions to Tonya Holmes at (803)896-9328 or [compliance@schousing.com](mailto:compliance@schousing.com)

Project ID #:	
Date of Request:	
Property Name:	
Property Address, City, State, Zip:	
Property Telephone Number:	
Exemption Effective Date	
Submitted by:	
Telephone Contact Number:	
Owner Entity Per Covenant:	
Owner Entity Signature	

I/We hereby certify that:

- The property's building(s) is (are) 100% low-income use.
- Twelve (12) months have passed since the end of the calendar year in which the building in the project was placed in service.
- The first on-site physical unit inspection and file review have been completed in a satisfactory manner.
- The project does not have any outstanding issues of continuing non-compliance as evidenced by Form(s) 8823 on file with the IRS.
- In Compliance (i.e. no outstanding noncompliance issues, monitoring fee, submissions of AOCs, or submissions of resident data through the Emphasys Certification Portal).
- The property does not have any financing associated with it which requires annual tenant income recertifications with supporting third-party verifications.

<b>SCSHFDA Use Only</b>		Date of Review:	
		Name of Reviewer:	
<b>Approved</b>	<b>Denied</b>	Title:	
		Signature:	