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| **HOME** – **Annual Monitoring Report** Questionnaire | **MULTI-FAMILY RENTAL** **HOUSING PROJECT**  **(Projects with 5 or more total units)** | |
| **State Recipient -** City County  Town  of | **Total # units:** | **# HOME assisted units:** |
| **HOME Contract Number:**     **- HOME -** | **Project Name:** | |
| **Project Address:** | **Identify Type of Housing (check all that apply):**  **acquisition**  **rehabilitation**  **new construction**  **manufactured**  **mobile home**  **farm worker**  **SRO**  **transitional**  **group home**  **other:** | |
| **Identify the State Recipient “Long-Term Monitor":**  **Unit & Property Inspections** -  City/County/Town Employee *OR:*  Third-Party Contractor  **On-Site Tenant File Review** -  City/County/Town Employee *OR:*  Third-Party Contractor  **Desk Review** -  City/County/Town Employee *OR:*  Third-Party Contractor | | |

**Affordable Housing Programs - please check all that apply to this project:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **California State Housing Programs** | | | | | | | | | | |
| HCD: MHP | | | CalHFA | | | CDLAC | | | CTCAC | |
| HCD: RHCP | | | HCD: | | | Other: | | | Other: | |
| **Federal Housing Programs** | | | | | | | | | | |
| HUD 202 PRAC-Seniors | | HUD 236 RAP | | | HUD 811PRAC-Disabled | | | S8 Moderate Rehab | | |
| Shelter Plus Care | | HUD-Section 8 project based assistance | | | | | | Special S8 Voucher Program | | |
| Public Housing | | Transitional Housing | | | | FHLB-AHP / SHP | | Other: | | |
| **USDA / Rural Housing Services** | | | | | | | | | | |
| USDA-515  Rural rental housing loan | USDA-514  Farm labor loan | | | USDA-516  Farm labor grant | | | USDA-521  Rural rental assistance | | | Other: |

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| --- | --- | --- | --- |
| Property Management | **Yes** | **No** | **NOTES** |
| 1. Who is the “managing entity” for this property?  Housing Authority  Property Management Company  Owner  On-Site Manager: unit #  Other: |  |  |  |
| 2. What is the full name of the above entity?  Name: |  |  |  |
| 3. Who is the Housing Authority or Management Company *contact*  *person*?    Name:  E-mail: |  |  | Not applicable |
| 4. Was the management entity newly hired within the last 12  months?  **If Yes,** please describe why: |  |  | Not applicable:  *owner is manager* |
|  |  |
| 5. Has the owner and management agent entered into a property  Management Agreement? |  |  | Not applicable:  *owner is manager* |
| 6. Has the Agreement been extended or revised in any way within  the last 12 months?  **If Yes**, did the State Recipient request a copy for review? |  |  | Not applicable:  *owner is manager* |

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| Annual Project Compliance Report (PCR) | **Yes** | **No** | **NOTES** |
| 1. Within the last twelve months, did the owner / manager submit a  Project Compliance Report to the “*State Recipient Long-Term*  *Monitor*?” |  |  |  |
| **Annual Project Compliance Report (PCR)** | **Yes** | **No** | **NOTES** |
| 2. **If Yes**, was it submitted to the State Recipient by the requested  due date? |  |  | Not applicable*: new project in first year of lease-up* |
| 3. **If No**, why wasn’t the Report submitted? |  |  |  |
| 4. Did the “*State Recipient* *Long-Term Monitor*” check the Annual  PCR for errors and non-compliance issues?  **If No**, why not? |  |  |  |
|  |  |
| 5. Were any Compliance Report errors discussed with the owner /  property manager?  **If Yes,** please describe: |  |  | Not applicable:  *no Compliance Report errors* |
|  |  |
| 6. Did the “*State Recipient Long-Term Monitor*” provide any income eligibility or HOME Program *Technical Assistance* during the last twelve months?  **If Yes,** please identify:  resident manager  property management agent  owner  **Training / Technical Assistance subject(s):**  a.  b.  c. |  |  |  |
|  |  |
| 7. Did the “*State Recipient* *Long-Term Monitor*” sign and date the  Report to signify the owner’s compliance with HOME requirements  and the State Recipient’s approval of the Report?  **If No,** please explain: |  |  |  |
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| Owner / Agent Reports | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months did the owner / property manager  provide the “*State Recipient Long-Term Monitor*” with a copy of  the project’s:  a. rent roll?  b. annual rent and tenant income report?  c. current property & liability insurance certificates?  d. maintenance / capital improvement schedule?  e. proposed operating budget?  f. annual audit / financial statements?  g. Management Agreement (if revised)?  h. Management Plan (if revised)? |  |  | Not applicable: *no revision*  g.  h. |
| a.b.  c.  d.  e.  f.  g.  h. | a.  b.  c.  d.  e.  f.  g.  h. |
| 2. What other reports did the owner / property manager submit to the  “*State Recipient Long-Term Monitor*” within the last twelve  months?   1. utility allowance schedule(s) 2. Annual Affirmative Marketing Analysis Report   c. copy of management company monthly report to owner  d. vacancy, occupancy, unit turnover report  e. Other: | a.b.  c.  d. | a.b.  c.  d. | Not applicable  a. owner pays all utilities  c.  no mgmt company  d.  no mgmt company |
| **Owner / Agent Reports** | **Yes** | **No** | **NOTES** |
| 3. **If no reports were submitted,** how is the *“State Recipient Long-*  *Term Monitor*” ensuring that the project is in compliance with  HOME Program Regulations? |  |  | Not applicable: reports submitted |

