

Date: _____

Project Name	Address, City, State, Zip	Site Contact	Phone #	Email
Owner Name	Address, City, State, Zip	Primary Owner Contact	Phone #	Email
Management Agent	Address, City, State, Zip	Primary Management 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*

 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

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

- 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
- 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 five or more 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 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: _____ # of High HOME Units: _____

of 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: _____

Are you using Carbon Monoxide Detectors? Yes No

Is the project all electric? Yes No

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., 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.