

Project Name: _____ **OHFA Project Number:** _____

Mark information as applicable to the project.

Contact Information

Owner: _____	Manage. Co: _____	Syndicator: _____
Address: _____	Address: _____	Contact: _____
City/State/Zip: _____	City/State/Zip: _____	Phone: _____
Contact: _____	Contact: _____	Email: _____
Phone: _____	Phone: _____	
Email: _____	Email: _____	

Developer: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone: _____

Email: _____

Is the property third party managed?
 Yes No *If yes, provide broker's license information in Notes.*

Are you using a third-party compliance consultant?
 Yes No *If yes, provide company in Notes.*

Changes to Project: Address Other: _____ None
Include all updated information in notes.

Project Characteristics

Please check all that apply.

Project Type:	<input type="checkbox"/> Senior	<input type="checkbox"/> Service Enriched	Construction Type:	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Family	<input type="checkbox"/> Lease Purchase		<input type="checkbox"/> Rehabilitation
	<input type="checkbox"/> Assisted Living			<input type="checkbox"/> Adaptive Reuse

For Service Enriched, Target Population: _____

OHFA Funding Programs:

<input type="checkbox"/> Housing Credits	<input type="checkbox"/> HOME
<input type="checkbox"/> MF Lending Program	<input type="checkbox"/> OHTF
<input type="checkbox"/> OHFA-issued Bond	<input type="checkbox"/> NHTF
<input type="checkbox"/> Ohio 811 Program	<input type="checkbox"/> ODMSD

Other Funding:

<input type="checkbox"/> Section 8	# Buildings: _____
<input type="checkbox"/> RAD Conversion	Total Units: _____
<input type="checkbox"/> HOPE VI	Low Income: _____
<input type="checkbox"/> Local Bond	Market: _____
<input type="checkbox"/>	Employee: _____
<input type="checkbox"/> City/Local HOME	

LIHTC Details

Minimum Set Aside: 20/50 40/60 Average Income **Credit Percentage:** 4% 9%

HDAP Details

When applicable include High and Low HOME in the Unit Information table listed on the next page.

HDAP Type: _____ **HDAP Recipient:** _____

of Assisted Units: _____ Affordability Period: _____ (years)

HDAP Type: _____ **HDAP Recipient:** _____

of Assisted Units: _____ Affordability Period: _____ (years)

Placed in Service (PIS) Date

Actual Acquisition: _____ **First Building PIS Date:** _____

Lease-up Start Date: _____ **Last Building PIS Date:** _____

Unit Information

# Units	# Bedrooms	Income Restriction %	Rent Restriction %

Accessible Units: _____
Sensory Unit Addresses/Numbers:

Mobility Unit Addresses/Numbers:

Utility Allowance (UA) Information

Type: _____ Effective Date of UA: _____
If Multiple UA types, please describe: _____

Amount of Allowance:
Provide amount for each utility type with an allowance & include bedrooms & unit style (if applicable).

BR	Unit Style	Gas	Electric	Water	Sewer	Trash	Other: _____

Supportive Services

Supportive Services Provider: _____ per week: _____
Contact: _____ Phone: _____ Email: _____
Describe services to be offered: _____

Fair Housing

Affirmative Fair Housing Marketing Plan Type: _____ Date OHFA Approved: _____

Programs or Services *Check all that apply.*

- Case Management
 Supportive Services
 Video Surveillance
 On Site Management
 Security Staff Onsite
 Other: _____

Unit Features *Check all that apply.*

- Accessible Bathroom
 Central Air
 Energy Efficient Heating and Cooling
 Security Alarm System
 Washer/Dryer in unit
 Accessible Units
 Dishwasher
 Fully Furnished Units
 Washer/Dryer Hook-up
 Call-For-Aid
 Elevators
 Patio/Deck/Balcony
 Other: _____

Project Features *Check all that apply.*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accessible Bathroom | <input type="checkbox"/> Community Kitchen | <input type="checkbox"/> Fire Escapes | <input type="checkbox"/> Security Alarm System |
| <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Community Room | <input type="checkbox"/> Garage | <input type="checkbox"/> Security Gate |
| <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Computer Room | <input type="checkbox"/> Gazebo/ Pavilion/ Picnic Area | <input type="checkbox"/> Service Coordinator Office |
| <input type="checkbox"/> Beauty Salon | <input type="checkbox"/> Counseling Rooms | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Call-For-Aid | <input type="checkbox"/> Covered Mailboxes | <input type="checkbox"/> Maintenance Building | <input type="checkbox"/> Wellness Center |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Day Care | <input type="checkbox"/> Mechanical Room | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community Building | <input type="checkbox"/> Elevators | <input type="checkbox"/> Media/ Library Room | |
| <input type="checkbox"/> Community Dining Area | <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Parking Lot | |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Exterior Storage | <input type="checkbox"/> Playground | |

Project Fees

Please list all mandatory and optional fees available at the project. (i.e garage, \$50, optional). Any fees that cannot fit on this page need to be attached as a separate document.

Type of Fee	Amount	Mandatory/Optional	Type of Fee	Amount	Mandatory/Optional

Additional Documents Required

With this signed form submit the following to OHFA.

- Compliance Training Certs for QAP Requirements
- Current Lease w/Addendums and Attachments
- List of Non-optional Charges and Amounts
- Site Map of the project
- Tenant Selection Plan
- UA or Rent Schedule Documentation
- VAWA Emergency Transfer Plan

Also include for Acquisition/Rehabilitation:

- Current Rent Roll with Move-In Dates
- Current Relocation Plan

OHFA does not approve submitted documentation. Issues of non-compliance with any documentation may be discussed during the CNS meeting and need to be corrected before the meeting is closed.

Send this form and any questions to ComplianceNextSteps@ohiohome.org.

Owner/Authorized Signature

Date

Print Name

Title

Management Signature

Date

Print Name

Title