Ohio Housing Finance Agency

Management Questionnaire

Project Name:							
Address:		City:		State:		Zip Code:	
Site Contact:		Phone:		Email:			
Owner Name (Legal Entity Name):							
Address:		City:		State:		Zip Code:	
Primary Owner Contact:		Phone:		Email:			
Management Agent:							
Address:		City:		State:		Zip Code:	
Primary Mgmt. Contact:		Phone:		Email:			
Syndicator:							
Address:		City:		State:		Zip Code:	
Syndicator Contact:		Phone:		Email:			

Have there been changes to the Owner, management company, or on-site manager since the last audit?	☐ Yes	☐ No	*If yes, note in comments section*
Have you had any local code violations within the last 3 years?	☐ Yes	☐ No	*If yes, provide documentation*
Have you had any Fair Housing violations within the last 3 years?	☐ Yes	☐ No	*If yes, provide documentation*
8609 Minimum Set-Aside Election:	☐ 20-50	☐ 40-60	☐ Average Income
If project was built prior to 1978 is there a Lead Based Paint Abatement?	☐ Yes	☐ No	☐ N/A
Is your software HOTMA compliant?	☐ Yes	☐ No	
Has the project implemented HOTMA final rule when certifying tenants?	☐ Yes	☐ No	

*If yes, date HOTMA implemented:*_____

If HOTMA was implemented prior to 1-1-2025, an OHFA Clarification Record must be placed in the tenant file stating certification was conducted using HOTMA rules.

Affirmative Fair Housing Marketing Plan (AFHMP)

Date AFHMP was last approved: _____ (Further AHFMP information is found here.)

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

☐ Owner Paid ☐ PHA ☐ HUD Utility Schedule Model ☐ HUD Rent Schedule

☐ Engineer's Energy Consumption Model ☐ Utility Company Estimate ☐ Renewable Source ☐ RD

Funding Source(s)

Please mark all that apply:

☐ LIHTC ☐ State HTC ☐ OHTF ☐ NHTF ☐ TBA ☐ RD 538 ☐ RD 515 ☐ Bonds ☐ HOME ☐ HOME-ARP

☐ City/County HOME ☐ 811 ☐ PBV ☐ PBA ☐ Other: _____

Projects with OHFA Gap Financing – HOME/HOME-ARP/OHTF/NHTF

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/Trust eligible tenant?* ☐ Yes ☐ No

When Tenant's income rises above 80% AMI, is the Next Available comparable unit rented to a HOME/Trust-eligible tenant? ☐ Yes ☐ No

In projects of five or more HOME/Trust assisted units, are at least 20% of the units rented at or below the LOW HOME Rent level? ☐ Yes ☐ No

Were the assisted units initially leased to households per the Funding Agreement? ☐ Yes ☐ No

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 owner)? ☐ Yes ☐ No

Does the owner provide adequate information to program applicants about program rules and expectations? ☐ Yes ☐ No

Is the Contract Rent for HOME/Trust units with project-based subsidy in compliance with the HOME rule? ☐ Yes ☐ No

HOME/HOME-ARP/OHTF/NHTF Units (HDAP)

Current HDAP Recipient: _____ Address: _____

Total # of Assisted Units: _____ # of High HOME Units: ____

# of Low HOME Units: ____

Current HDAP Units

Unit #	Bedroom Size *(i.e. 0-5 BD)*	Date Unit Became HDAP	High/ Low	Type of HDAP Unit *(i.e. HOME, NHTF, HOME-ARP, OHTF)*

Unit #	Bedroom Size *(i.e. 0-5 BD)*	Date Unit Became HDAP	High/ Low	Type of HDAP Unit *(i.e. HOME, NHTF, HOME-ARP, OHTF)*

Building/Units

List the BIN #: _____ and date the last building was placed in service: _____

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: _____

Are you using Carbon Monoxide Detectors? ☐ Yes ☐ No Is the project all electric? ☐ Yes ☐ No

Do you have any offline units? ☐ Yes ☐ No

If yes, provide a copy of form PC-E56 Notification of Offline Unit(s) submitted to Asset Management

Resident Social/Supportive Services (Refer to OHFA's Qualified Allocation Plan [QAP])

Does the project offer Supportive Services? ☐ Yes ☐ No

- If yes, specific population(s) served: _____

Does the project have an on-site service coordinator/counselor? ☐ Yes ☐ No

Does the service provider have experience in servicing the specific population served? ☐ Yes ☐ No

Types of services offered: _____

Note: Projects funded with 9% or 4% credits in 2024, and going forward, are not required to have a supportive services plan unless supportive services are proposed for the project or are required in the applicable OHFA Qualified Allocation Plan.

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., including curing audit findings.**

Name	Title	Email	Phone
	On-Site Manager		
	Compliance Manager		

Comments/Other information of which OHFA should be aware:

_____

_____

_____ _____

Signature Date

_____ _____

Printed Name Title

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.