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| Project Requirements | **Yes** | **No** | **NOTES** |
| 1. Does the owner / property manager have tenant selection  procedures that are non-discriminatory? |  |  |  |
| 2. Does the owner / property manager provide adequate  information to potential renters about program rules and  expectations? |  |  | *i.e., HOME high & low rents, utility allowance, HUD’s prohibited lease terms, over-income tenants, unit inspection & recertification requirements, etc….* |
| 3. When HOME units are designated as “floating”, does the owner /  property manager ensure that HOME-assisted and unassisted  rental units are comparable in terms of amenities and size? |  |  | Not applicable:  *HOME units “fixed” not “floating”* |

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| **Financial Management** | **Yes** | **No** | **NOTES** |
| **Replacement Reserve**   1. Enter account balance : $ \_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Current year annual deposit amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Was this in accordance with RA? 4. Were there any withdrawals this year? 5. Were withdrawals approved by SR?   If no balance or deposit are provided for reserve, please explain. |  |  |  |
| **Operating Reserve**   1. Enter account balance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Were there any withdrawals this year? 3. Were deposits made to restore the operating reserve balance to the budgeted amount?   If not, please explain. |  |  |  |
| **Other Reserves**   1. Are there other reserves? 2. List other reserves: 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Enter account balance for each: 1. $ \_\_\_\_\_\_\_\_\_\_\_\_\_   2. $ \_\_\_\_\_\_\_\_\_\_\_\_\_  3. $ \_\_\_\_\_\_\_\_\_\_\_\_\_   1. If withdrawals were made this year, did you approve them prior to the withdrawal? |  |  |  |
| What is the date of the most recent **Physical Needs Assessment (PNA)** – sometimes also known as a **Capital Needs Assessment (CAN)**.  Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |

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| **Financial Management** | **Yes** | **No** | **NOTES** |
| Was there a new Replacement Reserve deposit amount determined during this PNA?  What is the current deposit amount? $ \_\_\_\_\_\_\_\_\_\_\_\_  What is the owner’s assessment of the financial health of the project?  Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_  What is your (city/county) assessment of the financial health of the project?  Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_  What is the project’s cash flow available for distribution  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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| **Occupancy Standards** | **Yes** | **No** | **NOTES** |
| 1. Was this project awarded funds prior to 9/29/03? |  |  | *Projects funded prior to 9/29/03 may use the S8 standard of two per sleeping area or the informal standard of 2+1* |
| 2. Was this project awarded funds after 9/29/03? |  |  | *Funds awarded after 9/29/03 must conform to State UMRs, Section 8305* |
| 3. Does the owner’s Tenant Selection Plan (TSP) contain the  project’s occupancy standards?  **If Yes**, in the table below, *enter the minimum & maximum number of people for each bedroom size unit in the project:* |  |  |  |
|  |  |

