

SECTION I – PROJECT OVERVIEW

Date of Report:	Date of Review	Lead Analyst:	Staff Assisting:	Last Building Placed In Service	Project In Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detector Violations: <input type="checkbox"/> No Observed Deficiency <input type="checkbox"/> See Report		Exigent Health and Safety Violations (EHS): <input type="checkbox"/> No Observed Deficiency <input type="checkbox"/> See Report		Minimum set-aside: <input type="checkbox"/> 20/50 <input type="checkbox"/> 40/60	Rent Restrictions:
Project Name:		Project Address:		Owner Name:	
Project Number:		Gap Funding Agreement #:	Project Type (AR/SR/NC):	Management Company:	
OHFA Funding <input type="checkbox"/> Bonds <input type="checkbox"/> FAF <input type="checkbox"/> HOME <input type="checkbox"/> NSP <input type="checkbox"/> Tax Credit <input type="checkbox"/> Extended Use			Non-OHFA Funding <input type="checkbox"/> TCAP <input type="checkbox"/> TCE <input type="checkbox"/> Trust <input type="checkbox"/> Bonds (Local) <input type="checkbox"/> HOME (Local) <input type="checkbox"/> RD 515 <input type="checkbox"/> RD 538 <input type="checkbox"/> Section 8 PBA		
# of Management Identified HOME/Trust Assisted units: List Address/Unit # of Assisted units: Total # of Accessible units: List Address/Unit # of Accessible units:			Files – # of files reviewed: # of files with findings: Available Unit Rule violation: <input type="checkbox"/> No <input type="checkbox"/> Yes, #: <input type="checkbox"/> NA Buildings – Total # of buildings: # of exterior buildings inspected: # of buildings with findings: Units – Total # of units: Total # of low units: Total # of units inspected: # of units with physical findings: Vacancy – Total # of vacant units: # of vacant units inspected: # of units with physical findings: Management explanation of vacancy:		
Utility Allowance Source: <input type="checkbox"/> PHA <input type="checkbox"/> RD <input type="checkbox"/> HUD Rent Schedule <input type="checkbox"/> Owner Paid OHFA Approved - <input type="checkbox"/> Engineers Consumption Model <input type="checkbox"/> Utility Company Estimate <input type="checkbox"/> HUD Utility Model			Effective Date(s):		

<p>Affirmative Fair Housing Marketing Plan (AFHMP)</p> <p>1. Does the property have the Fair Housing poster with logo visible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Where is the Fair Housing poster displayed? <input type="checkbox"/> Model Unit <input type="checkbox"/> Sales/Rental Office <input type="checkbox"/> Other (please list) _____</p> <p>3. Is the Equal Opportunity logo, slogan, or statement displayed on all advertisements (e.g., brochures, letters, flyers, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the property have a marketing program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain: _____ If "Yes", does the marketing program consist of: <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Website <input type="checkbox"/> Posters <input type="checkbox"/> Ohio Housing Locator <input type="checkbox"/> Community Outreach <input type="checkbox"/> Brochures <input type="checkbox"/> Other (please list) _____</p> <p>5. Is the AFHM plan available to staff, residents and visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Date AFHM plan was last approved: _____ Is the AFHM plan outdated or incorrect/incomplete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. For PBA projects only, date management last reviewed AFHM plan if plan is more than 5 years old: _____</p> <p>8. Do property demographics reflect the AFH marketing efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the Management Company have a tenant selection plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: _____ If "Yes", is the plan compliant with AFHM rules/regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If plan is not compliant, list the noncompliance issues: _____</p>

Projects with Gap Financing- HOME/Trust

- Are the assisted units: Floating Fixed; If floating does the owner ensure that the rental units are comparable? Yes No
 When the tenant vacates a floating unit is the Next Available Unit made available to a HOME eligible tenant? Yes No NA
 When Tenant's income rises above 80% AMI is the Next Available comparable unit rented to a HOME/Trust-eligible tenant? Yes No
- In properties of 5 or more assisted units, are at least 20% of the units rented at or below the LOW HOME Rent level? Yes No NA
- Were the assisted units initially leased to households per the funding agreement? Yes No
- Does the project have: PBA TBA NA
 Is the appropriate tenant payment (30% of Adjusted Income) charged to the tenant? Yes No NA
 If TBA: Is the total rent charged (TPR+UA+TBA) for the unit below the HOME maximum rent level? Yes No NA
- Are tenant leases properly executed and free of all prohibited provisions? Yes No
- Are the tenant leases for a minimum of one year (unless otherwise agreed upon by tenant and owners)? Yes No
- Does the owner provide adequate information to program applicants about program rules and expectations? Yes No
- Is the Contract Rent for HOME units with project-based subsidy in compliance with the HOME rule? Yes No NA
- Do the rents listed for the HOME-assisted units in the Annual Owner Certification demonstrate that High and Low HOME Rent limits have been observed? Yes No

