



**DEPARTMENT OF HOUSING
CONSTRUCTION AND COMPLIANCE
LONG-TERM MONITORING DIVISION**



**ANNUAL OWNER’S CERTIFICATION
(AOC) SUBMISSION CHECKLIST
FOR ARO-ONLY PROJECTS**

(Must be completed by manager and/or owner)

**FOR PROJECTS SUBJECT TO AFFORDABLE REQUIREMENTS ORDINANCE (ARO)
UNDER THE MUNICIPAL CODE OF CHICAGO**

2025 AOC SUBMISSION CHECKLIST

Coverage of Compliance Period: **1/1/2024 – 12/31/2024**

DOH PROJECT NAME:	
PROJECT ADDRESS:	
OWNER/MANAGER NAME:	
PHONE NUMBER:	
EMAIL ADDRESS:	

This Annual Owner’s Certification for Projects subject to the Affordable Requirements Ordinance (“**Compliance Certificate**”) must be completed in its entirety and must be executed by the Owner, notarized, and returned to the Department of Housing (“**Department**”) by **July 3, 2025**. **The report period is calendar year, January 1, 2024, through December 31, 2024.** No changes may be made to the language contained herein without the prior approval of the City. Except as otherwise specifically indicated, capitalized terms contained herein shall have the same meanings given to such terms in the Agreement.

All forms, including updates to this Compliance Certificate, department contacts, income limits, maximum allowable rents, and guidance for calculating household income are available on the Department’s website, or by contacting the Department directly at 312-744-1432 and requesting to speak with someone regarding ARO Compliance.

A. OWNER INFORMATION

Has any change occurred, either directly or indirectly, (a) in the identity of the Owner, (b) in the identity of any shareholder, partner, member, trustee or other entity holding an ownership interest in the Owner, or (c) which would otherwise cause a change in the identity of the individuals who possess the power to direct the management and policies of the Owner since the date of the Agreement or the most recent Annual Owner's Certification?

Yes ____ No ____

If yes, provide all the appropriate documents.

1. Have the Owner's organizational documents been amended or otherwise modified since they were submitted to the city?

Yes, ____ No ____

If yes, provide all amendments and modifications to the Owner's organizational documents.

B. AFFORDABLE UNITS AND NEW TENANT INFORMATION

1. Please check the applicable boxes for the utilities the tenant is responsible for establishing an account and making payments directly to the utility provider, i.e., Peoples Gas or ComEd.

- 1. ____ cooking gas and other electric
- 2. ____ electric heat, cooking gas and other electric
- 3. ____ gas heat, cooking gas and other electric
- 4. ____ electric cooking and other electric (not heat)
- 5. ____ electric heat, electric cooking and other electric
- 6. ____ other electric only
- 7. ____ no utilities – landlord pays all utilities

2. For existing tenants please list the tenant information in the format below. **Attach copies of the first and last pages of the lease that verifies the unit #, rent charged, tenant name and date of lease for each of the affordable units for this project.** (if more space is needed, please attach an additional sheet)

	Tenant(s) Name	Unit #	# of bedrooms	Unit AMI%	Monthly Rent	Non-Opt. Charges	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

C. INDEMNIFICATION

The Owner hereby agrees to fully and unconditionally indemnify, defend and hold harmless the City from and against any judgments, losses, liabilities, damages (including consequential damages), costs and expenses of whatsoever kind or nature, including, without limitation, attorneys' fees, expert witness fees, and any other professional fees and litigation expenses or other obligations, incurred by the City that may arise in any manner out of or in connection with actions or omissions which result from the Owner's responses or documents provided pursuant to the terms of this Compliance Certificate and the Agreement, including breaches of the representations and warranties herein and therein contained.

IN WITNESS WHEREOF, the Owner has executed this Annual Owner's Certification on this ____ day of _____, _____.

Owner: _____
By: _____
Its: _____

Subscribed and sworn to before me this
____ day of _____, _____.

Notary Public (SEAL)

Department of Housing

Project Contact Information - current as of: _____ (insert date)

HOME #: _____ **TAX CREDIT #:** _____ **NSP #:** _____ **ARO #:** _____ (include whichever is applicable)

To ensure that the Department of Housing has accurate contact information, please complete the following:

DOH Project Name: _____

Project Address(es): _____

Property Owner/Owner of Record: _____

Please check one: **President** / **CEO** / **Director** / **Other Title:** _____ (write-in)

Mailing Address: _____

Company Name

Street Address

City, State & Zip

Phone #: _____ **Fax #:** _____

E-Mail Address: _____

cc: Secondary Contact

Property Manager or Owner's Representative Name: _____

Street Address: _____

City, State & Zip: _____

Phone #: _____ **Fax #:** _____

E-Mail Address: _____

cc: Additional Contact

Name & Title: _____

Mailing Address: _____

Number, Street, City, State & Zip

Phone #: _____ **Fax #:** _____

E-Mail Address: _____

(NOTE: Only the first two contacts will be *automatically* contacted for all official correspondence including AOC submissions, AOC corrections, on-site Records Reviews and/or Physical Inspections.)