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| --- | --- | --- |
| Unit Size | Minimum | Maximum  **initial lease up & at recertification if a change in family size**  Occupancy standards serve to prevent the over- or under utilization of units that can result in an inefficient use of housing assistance. Occupancy standards also ensure that tenants are treated fairly and consistently and receive adequate housing space. *Occupancy standards must be included in the owner’s Tenant Selection Plan*. |
| SRO |  |  |
| 0-bedroom |  |  |
| 1-bedroom |  |  |
| 2-bedroom |  |  |
| 3-bedroom |  |  |
| 4-bedroom |  |  |
| 5-bedroom |  |  |
| 6-bedroom |  |  |

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| --- | --- | --- | --- |
| 4. **If No,** (the TSP doesn’t contain *minimum & maximum* occupancy  standards), explain why: |  |  |  |
| 5. During the last twelve months, has the owner / manager granted  an exception to the occupancy standards? |  |  |  |
| 6. **If Yes,** an exception was granted, were the special circumstances  well documented in the tenant’s file? |  |  | Not applicable: none granted |
| 7. Did the “State Recipient Long-Term Monitor” review the *Annual*  *Project Compliance Report* for Occupancy Standards compliance? |  |  |  |

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| Evictions | **Yes** | **No** | **NOTES** |
| 1. How many tenant households were evicted during the last twelve  months? **Enter the # households:** |  |  |  |
| 2. What were the reasons for tenant eviction?  serious or repeated lease violation  violation of applicable Federal, State, or local law  transitional housing tenancy completed  for other good cause:  Other: |  |  | *24 CFR 92.253*  Not applicable: *no HOME tenant served termination/eviction notice* |
| 3. Was each tenant served a written notice with the termination or  refusal to renew tenancy grounds specified? |  |  | Not applicable: *no HOME tenant served termination/eviction notice* |
|  |  |  |  |
| Vacancy | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months, did the “*State Recipient Long-Term*  *Monitor*” examine the project for vacancy issues?  **If No**, why not? |  |  |  |
|  |  |
| 2. At the time of the State Recipient’s most recent site visit, was the  vacancy rate for this property greater than 5%? |  |  | Date of site visit:  Vacancy rate: **%** |
| 3. Per the property’s current rent roll, is the vacancy rate greater  than 5%? |  |  | Date of rent roll:  Vacancy rate: **%** |
| 4. Based on the interview with the owner, agent, or the on-site  staff, what factors contributed to a vacancy problem?  *(check all that apply)*  security problems  non-competitive amenities  inadequate or slow marketing  reputation of development  location of development  poor maintenance  poor curb appeal  rents too high  some bedroom sizes hard to rent  Other: |  |  | Not applicable:  *no high vacancy issues* |
| 5. Has the “*State Recipient Long-Term Monitor*” required the owner /  manager to take specific actions for resolution of any vacancy  issues?  **If Yes**, please describe: |  |  | Not applicable:  *no high vacancy issues* |
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| **Unit Turnover** | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months, did the “*State Recipient Long-Term*  *Monitor*” examine the project for unit turnover issues?  **If No**, why not? |  |  | *Slow unit turnover results in a loss of income for the property.* |
|  |  |
| 2. Are vacant units rented within 14 days of vacancy?  **If No**, why not? |  |  |  |
|  |  |
| 3. Based on the interview with the owner, agent, or the on-site  staff, what factors contributed to a unit turnover problem?  *(check all that apply)*  maintenance staffing issues  vendor issues (cleaning, safety, flooring, etc.)  little or no follow up on maintenance work orders  not enough cash reserves for cleaning, repairs, painting  inadequate or slow marketing  slow processing of application, income verifications, etc.  Other: |  |  | Not applicable:  *no slow turnover issues* |
| 4. Has the “*State Recipient Long-Term Monitor*” required the owner /  manager to take specific actions for resolution of unit turnover  issues?  **If Yes**, please describe: |  |  | Not applicable:  *no slow turnover issues* |