Resident Social/Supportive Services

- Did the project indicate at application that supportive services would be provided? Yes No
- Does the property offer supportive services? Yes No
 If "Yes", specific populations served: _____
- Does the property have an on-site service coordinator/counselor? Yes No
 If "Yes", number of hours per week onsite: _____
- Types of services offered: Mental Health Counseling Drug/Alcohol Addiction Counseling Housekeeping Social Events
 Financial/Credit Counseling Health Screening or Health Programs Meal Programs Daycare
 Vocational Training Youth Programs Other (please list) _____

Work Orders (WO) Inspected

Unit #	Date WO requested	Date WO completed	Lapsed Time

- Work orders inspected are being completed in a timely manner
- Work orders took three (3) or more business days to complete. Please explain the reason for the length of time it took to complete work orders

Bed Bug Units Identified by Management at Time of Review
 FOR EACH UNIT LISTED BELOW, PLEASE INDICATE ACTION TAKEN AND SUBMIT THE INVOICES INDICATING EACH UNIT IDENTIFIED HAS BEEN TREATED.

Unit #

Outstanding Non-Compliance (e.g. uncorrected 8823 forms)

General Comments – Project Findings

SECTION II – FILE FINDINGS

Resident Information	Finding	Citation/ Comments
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	
BIN: Unit: Name: <input type="checkbox"/> <i>HDAP Assisted Unit</i>	Move-in:	
	Annual Certification:	

SECTION III - PHYSICAL FINDINGS

FOR EACH AREA DOCUMENTING A FINDING, PLEASE SUBMIT A COPY OF THE WORK ORDER DETAILING CORRECTIVE ACTION, DATE COMPLETED AND SIGNATURE OF PERSON CORRECTING THE DEFICIENCY.

A. Site:	NOD – (No Observed Deficiency)	Finding	N/A- Not Applicable	Comments
1. Fencing and Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mailboxes/Project Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Market Appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Parking Lots/Driveways/Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Play Areas and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Refuse Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Storm Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Walkway/Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Common Areas – SEE INDIVIDUAL BUILDINGS

C. Building Exterior – SEE INDIVIDUAL BUILDINGS

D. Building Systems – SEE INDIVIDUAL BUILDINGS

E. Exigent Health & Safety (EHS):	Unit Number, Address, or Common Area	Location (e.g. Kitchen, Living Room, Bath, Bedroom 1, or 3 rd floor stairwell, etc.) and Finding:	Management complied with requirement to submit signed and dated (completed) work orders within 72 hours of review.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

F: Smoke Detector Violation(s):	Unit Number, Address, or Common Area	Location (e.g. Kitchen, Living Room, Bath, Bedroom 1, or 3 rd floor stairwell, etc.) and Finding:	Management complied with requirement to submit signed and dated (completed) work orders by midnight of the day of the inspection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Buildings (BIN):	Unit Number, Address, Common Area, Exterior, or Building System:	Location (e.g. Kitchen, Bedroom 1, Roof, Storm Drainage, or 3 rd floor stairwell, etc.) and Finding:

SECTION IV – VACANTS - NOT RENT READY

FOR EACH UNIT LISTED BELOW, PLEASE SUBMIT THE DATE MADE RENT READY AND ACTIONS BEING TAKEN TO CORRECT THE DEFICIENCY. VACANT UNITS LISTED ARE THOSE THAT CANNOT BE MADE RENT READY WITHIN 72 HOURS.

Buildings (BIN):	Unit Number:	Date Vacant:	Reason Not Rent Ready:

SECTION V – SIGNATURES

<p>Name and Title of Person Preparing this Report: (Please type or print):</p> <p>_____, Compliance Analyst</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name and Title of Person Approving this Report: (Please type or print):</p> <p>_____, Compliance Manager</p> <p>Signature: _____</p> <p>Date: _____</p>
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