

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

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

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

Gap Financing #: \_\_\_\_\_

**Project Information:**

Project Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Is this a change from previous year?  Yes  No

**Management Agent Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Management Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Is this a change from previous year?  Yes  No

**Annual Occupancy:**

Total number of units in project: \_\_\_\_\_

Total number of units repaired with CIP funds: \_\_\_\_\_

Total number of repaired units occupied on 12/31: \_\_\_\_\_

Do you maintain a separate reserve account for this project? Yes, balance: \_\_\_\_\_

No, balance of the main reserve account: \_\_\_\_\_

**Project Profile:**

**Please read and complete the question below. It must be answered and an explanation must be provided for all "No" responses below.**

Each building/unit in the project repaired using CIP funds were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the State or local government unit responsible for making local health or building safety code inspections did not issue a violation report for any building or low income unit in the project.

Yes  No

If no, explain and provide a copy of all violation reports:

OHFA reserves the right to request additional documentation.