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| Project Monitoring | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months, was an on-site visit conducted by the  “*State Recipient Long-Term Monitor*?”  **If Yes, enter data for most recent visit:**  a. date of site visit:  b. number of Findings:  c. number of Concerns:  d. date Summary letter sent:  e. date *Clearance letter* sent:   Not applicable; *no F/C* |  |  |  |
|  |  |
| 2. **If No**, why not?   1. project 5-25 units: desk review only required this report period 2. site visit scheduled late by State Recipient monitor   c. Other: | a.  b. | a.  b. | Not applicable  a.  b. |
| 3. Please identify the third-party Contractor hired for monitoring of  HOME-assisted units:  Name:  Address:  City:  Zip:  Email address: |  |  | Not applicable: *no third party hired* |
| 4. Identify third-party contractor tasks:  sent notification of site-visit letter  conducted entrance interview  tenant file review  unit and property inspections  conducted exit interview  prepared monitoring summary letter  prepared monitoring clearance letter (if Findings/Concerns)  Other: |  |  | Not applicable: *no third party hired* |
| 5. Please identify the State Recipient’s monitoring staff person or  contact person:  Name:  Email address:  Name:  Email address: |  |  |  |
| 6. Did the “*State Recipient Long-Term Monitor*” or “*third-party*  *contractor*” verify that all HOME-assisted households:  a. were given adequate written notice by the owner or manager  of a possible unit inspection?  b. had a copy of the notice in the tenant file? | a.  b. | a.  b. | Not applicable  a.  b. |

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| Property Standards | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months, which inspection form did the “*State*  *Recipient Long-Term Monitor” use*?  State Recipient form  property management company form  HUD 52580-A form  REAC-Uniform Physical Condition Standards form  HOME Program form  Other: |  |  |  |
| 2. Did the “*State Recipient Long-Term Monitor*” complete a form  for each unit inspected? |  |  |  |
| 3. After a unit and property inspection by the “*State Recipient*  *Long-Term Monitor,*” does the owner / property manager  complete repairs within the prescribed timeline? |  |  | Not applicable: *no Findings or Concerns noted during last site inspection* |
| Property Standards | **Yes** | **No** | **NOTES** |
| 4. In the last twelve months, did the *owner or property manager*  conduct an inspection of:  a. each unit at this property?  b. all common/public areas?  c. all building exteriors?  d. all of the grounds?  **If No**, why not? | a.  b.  c.  d. | a.  b.  c.  d. |  |
|  |  |
| 5. Has the property been cited for any violation of health and  safety code within the past twelve months?  **If Yes,** describe citations and how they were addressed: |  |  |  |
|  |  |
| 6. Are maintenance requests and repairs documented and  processed per the owner’s policies and procedures specified in  the Management Plan?  **If No**, why not? |  |  |  |
| 7. Did the “*State Recipient* *Long-Term Monitor*” complete and attach  the “**Physical Condition Report**” to this questionnaire? |  |  |  |

**HOME Rent Limits for Special Types of HOME Units:** *For certain types of properties (where more than one funding source is invested in the property) or for certain types of special projects, the HOME Rent Limits may vary from the general guidance provided in the Contract Management Manual.*

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| Rents and Utility Allowance | **Yes** | **No** | **NOTES** |
| 1. On page 1, did you identify this affordable housing project as:  a. *tax credit (CTCAC)?*  b. *project- based rental assistance (PBRA)?*  c. *project rental assistance contract (PRAC)?*  *d. farm worker housing?*  *e. SRO housing?* | a.  b.  c.  d.  e. | a.  b.  c.  d.  e. |  |
| 2. During the last twelve months, did the owner / property manager:  a. determine the maximum allowable rent for each of the  funding programs?  b. use the lowest rent figure?  c. remain in compliance with all funding programs? | a.  b.  c. | a.  b.  c. | Not applicable:  *HOME is the only funding source*  Not applicable:  *Project receives PBRA* |
| 3. Did the “State Recipient Long-Term Monitor” or third-party  contractor verify that the correct HOME rent limit(s) were entered  in the Annual Project Compliance Report? |  |  |  |
| 4. In the last twelve months, who provided a utility allowance  schedule to the owner / property manager for rent calculations?  *(check all that apply & enter allowance effective date)*  local housing authority – effective date:  HUD (i.e., 202, 811 projects) – effective date:  USDA – effective date:  HCD-RHCP – effective date:  Other: – effective date: |  |  | Not applicable: *utility allowance is zero since owner pays all utilities* |
| 5. Did the “*State Recipient Long-Term Monitor,*” verify that the  correct utility allowance amounts were entered in “Column G” of  the Annual Project Compliance Report? |  |  | *$0 entered because owner pays all utilities* |
| 6. In the last twelve months, did the *owner / property* *manager* use  the correct utility allowance amount(s) to calculate maximum rent  levels? |  |  | Not applicable: *utility allowance is zero since owner pays all utilities* |
| Income Eligibility | **Yes** | **No** | **NOTES** |
| 1. In the last twelve months, did the owner / property manager use  the correct HOME Income limits? |  |  |  |
| 2. Did the owner / property manager use the “Part 5 definition” of  annual income for initial and on-going eligibility for all HOME-  assisted units?  **If No,** why not? |  |  | *24 CFR Part 5 (formerly known as the Section 8 Program definition)* |
|  |  |
| 3. In the last twelve months, did the owner / property manager  recertify income eligibility for each HOME-assisted household  on time? |  |  | Not applicable: *new project in first year of lease-up* |
| 4. *Regarding each sampled tenant file:*  did the owner / property  manager collect all necessary verifications and adequately  document income eligibility? |  |  |  |
| 5. *Regarding each sampled tenant file:* was the income certification  signed and dated by the appropriate parties? |  |  |  |

