

Owner Name:			
Address:			
Project Name:			
Address(s):			
City:		Zip:	

Total Units in Project _____ Date of Initial Occupancy _____

No. of Low Income Units _____

1. The Owner certifies that, **initially**:

a. At least 20% or more of the HOME assisted units in the Project had rents at or below Low HOME Rents and were occupied by individuals whose income was 50% or less of area median income. YES NO N/A

b. At least 70% or more of the remaining HOME assisted units in the project had rents at or below High HOME Rents and were occupied by individuals whose income was 60% or less of area median income. YES NO N/A

c. The remaining 10% of the HOME assisted units in the Project had rents at or below the High HOME Rents and were occupied by individuals whose income was 80% or less of area median income. YES NO N/A

2. **Subsequent to initial occupancy**, the Owner certifies that:

a. At least 20% or more of the HOME assisted units in the Project have rents at or below the Low HOME Rents and are occupied by individuals whose income is 50% or less of area median income. YES NO N/A

b. The remaining 80% of the HOME assisted units in the Project have rents at or below the High HOME Rents and are occupied by individuals whose income is 80% or less of area median income. YES NO N/A

3. For those projects that have elected to exceed the minimum set-aside requirements, at least _____% of the low income units are set-aside for households with incomes below _____% of the median income. YES NO N/A

4. The Owner certifies that each low-income unit has a gross rent (rent paid by tenant plus any utility allowance) that does not exceed the maximum allowed under the HOME Program.
YES NO
5. The Owner certifies that a determination has been made as to whether each tenant meets the low-income rental requirements on at least an annual basis using anticipated income. An income certification form for each low-income tenant (HOME Tenant Questionnaire, Form AM-505) and supporting documentation is available for inspection.
YES NO
6. The Owner certifies that each unit and building in the project is suitable for occupancy taking into account local health, safety, and building codes and HUD Housing Quality Standards.
YES NO
7. The Owner certifies that the utility allowance is reviewed annually and is obtained through the local PHA or directly from the applicable utility companies.
YES NO N/A
8. The Owner certifies that Equal Opportunity, Fair Housing, and Affirmative Marketing Guidelines and Regulations have been followed in all business transactions.
YES NO

*** Attach a narrative regarding Affirmative Marketing efforts during the past year.**

9. The Owner certifies that pursuant to Section 504 of the Rehabilitation Act of 1973:
 - a. Reasonable accommodation policies have been implemented.
YES NO
 - b. Appropriate auxiliary aids are available, if requested, to ensure effective communication with tenants/applicants with disabilities.
YES NO
 - c. Policy is in place to inform eligible persons with disabilities about the availability of accessible units and nondiscriminatory steps are taken to maximize utilization of such units by persons with disabilities.
YES NO
 - d. If applicable, Section 504 coordinator(s) have been designated.
YES NO N/A

*** Attach a copy of the current policy or policies addressing the above items.**

10. The owners certify that they have encouraged the use of women and minority owned businesses in all bidding processes.
YES NO N/A
11. The owner certifies compliance with the requirements of the Davis-Bacon Act, Contract Work Hours and Safety Standards Act, and other applicable federal laws and regulations pertaining to Labor Standards.
YES NO N/A

12. The Owner certifies that all tenant facilities of any building in the project are provided on a comparable basis to all tenants in the building. YES NO
13. The Owner certifies that no tenants have been evicted or not had leases renewed, except as allowed by law. YES NO
14. The Owner certifies that all tenants have signed the "Lead Based Paint" form and have been given a copy. YES NO
15. The Owner certifies that if the income of tenants in low-income units increases, above the limit allowed, the tenant's rent is adjusted to 30% of the family's adjusted income or market rent, and the unit is marketed to an eligible tenant when vacated. YES NO
16. The Owner certifies that flood insurance is in effect, if required. YES NO N/A
17. The Owner certifies that any added requirements, as stated in the written agreements, have been adhered to. YES NO N/A

The **balance of the Replacement Reserve Account** is \$ _____ as of _____.
(date)

It is held in _____, _____, _____.
(Financial Institution) (City,) (State)

Amount deposited monthly _____ .

Attach list of improvements made in past year and amount disbursed.

Provide a current bank statement reflecting the current Replacement Reserve Account balance.

The **balance of the Security Deposit Account** is \$ _____ as of _____.
(date)

It is held _____, _____, _____.
(Financial Institution) (City,) (State)

Provide a current bank statement reflecting the current balance of the Security Deposit Account.

The **property taxes** for the prior year _____ in the amount of \$ _____ were paid on _____.
Attach a copy of the paid tax receipt.

The **property insurance premium** in the amount of \$ _____ , held by

(Insurer) _____, was paid on _____.
(date)

Attach a copy of the paid insurance receipt providing coverage amount and including SDHDA stated as certificate holder with additional interest in property.

Attach a copy of the development year-end financial statement.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Report Submitted By: _____
Name of Project/Owner

Signature of General Partner or Authorized Representative*

Owner Address _____

Phone Number _____ Date Submitted _____

** If completed and signed by other than the general partner, a signed and notarized authorization form must be on file at SDHDA. See Form AM-504 Designation of Authorized Representative.*

Management Agent Information

Does the management agent have fidelity bond coverage? YES NO

Attach a copy of the current management agreement.

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON QUESTIONS 1-17.

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed if any change since last submission or first submission)

TRANSFER OF OWNERSHIP

Date of Change:	
Legal Owner Name:	
General Partnership:	

CHANGE IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Address:	
Owner city, state, zip:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

CHANGE IN MANAGEMENT CONTACT

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	
Regional Mrg. Name:	
Regional Mrg. Address:	
Regional Mrg. City, State, zip:	
Regional Mrg. Phone:	
Regional Mrg. Fax:	
Regional Mrg. Email:	
Site Manager Name:	
Site Mrg. Address:	
Site Mrg. City, state, zip:	
Site Mrg. Phone:	
Site Mrg. Fax:	
Site Mrg. Email:	
Annual Reporting Contact Name:	
Annual Reporting Address:	
Annual Reporting city, state, zip:	
Annual Reporting Email:	