OWNER CERTIFICATION - MARKETING COMPLIANCE

Attachment C

(HOME, NSP, TCAP)

Project Name:	Project E-mail:
Previous Project Name(s)	Owner E-mail
Project Address:	Project Phone #:
	Project Fax #:
Pursuant to the in house file audit recently completed or form with the audit response:	n the above listed property please self certify to the following and return this
Signage with the Equal Housing Opportunity is or	n the property sign.
TDD number is listed on the property sign.	
The Equal Housing Opportunity logo poster is vis	ible in the front office.
A master list of applicants is maintained in a bour	nd ledger.
	nitial move-in file and each recertification file completed to date this ed and turned in the Annual Owner Certification for the upcoming year.
A service animal addendum is in place and comp	leted at move in and recertification for each unit.
	s who live in a unit designated to meet the DCA accessibility set aside and The form acknowledges that the tenant is aware of possible relocation to a
Affirmative Fair Housing Marketing Plan has beer	n reviewed and updated as required. Effective Date of Plan:
This certification must be signed by the Owner or General	ral Partner
Printed Name:	-
Signature:(Owner)	
Date:	

WARNING:

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

The Georgia Department of Community Affairs is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless to race, color, national origin, religion, age, sex, familial status, marital status or disability.