

CHFA BUILD FOR CT PROGRAM OWNERS ANNUAL CERTIFICATION

Property Name:	Town:	
Contact Name:	Date:	

Unit	Number	Move-in date	Recertification	Number of	Annual Family	AMI	Income	Rent	Rent	Program
Number	of		Date (if	Persons in	Income	Band	Limit		Limit	Eligible?
	Bedrooms		applicable)	Household						Y/N

Certification: I hereby certify that the above schedule is true and correct to the b	est of my knowledge.
Schedule of Initial Rent & Income Schedule and current Build for CT Rent and Income AMI Band.	ome Calculator attached, indicating applicable Unit Size
If applicable - The property is in compliance with all affordability restrictions requ General Statute 8-30g? Yes No	ired by the town/city (i.e., Inclusionary zoning) or Connecticut
If No, please explain	
Signature:	 Date: