

Date: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Owner Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mgmt Co.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Region Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Syndicator: \_\_\_\_\_  
 Synd. Contact: \_\_\_\_\_  
 Synd. Email: \_\_\_\_\_

Have you had any local code violations within the last 3 years?  Yes  No

## Affirmative Fair Housing Marketing Plan (AFHMP)

- Date AFHM Plan was last approved: \_\_\_\_\_ (Updated every 5 years)
- Is there a tenant selection plan?  Yes  No Effective Date: \_\_\_\_\_

## Special Needs Housing (Refer to Qualified Allocation Plan - QAP)

- ELI (Extremely Low Income)   
  MSI (Mobility and 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   
 RD

## Additional Funding Source(s)

Please mark all that apply:  OHTF   
 NHTF   
 TBA   
 RD 538   
 RD 515   
 Bonds  
 OHFA HOME   
 811   
 City HOME   
 PBV   
 PBA   
 \_\_\_\_\_

## 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 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

## HOME/OHTF/NHTF Units (HDAP)

Current HDAP Recipient: \_\_\_\_\_ Address: \_\_\_\_\_

Total # of Assisted Units: \_\_\_\_\_ #High HOME Units: \_\_\_\_\_ #Low HOME Units: \_\_\_\_\_

# By Bedroom Size: OBD: \_\_\_\_\_ 1BD: \_\_\_\_\_ 2BD: \_\_\_\_\_ 3BD: \_\_\_\_\_ 4BD: \_\_\_\_\_ 5BD: \_\_\_\_\_

Unit #	Date Unit Became HDAP	High/Low	Unit #	Date Unit Became HDAP	H/L	Unit #	Date Unit Became HDAP	H/L

\*attach an additional page if necessary

## 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: \_\_\_\_\_

List Vacant Units (Use additional page if necessary)

Building (BIN)	Unit #	Date Vacant	Reason not Rent Ready

## Resident Social/Supportive Services (Refer to QAP)

- 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 population(s) served: \_\_\_\_\_
- Does the property have an on-site service coordinator/counselor? Yes No
- 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 and those that will be curing audit findings.

Name	Title	Email	Phone
	On-Site Manager		
	Compliance Manager		

Comments/Other information of which OHFA should be aware:

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\_\_\_\_\_  
Completed By (Printed Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*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.*

### For OHFA Use Only

Date reviewed for accuracy: \_\_\_\_\_

Auditor Initials: \_\_\_\_\_

Follow-up Required?  Yes  No

Comments/Clarifications