

Project Summary
Confirmation Form



Project Name:

Project Number:

Mark information as applicable to the project

Contact Information (include all updated information in notes)

Changes to... Project Address Owner Management Company None
 Are you using a third-party compliance consultant? Yes No If yes, company:
 Is the property third party managed? Yes No If yes, provide broker's license information in notes.

Project Characteristics

Project Type: Elderly Permanent Supportive Family Lease/Purchase
 Construction Type: New Construction Acquisition/Rehab

Features/Amenities

In Basis: Garages Recreational (e.g., pool) Accessory Building
 Categories Awarded competitive points:

OHFA Funding Programs:

Housing Credits HOME
 R-TCAP OHTF
 OHFA Bond NHTF
 Ohio 811 PRA
 ODMSD

Other Funding:

Section 8
 Hope VI

 Local Bond
 City/Local HOME

Buildings:
 Total Units:
 Low Income:
 Market:
 Employee:

LIHTC Details

Minimum Set Aside: 20/50 40/60 Average Income Credit Percentage: 4% 9%

HDAP Details

HDAP Recipient:

Amount:

Affordability Period (yrs):

of Assisted Units:

Check this box if the agreement specifies the following:

High HOME Units:

Low HOME Units:

If there are multiple types of HDAP, list OHFA HOME here and include others in the Notes.

As long as the project continues to receive project-based subsidy and the units are occupied by households at or below 50% AMGI and paying no more than 30% of their income towards their housing expenses (rent + utilities), then HUD's High/Low HOME rents and the HDAP restricted rents will not apply.

Placed in Service Date

Actual Acquisition:

Anticipated New Construction:

Anticipated Rehabilitation:

Anticipated Lease-up Start Date:

Unit Information

# Units	# Bedrooms	Income Restriction %	Rent Restriction %

Accessible Units:

Sensory Unit Addresses/Numbers:

Mobility Unit Addresses/Numbers:

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Utility Allowance (UA) Information

Type: PHA HUD Rent Schedule RD Rent Schedule Estimate HUSM Owner-paid
If Combined please describe:

Effective Date of UA:

Amount of Allowance:

Provide amount for each utility type with an allowance & include bedrooms & unit style (if applicable).

BR	Unit Style	Gas	Electric	Water	Sewer	Trash	Other:

Additional Information

Non-optional Charges/Fees: Yes No If yes, list:

Affirmative Fair Housing Marketing Plan Type:

Date Approved:

Special Needs: Yes No If yes, Population:

Supportive Services: Yes No If yes, Provider:

per week:

Describe services to be offered:

Notes & Concerns (attach additional information as needed & include any questions or concerns)

Additional Documents Required

With this signed form submit the following to OHFA.

- Compliance Training Certs for QAP Requirements
- Current Lease w/Addendums and Attachments
- List of Non-optional Charges and Amounts
- Site Map of the project
- Tenant Selection Plan
- UA or Rent Schedule Documentation

Also include for Acquisition/Rehabilitation:

- Original Lease w/Addendums and Attachments
- Current Rent Roll with Move-In Dates
- Affirmative Fair Housing Marketing Plan
- VAWA Emergency Transfer Plan
- Current Relocation Plan

Send this form, required documentation and any questions to ComplianceNextSteps@ohiohome.org.

Owner/Authorized Signature

Date

Print Name

Title

Management Signature

Date

Print Name

Title