

Date: \_\_\_\_\_

Project Name	Address, City, State, Zip	Site Contact	Phone #	Email
Owner Name	Address, City, State, Zip	Primary Owner Contact	Phone #	Email
Management Company	Address, City, State, Zip	Primary Mgmt Contact	Phone #	Email
Syndicator	Address, City, State, Zip	Syndicator Contact	Phone #	Email

Have you had any local code violations within the last 3 years?  Yes  No *If yes, provide documentation*

8609 Minimum Set-Aside Election:  20-50  40-60  Average Income

### Affirmative Fair Housing Marketing Plan (AFHMP)

1. Date AFHMP was last approved: \_\_\_\_\_ (Updated every 5 years)

2. Is there a Tenant Selection Plan?  Yes  No Effective Date: \_\_\_\_\_

### Special Needs Housing

- ELI (Extremely Low Income)   
  MSI (Mobility/Sensory Impairment)   
  Transitional/PSH   
  DD (Developmentally Disabled)  
 EP (Elderly Persons)   
  MI (Severe Persistent Mental Illness)   
  SP (Single Parent)   
  Other: \_\_\_\_\_

### Utility Allowance

#### Utility Allowance Source

- Owner Paid     PHA     HUD Utility Schedule Model     HUD Rent Schedule     Engineer's Energy Consumption Model  
 Utility Company Estimate     Renewable Source     RD

### Additional Funding Source(s)

Please mark all that apply:  OHTF    NHTF    TBA    RD 538    RD 515    Bonds    OHFA HOME    City HOME  
 811    PBV    PBA    Other: \_\_\_\_\_

### Projects with OHFA Gap Financing - HOME/OHTF/NHTF

1. Are the Assisted Units:  Floating  Fixed
- If 'floating,' does the owner ensure that the rental units are comparable?  Yes  No
  - When the tenant vacates, is the Next Available Unit made available to a HOME eligible tenant?  Yes  No
2. When Tenant's income rises above 80% AMI, is the Next Available comparable unit rented to a HOME/Trust-eligible tenant?  Yes  No
3. In properties of five or more assisted units are at least 20% of the units rented at or below the LOW HOME Rent level?  Yes  No
4. Were the assisted units initially leased to households per the Funding Agreement?  Yes  No
5. Are tenant leases properly executed and free of all prohibited provisions?  Yes  No
6. Are the tenant leases for a minimum of one year (unless otherwise agreed upon by tenant and owners)?  Yes  No
7. Does the owner provide adequate information to program applicants about program rules and expectations?  Yes  No
8. Is the Contract Rent for HOME units with project-based subsidy in compliance with the HOME rule?  Yes  No

## HOME/OHTF/NHTF Units (HDAP)

Current HDAP Recipient: \_\_\_\_\_ Address: \_\_\_\_\_

Total # of Assisted Units: \_\_\_\_\_ # High HOME Units: \_\_\_\_\_ # Low HOME Units: \_\_\_\_\_

# By Bedroom Size:      0BD: \_\_\_\_\_      1BD: \_\_\_\_\_      2BD: \_\_\_\_\_      3BD: \_\_\_\_\_      4BD: \_\_\_\_\_      5BD: \_\_\_\_\_

BIN #	Date Last Building Placed in Service

### Current HDAP Units

Unit #	Date Unit Became HDAP	High/Low

Unit #	Date Unit Became HDAP	High/Low

## Building/Units

Number of Buildings: \_\_\_\_\_ Total # of Units: \_\_\_\_\_ # of Low-Income Units: \_\_\_\_\_

# of Market Rate Units: \_\_\_\_\_ List Market Rate Units: \_\_\_\_\_

# of Employee/Security Units: \_\_\_\_\_ List Employee/Security Units: \_\_\_\_\_

# of Accessible Units: \_\_\_\_\_ List Accessible Units: \_\_\_\_\_

# of Model Units: \_\_\_\_\_ List Model Units: \_\_\_\_\_

# of 811 Units: \_\_\_\_\_ List 811 Units: \_\_\_\_\_

List Bed Bug Units, including those treated within last 30 days: \_\_\_\_\_

# of Program Unit Vacancies: \_\_\_\_\_

## Resident Social/Supportive Services (Refer to Qualified Allocation Plan (QAP))

1. Did the Project Indicate at Application that Supportive Services would be provided?  Yes    No
2. Does the property offer Supportive Services?  Yes    No
  - If yes, specific population(s) served: \_\_\_\_\_
3. Does the property have an on-site service coordinator/counselor?  Yes    No
4. Does the service provider have experience in servicing the specific population served?  Yes    No
5. Types of services offered: \_\_\_\_\_

### OHFA Inspection Access

Who in your organization will need access to upload tenant files and/or respond to Compliance Audit Report (CAR) findings? **This pertains to having access to and uploading tenant files, rent rolls, certificates, etc. This also includes whomever will be curing audit findings.**

Name	Title	Email	Phone
	On-Site Manager		
	Compliance Manager		

Comments/Other information of which OHFA should be aware:

Completed By (Printed Name)

Title

Signature

Company

Date

*Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.*

**For OHFA Use Only**

Date reviewed for accuracy: \_\_\_\_\_ Auditor Initials: \_\_\_\_\_ Follow-up Required?  Yes  No

Comments/Clarifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_