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| Occupancy Eligibility – 5 or more HOME Units | **Yes** | **No** | **NOTES** |
| 1. On the date that the Annual Project Compliance Report was  prepared, were at least 20% of the HOME units occupied by  “Very Low” income households paying rents not exceeding the  allowable “Low” HOME rent limit? |  |  | **Enter:**  *# of HOME units*  *#at 50% VLI / Low HOME Rent*  *% (enter percentage)* |
| 2. Did the “*State Recipient Long-Term Monitor*” or “*Third Party*  *Contractor*” sign the applicable “Certification of Compliance” on  page 1 of the Annual Project Compliance Report? |  |  |  |

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| Tenant Leases | **Yes** | **No** | **NOTES** |
| 1. Was there a copy of the lease in each sampled tenant file? |  |  |  |
| 2. Was each sampled lease properly executed? |  |  |  |
| 3. In each sampled tenant file, was the lease free of the HUD  prohibited provisions contained in 24 CFR 92.253 (b)? |  |  |  |
| 4. Was the initial lease term in compliance with the HOME Final  Rule?  *What was the length of the lease term?*  6 months by mutual agreement  12 months |  |  | *92.253(a) The lease between a tenant and an owner of rental housing assisted with HOME funds must be for not less than one year,* ***unless by mutual agreement between the tenant and the owner.*** |
|  |  |
| 5. Does the tenancy of HOME-assisted household’s become month-  to-month after the initial lease? |  |  |  |
| 6. Does the project lease (or attached lease addendum) contain the  following provisions?  a. HH must allow inspections at least annually  b. HH requirement for annual income certification  c. deliberately providing false information can result in termination  d. HOME rent limit restrictions  e. rent increase frequency and notification  f. minimum 30 day notice of rent increase – 24 CFR 92.252 (f) (3)  g. eviction for violation of lease, law, or good cause –  24 CFR 92.253 ( c)  h. lead based paint statement | **Yes**  a.  b.  c.  d.  e.  f.  g.  h. | **No**  a.  b.  c.  d.  e.  f.  g.  h. | h.  Not applicable: *property built after 1978* |

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| Fair Housing | **Yes** | **No** | **NOTES** |
| 1. Did the “*State Recipient Long-Term Monitor”*“ verify that a Fair  Housing Poster was prominently displayed at the:    project’s rental / manager’s office?  or wherever applications are available? |  |  | *24 CFR 110.15*  Not applicable: *no on-site office* |
| 2. Does the owner / manager display the logo in all:  a. printed advertising  b. electronic advertising  c. brochures  d. notices / posters  e. forms distributed to the public (i.e., applications)  f. Tenant Selection Plan (TSP) | a.  b.  c.  d.  e.  f. | a.  b.  c.  d.  e.  f. | Not Applicable:  b.  no electronic advertising  c.  no brochures produced |
| 3. Is a copy of the project’s Tenant Selection Plan posted in the office, attached to application, or available to prospective tenants upon request? |  |  | Not applicable: *no on-site office*  TSP attached to application  TSP posted in rental/mgr’s office |
| 4. Have any formal written Fair Housing complaints been filed with  HUD or DFEH against the owner, manager, or  management company?  **If Yes**, what was the reason for the discrimination complaint?  race  color  religion  sex  national origin  disability  familial status (families with children under 18) |  |  |  |
|  |  |

