

**South Carolina State Housing Finance and Development Authority
Multifamily Tax Exempt Bond Financing Program
Non-Qualified Tenant Certification**

Complex Name _____

Address _____

Apt. Number(s) _____

Name(s) of Non-Qualified Tenant(s) _____

In compliance with provisions of the Agreement As To Restrictive Covenants related to "Rental to Non-Qualified (Type C) residents," we certify as follows:

1. During the past thirty (30) days no Qualified Resident has applied to lease said apartment.
2. There are no Qualified Residents on the Waiting List. We have continued reasonable marketing efforts including media advertisement to secure Qualified Residents to lease this apartment. We will continue this effort.
3. The terms of the Lease to this Non-Qualified (Type C) Resident is for _____ months, which is the minimum term now being offered to other Residents. The named Non-Qualified Resident has agreed, and the lease so provides, to vacate the unit at the conclusion of said term if there are Qualified Residents who have applied to rent or lease a unit in the complex.
4. Records to verify the preceding declaration are on file at the complex office.
5. We have met our minimum set-aside requirements for our property.

Certified This _____ Day of _____ 20____

Owner/Agent _____

Signature _____

Title _____