

Please read the instructions below for completing this report.

Reporting Period: This reporting period should be January 1 through December 31 of the calendar year being reported.

Project Information

Project Name: Indicate the name of the project for which you are reporting.

OHFA Number: Indicate the OHFA tracking number assigned to the project.

Address, City, Zip, Phone, Fax: Enter the project address, city, zip code, telephone number and fax number in this area.

Owner Information

Name: Indicate the name of the owner of the property for which you are reporting.

Address, City, State, Zip, Phone, Fax: Enter the owner address, city, state, zip code, telephone number and fax number in this area.

Owner Contact and Email: Indicate the name of the contact person and email for the property which you are reporting.

Management Company Information

Name: Indicate the name of the management company of the property for which you are reporting.

Address, City, State, Zip, Phone, Fax: Enter the management company address, city, state, zip code, telephone number and fax number in this area.

Management Contact and Email: Indicate the name of the contact person and email for the property which you are reporting.

Annual Occupancy

Total number of units in project: Enter the total number of units in the entire project.

Total number of units repaired with CIP funds: Enter the total number of units repaired using CIP funds.

Total number of repaired units occupied: Enter the total number of repaired units occupied at the end of the reporting period.

Reserve account: Indicate whether there is a separate reserve account for the project, and either the balance of that account or the balance of the main reserve account.

Project Profile

Answer the question Yes or No, and provide an explanation if the answer is No.

Units Repaired using CIP Funds

Enter the following information about the units repaired using CIP funds.

Repaired Unit Number:	This column should reflect the unit numbers for repaired units
Date Repair Completed:	This column should reflect the date of the repair
Date Last Inspected by Owner:	This column reflect the date unit was last inspected by Owner/Management
Head of Household Name:	This column should indicate the head of household name
Household Size:	Enter the number of people in the household for each repaired unit
Certified Income:	Enter the certified income for the household for each repaired unit

You also must submit the most recent unit inspection report with this annual certification form.

A representative of the Owner must sign and date the report.

Ohio Housing Finance Agency
Office of Multifamily Housing
Attn: Compliance Operations Manager
compliance@ohiohome.org

Reporting Period: _____ to _____

Project Name: _____

OHFA Number: _____

Project Information:

Project Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Fax: _____

Owner Information:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

Owner Contact: _____

Email: _____

Management Company Information:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

Mgmt Contact: _____

Email: _____

Annual Occupancy:

Total number of units in project: _____

Total number of units repaired with CIP funds: _____

Total number of repaired units occupied: _____

Do you maintain a separate reserve account for this project?

Yes, balance: _____

No, balance of the main reserve account: _____

Project Profile:

Please read and complete the question below. It must be answered and an explanation must be provided for all "No" in the explanation boxes below.

Each building/unit in the project repaired using CIP funds was suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the State or local government unit responsible for making local health or building safety code inspections did not issue a violation report for any building or low income unit in the project.

Yes

No

If no, explain:



Capital Investment Program Annual Certification Instructions

Reporting Period: _____ to _____

Project Name: _____

OHFA Number: _____

List all units repaired using CIP funds:

CIP Repair Unit #	Building Address	Date Unit Repair Completed	* Date Last Inspected by Owner	Head of Household Name:	Household Size	Certified Income

* This date **must be** the date the ownership entity inspected and not a contract agent or management company.
* The most recent unit inspection report must be submitted with this certification for each unit*

The undersigned hereby certifies the information above is true, complete and correct in accordance with CIP agreement and OHFA CIP Program Guidelines.

Signature of Owner

Print Signed Name

Date Signed