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| **Affirmative Marketing** | **Yes** | **No** | **NOTES** |
| 1. Does the owner / agent have an approved Affirmative Fair  Housing Marketing Plan (AFHMP) on-site? |  |  | Not applicable: *no on-site office* |
| 2. Has the owner / agent *reviewed* the AFHMP within the last five  years to ensure that the information is current and applicable? |  |  | Not applicable: *new project within last three years* |
| 3. What is the date of the last AFHMP update?  Date: |  |  |  |
| 4. In the last twelve months, did the owner / agent collect data  using form HUD-27061-H?  **If No,** why not? |  |  |  |
|  |  |
| 5. In the last twelve months, has the owner / agent maintained files  which contain up-to-date records of the race, ethnicity, gender,  disability and age on the following:    a. applicants?  b. project residents?  c. rejected applicants? |  |  | *As required by the federal HOME regulations, information must be collected not only at the time of initial occupancy, but as an ongoing affirmative marketing activity.*  *Sources: applications, form HUD-27061-H for each household member* |
| a.  b.  c. | a.  b.  c. |
| 6. In the last twelve months, did the owner / agent prepare and  submit an “Annual Affirmative Marketing Analysis Report” to the  “*State Recipient Long-Term Monitor*? “  **If No,** why not? |  |  |  |
|  |  |
| 7. Did the “*State Recipient Long-Term Monitor*” evaluate the  “Annual Affirmative Marketing Analysis Report” for compliance  with HOME requirements?  **If No,** why not? |  |  |  |
|  |  |
| 8. Has the “*State Recipient Long-Term Monitor*” required the  owner / agent to take specific actions for resolution of any  Affirmative Marketing non-compliance issues?  **If Yes**, please describe: |  |  | Not applicable: no non-compliance issues |
|  |  |
| **Section 504 Accessibility** | **Yes** | **No** | **NOTES** |
| 1. Does the Tenant Selection Plan contain the owner’s policy for  assigning accessible units?  **If No,** why not? |  |  |  |
|  |  |
| 2. Does the owner / manager assign available units in the  following order:   * current tenant with disability * next qualified applicant on wait list needing an accessible unit * a non-disabled applicant on the wait list     **If No,** why not? |  |  |  |
|  |  |
| 3. Does the project’s lease contain a special provision stating  that if a family requires the accessible features of the unit, the  non-disabled tenant may be required to move to a comparable  non-accessible unit? *Note: provision not required* |  |  | provision not included in lease |
| 4. Does this rental project contain units with “adaptable” features?  **If Yes,** does each adaptable unit contain a UFAS list of  “Consumer Information” for Adaptable units (4.34.4)? |  |  | *To ensure that occupants know the existence of adaptable features, UFAS requires that consumer information be provided in each adaptable dwelling unit available for occupancy.* |
|  |  |
| 5. Have the project employees received accessibility compliance  training within the last twelve months? |  |  |  |
| 6. What is the date of the last training received?  a. Section 504 accessibility:  b. Fair Housing Act accessibility: |  |  |  |
| 7. Does the owner / manager display the accessibility logo as  required?  **If No,** why not? |  |  | *(i.e., posters, advertising, notices, forms, brochures, and signs)* |
|  |  |
| 8. Identify the Unit Numbers for Section 504 ***accessible and***  ***adaptable*** units:   |  |  | | --- | --- | | Mobility Units (greater of 5% or 1 unit) | **;      ;      ;      ;      ;**  **;      ;      ;      ;      ;** | | Sensory Units (an additional 2%) | **;      ;      ;      ;      ;** | |  |  | **Check the type of rental housing development:**  New Construction 5+ units *(minimum requirement is 5% & 2%)*  Substantial Rehab 15+ units *(minimum requirement is 5% & 2%)*  Other Alterations – non substantial rehab project of any size *(minimum requirement is 5% only)* |
| 9. Within the last twelve months has the owner / manager received  written request for a reasonable:  a. accommodation  b. modification  **If Yes, please describe:** |  |  |  |
| a.  b. | a.  b. |

