

OWNER CERTIFICATION - SUPPORTIVE SERVICES
Attachment D

Property Name & GA ID # _____

Previous Project Name _____

Address including city, state & zip code: _____

Pursuant to the in house file audit recently completed on the above listed property please self certify to the following and return this form with the Pre-Audit Request: Please be informed that at any time DCA can request owner provide detail documentation or perform a resident survey questionnaire.

List Supportive Service/s as outlined in the Land Use Restrictive Covenant or Land Use Restriction Agreement. If property's GA ID # is prior to 1999 then list services as outlined in the Application or QAP.

____ Supportive Service/s listed above are implemented and ongoing as of this compliance review.
(Initial)

____ The following services have been discontinued because of lack of participation by residents.
(Initial)

Supportive Services Summary: _____

Summary Overview comments to consider:

1. How often are activities held; weekly, monthly, quarterly?
2. Average attendance at events
3. List outside service providers where there is an executed contract to perform services, if applicable
4. If any service has been discontinued please provide replacement service. Was DCA approval requested, if yes attach letter?

This certification must be signed by the Owner or General Partner

Printed Name: _____

Signature: _____
(Owner) (Date)

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

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