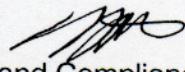


MEMORANDUM NO. 05-12-02

TO: HOME Program Project Owners

FROM: Mel Placek, Director   
Asset Management and Compliance

SUBJECT: Annual HOME Compliance Reports

DATE: December 15, 2005

Attached are the Annual Owner Certification, Compliance Monitoring Status Report, and Move-In Move-Out Report to be completed and submitted to SDHDA by January 15, 2006.

The period you will be reporting is the calendar year 2005. Your submission must include the originals and one copy of the following for each HOME project:

1. One (1) Annual Owner Certification (AM – 501) including a narrative report describing affirmative marketing efforts during the year
2. Twelve (12) Compliance Monitoring Status Reports (formerly Monthly Occupancy Reports) or one for each month you were in service for the year (AM – 425)
3. One (1) Move-In Move-Out Report (AM – 503)
4. Verification of payment of property taxes and insurance
5. Verification of a replacement reserve account and balance
6. Verification of a security deposit account and balance

Thank you for your cooperation in returning this information in order to fulfill the compliance requirements of the HOME Program. I encourage you to refer to the HOME page of the Rental Compliance Center on our website at [www.sdhda.org](http://www.sdhda.org) for information on HOME program compliance, various program-related forms and manuals, and links to other websites that pertain to HOME.

MP

Attachments

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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 certifies 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).

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

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

The **property taxes** for the prior year \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ were paid on \_\_\_\_\_.

\_\_\_\_\_. Attached is a copy of the paid tax receipt.

The **property insurance premium** in the amount of \$ \_\_\_\_\_, held by \_\_\_\_\_, was paid on \_\_\_\_\_ (Insurer) (date).

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 Exhibit D.*

**Exhibit B  
TAX CREDIT / HOME COMPLIANCE MONITORING STATUS REPORT**

Page#													
Project Name:			Address: City:			County:			Period Report Covers:			BIN #:	
<input type="checkbox"/> 20/50 or <input type="checkbox"/> 40/60		Placed in Service Date:			Total # of Rental Units in Building:				% of Units Designated Low-Income at Allocation:				
% of Rental Units that Qualify as Low Income:				% of Units Qualified Low-Income Last Year:					# of Vacant Units Previously Occupied by Eligible Tenants:				
# Of Units Occupied by Eligible Tenants:							Is Rent Determined by Unit or Family Size:						
Project Owner:				Management Agent:				Report Prepared by:				Phone #:	

Unit # (1)	# of Bed rooms (2)	Square Footage (3)	Tenant Name First & Middle Initial & Last Name (4)	Family Size (5)	Race Gender Type  See code (6)	Move-in Date (7)	Move-in Income (gross annual) (8)	Recert Date (9)	Recert Income (10)	Tenant Portion Rent (11)	Utility Allowance (12)	Gross Rent (13)	50/60% Unit (14)	Move-out Date (15)

Project Name \_\_\_\_\_

Page Number \_\_\_\_\_

Unit # (1)	# of Bed rooms (2)	Square Footage (3)	Tenant Name First & Middle Initial & Last Name (4)	Family Size (5)	Race Gender Type <i>See code</i> (6)	Move-in Date (7)	Move-in Income (gross annual) (8)	Recert Date (9)	Recert Income (10)	Tenant Portion Rent (11)	Utility Allowance (12)	Gross Rent (13)	50/60% Unit (14)	Move-out Date (15)

**CODES:**

**Race of Head of Household Code**

- 1 = White/Non-Hispanic
- 2 = Black/Non-Hispanic
- 3 = Native American
- 4 = Asian
- 5 = Hispanic
- 6 = Information not provided

**Head of Household Code**

- A = Single/Non-Elderly
- B = Elderly
- C = Related/One Parent
- D = Related Two Parent
- E = Other

**Gender Code**

- Female = F
- Male = M

Example for (6) 1AF is a White Single Female