|  |  |  |  |
| --- | --- | --- | --- |
| Partnership and Ownership | **Yes** | **No** | **NOTES** |
| 1. Is the Borrower a partnership? |  |  |  |
| 2. If “Yes”, in the last twelve months has the partnership changed?  Enter date of change:  Enter reason for change: Enternew partner information: General Partner  Limited Partner  Name:  Address:  E-mail address: |  |  | Not applicable: *no partnership* |
|  |  |
| 3. Did the State Recipient provide a copy of the new Partnership  Agreement to HOME? |  |  | Not applicable: *no partnership* |
| **Partnership and Ownership** | **Yes** | **No** | **NOTES** |
| 4. In the last twelve months, was the property sold or transferred?  **If Yes**, date of change:  reason for change: **If Yes,** who is the new owner(s)? Name:  Address:  E-mail address: |  |  |  |
|  |  |
| 5. If property ownership changed, did the State Recipient:  a. enforce the affordability of the HOME-assisted rental unit(s)?  b. educate the new owner about HOME program requirements?  c. provide a copy of all new or amended Agreements to HOME? |  |  | Not applicable:  *no ownership change* |
| a.  b.  c. | a.  b.  c. |
| 6. Identify the legal document entered by the State Recipient  and the property owner(s) of this project:  HOME Regulatory Agreement  HOME Rent Limitation Agreement  Other: |  |  |  |
| 7. Is the above referenced Agreement recorded in the County  that the property is located? |  |  |  |

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| --- | --- | --- | --- |
| Lead-Based Paint | **Yes** | **No** | **NOTES** |
| 1. Is the year of construction for the HOME-assisted units prior  to 1978?  Project Completion Date:  Project Rehab Date: |  |  |  |
|  |  |
| 2. **If yes to question 1:** do any major exemptions to HUD’s lead-  based paint requirements apply to this property?  **If Yes, identify:**  Rehabilitation that did not disturb a painted surface  Single Room Occupancy (SRO) units (or other zero-bedroom  dwelling units)  Elderly and disabled housing (where no child less than six  years old resides or is expected to reside)  Housing found by certified inspection to be free of LBP  Housing in which all LBP has been properly identified and  removed |  |  |  |
|  |  |
| 3. **If yes to question 1:** did each sampled tenant file contain:   1. lead based paint disclosure? 2. verification tenant received copy of pamphlet “Protect Your Family from Lead in Your Home” ?   **If Not,** why? | a.  b. | a.  b. | Not applicable: *rental project completed after 1978* |
|  |  |
| 4. **If yes to question 1**: is the property in compliance with all lead-  based paint requirements? |  |  | Not applicable: *rental project completed after 1978* |

|  |  |  |  |
| --- | --- | --- | --- |
| State Recipient Requirements | **Yes** | **No** | **NOTES** |
| 1. Did “*State Recipient Long-Term Monitor*” sign & date the Annual  Monitoring Report (questionnaire) prior to submission to the  State?  **If No,** why not? |  |  |  |
|  |  |
| 2. Within the last twelve months, did the State Recipient review its  written “*Long-Term Monitoring Policies & Procedures*” to ensure  that they are current and applicable?  **If No,** why not? |  |  |  |
|  |  |
| 3. Within the last twelve months, did the “*State Recipient Long-Term*  *Monitor”* follow the written monitoring policies and procedures?  **If No,** why not? |  |  |  |
|  |  |
| 4. After conducting an on-site monitoring, did the “*State Recipient*  *Long-Term Monitor*” send the owner / manager a “MonitoringSummary Letter?” **letter #1** – date sent:  **letter #2** – date sent: If No, why not? |  |  | *See HOME’s website for a sample monitoring summary letter* |
|  |  |
| 5. Did the “*State Recipient Long-Term Monitor*” send a “MonitoringClearance Letter” to the owner / manager once all issues wereresolved? **letter #1** – date sent:  **letter #2** – date sent: If No, why not? |  |  | Not applicable: *no Findings or Concerns noted in summary letter*  *See HOME’s website for a sample monitoring clearance letter* |
|  |  |

**State Recipient Certification**

**I certify that the above information is true and accurate.**

**Print Name:       Title:       E-mail Address:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:**

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| **COMMENTS:** |
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