|  |
| --- |
| ANNUAL PROJECT COMPLIANCE REPORT: RENTAL HOUSING |

State Recipient: [ ]  City [ ]  County of:       HOME Contract #:   -HOME-      Project City:       Project County:

Owner Name:       Project Name:       Project Address:       Project Zip:

Prepared by:       Title of Report Preparer: [ ]  manager [ ]  agent [ ]  owner [ ]  Other:       Date Prepared:

*Is this rental project also:* [ ]  TCAC [ ]  HUD 811 [ ]  HUD 202 [ ]  USDA-RD [ ]  HUD project-based rental assistance

 [ ]  Transitional Housing [ ]  SRO Housing [ ]  Group Housing [ ]  Other:

|  |
| --- |
| **RENT DESIGNATION SCHEDULE - Enter the number of HOME-Assisted Units for each rent limit.** |

Total # Units:     # HOME Units:     [ ]  fixed [ ]  floating Owner / Agent NOTE:

|  |  |  |  |
| --- | --- | --- | --- |
| SRO | group housing-FMR | 50% Low | 65% High |
|     |     |     |     |

***Federal HOME Limits*: # of HOME Units:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State HOME rent limits | SRO | group housing-FMR | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% | 65% |
| # of HOME units |     |     |     |     |     |     |     |     |      |     |     |       |

***State HOME Limits*: # of HOME Units:**See *Exhibit B* of the HOME Regulatory Agreement

|  |
| --- |
| **PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS REPORT and select the year(s) attached:** |

* COPY OF THE RENT AND INCOME LIMIT CHART(S) USED FOR INCOME CERTIFICATION with effective dates noted
* COPY OF THE UTILITY ALLOWANCE SCHEDULE(S) USED FOR INCOME CERTIFICATION (form HUD-52667) with effective date(s) noted

|  |
| --- |
| **CERTIFICATIONS OF COMPLIANCE** |

***(for all rental projects)***

|  |
| --- |
| **I certify that the information in this report is true and correct.**1. Owner / Manager signature:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: [ ]  manager [ ]  agent [ ]  owner [ ]  other:       Date:
2. City / County signature:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:
 |

***(for rental projects with 5 or more HOME-assisted units)***

|  |
| --- |
| **I certify that at least 20% of the HOME-assisted units are occupied by households with incomes not exceeding 50% AMI and paying rents not exceeding the 50% HOME rent limit.**1. Owner / Manager signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: [ ]  manager [ ]  agent [ ]  owner [ ]  other:       Date:
2. City / County signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:
 |

***(for rental projects funded after September 29, 2003)*** ***[ ]  not applicable, funded prior to 9/29/2003***

|  |
| --- |
| **I certify that rented vacant units met the minimum occupancy standards of the State’s Uniform Multifamily Regulations (Title 25 Division 1 Ch 7 Subch 17 Article 3)**1. Owner / Manager signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: [ ]  manager [ ]  agent [ ]  owner [ ]  other:       Date:
2. City / County signature:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:
 |

Revised January 2009[ ] HOME Occupancy Standards: 0 bdrm-1 to 2 people; 1 bdrm-1 to 4 people; 2 bdrm-2 to 6 people; 3 bdrm-4 to 8 people; 4 bdrm-6 to 10 people; 5 bdrm-8 to 12 people

ANNUAL PROJECT COMPLIANCE REPORT: RENTAL HOUSING (This report is to be completed by the project owner or manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **General Info.** | **Rent Information for HOME-Assisted Units** | **Income Information for HOME-Assisted Units** | **Recertification** |
| A | B | **C** | **D** | E | F | G | **H** | I | J | K | L | M | N | O |
| Enter the HOME Unit **#** | **Select** the number of bedrooms for the HOME unit from the drop down menu | **FEDERAL HOME RENT LIMIT Select** HUD’s **High** (lesser of FMR or 65% AMI) or **Low** (50%) HOME Rent Limit Amount and enter the corresponding dollar amount (amount includes a utility allowance)  | **STATE HOME RENT LIMIT Select** actual rent limit designation used in certification and enter the corresponding dollar amount (amount includes a utility allowance) ***See Exhibit B of the HOME Regulatory Agreement*** | Enter the **Tenant’s** **Share** of Rent | **RENTAL ASSIST-ANCE** (if applicable, enter amount of rental subsidy) | Enter the unit’s Utility Allowance (U/A) | Enter the Total of Columns(**E+F+G**) | Does the total in (**H**) Exceed the amount in (**C**) or (**D**)? **Select from the drop down menu** | Enter the Tenant (head-of house) Name | **Select** the Number of persons in the Household from the drop down menu: | **ANNUAL GROSS INCOME** Enter the ACTUAL certified Household **Income** | **INCOME LIMIT % Select** **income level** of house-hold from the drop down menu: | Enter the Initial Occupancy Date **(date field formatted)** | Enter the Eff. Date of Last “Annual Income” Certification **(date field formatted)** |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |       |

[ ] NOTE: Columns C and D: If a single-room occupancy (SRO) unit has neither kitchen nor bathroom, or only one, select “SRO FMR limit” and enter the appropriate amount (75% of FMR for 0 bdrm unit)

[ ] NOTE: Columns C and D: group home rents are based on the FMR for the unit size; select “group housing FMR” and enter the appropriate amount

[ ] NOTE: Columns C and D: the “Rent Limit Amount” entered should reflect the same year in column O “Date of Last Annual Income Certification.”

[ ] NOTE: Column I definitions: Yes-OOC (out of compliance); Yes-OI (over income); Yes-PBRA (project based rental assistance) Revised January 2009ANNUAL PROJECT COMPLIANCE REPORT: RENTAL HOUSING (This report is to be completed by the project owner or manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **General Info.** | **Rent Information for HOME-Assisted Units** | **Income Information for HOME-Assisted Units** | **Recertification** |
| A | B | **C** | **D** | E | F | G | **H** | I | J | K | L | M | N | O |
| Enter the HOME Unit **#** | **Select** the number of bedrooms for the HOME unit from the drop down menu | **FEDERAL HOME RENT LIMIT Select** HUD’s High (65%) or Low (50%) HOME Rent Limit Amount and enter the corresponding dollar amount (amount includes a utility allowance | **STATE HOME RENT LIMIT Select** actual rent limit designation used in certification and enter the corresponding dollar amount (amount includes a utility allowance) ***See Exhibit B of the HOME Regulatory Agreement*** | Enter the **Tenant’s** **Share** of Rent | **RENTAL ASSIST-ANCE** (if applicable, enter amount of rental subsidy) | Enter the unit’s Utility Allowance (U/A) | Enter the Total of Columns(**E+F+G**) | Does the total in (**H**) exceed the amount in (**C**) or (**D**)? **Select from the drop down menu:** | Enter the Tenant (head-of house) Name | **Select** the Number of persons in the House-hold from the drop down menu: | **ANNUAL GROSS INCOME** Enter the ACTUAL certified Household **Income** | **INCOME LIMIT % Select** **income level** of house-hold from the drop down menu: | Enter the Initial Occupancy Date **(date field formatted)** | Enter the Eff. Date of Last “Annual” Income Certification **(date field formatted)** |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |
|       |  |  **$** |  **$** | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |        |

[ ] NOTE: Columns C and D: If a single-room occupancy (SRO) unit has neither kitchen nor bathroom, or only one, select “SRO FMR limit” and enter the appropriate amount (75% of FMR for 0 bdrm unit)

[ ] NOTE: Columns C and D: group home rents are based on the FMR for the unit size; select “group housing FMR” and enter the appropriate amount

[ ] NOTE: Columns C and D: the “Rent Limit Amount” entered should reflect the same year in column O “Date of Last Annual Income Certification.”

[ ] NOTE: Column I definitions: Yes-OOC (out of compliance); Yes-OI (over income); Yes-PBRA (project based rental assistance) Revised January 2009