

Return completed form and required documentation to compliancnextsteps@ohiohome.org.

Project Name: _____ **DBA Name:** _____

Project Address: _____

City: _____ **County:** _____ **OHFA Project Number:** _____

Provide additional information (if needed) in the Notes section.

Contact Information

| | | |
|-----------------------|-----------------------|-------------------|
| Owner: _____ | Management. Co: _____ | Syndicator: _____ |
| Address: _____ | Address: _____ | Contact: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ | Phone: _____ |
| Contact: _____ | Contact: _____ | Email: _____ |
| Phone: _____ | Phone: _____ | |
| Email: _____ | Email: _____ | |

Restrictive Covenant

Contact: _____
Phone: _____
Email: _____

| | |
|-----------------------|------------------------|
| Developer: _____ | On-Site Manager: _____ |
| Address: _____ | Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Building/Unit Info for DevCo

Contact: _____
Phone: _____
Email: _____

If on-site manager is unknown leave section blank.

Is the project third-party managed?

Yes No *If yes, provide broker's licensee name, license number and expiration date:*

Licensee Name

License Number

Expiration Date

Are you using a third-party compliance consultant?

Yes No *If yes, provide company name, contact name and email:*

Company Name

Contact Name

Email

Changes to Project: Address Other: _____ None

Provide additional information in the Notes section.

Project Characteristics

Please check all that apply.

Project Type: Senior Service Enriched
 Family Target Population: _____
 Assisted Living Lease Purchase

Construction Type: New Construction
 Acq/Rehab
 Rehabilitation
 Adaptive Reuse

OHFA-Funded Programs:

Housing Tax Credits HOME HOME-ARP
 MF Lending Program OHTF 811 Program
 OHFA-issued Bond NHTF ODMSD
 State Tax Credits

Other Funding:

Section 8
 RAD Conversion
 HOPE VI
 Local Bond

 City/Local HOME

Buildings: _____
Low Income: _____
Market: _____
Employee: _____
Total Units: _____

Placed in Service (PIS) Date

Date of Acquisition: _____

First Building PIS Date: _____

Lease-up Start Date: _____

Last Building PIS Date: _____

Did you use the Acquisition Date to qualify in-place tenants? Yes No
If no, what date was used? _____

Rehab/Construction Completion %: _____

LIHTC Details

Minimum Set Aside: 20/50 40/60 Average Income

Credit Percentage: 4% 9%

LIHTC Unit Information

| # Units | # Bedrooms | Income Restriction % | Rent Restriction % |
|---------|------------|----------------------|--------------------|
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Accessible Units: _____

Sensory Unit Numbers/Addresses:

Mobility Unit Numbers/Addresses:

HDAP Details

HDAP Type: _____ HDAP Recipient: _____

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

HDAP Type: _____ HDAP Recipient: _____

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

Unit Information

| # Units | # Bedrooms | HDAP Designation | Income Restriction % | Rent Restriction % |
|---------|------------|------------------|----------------------|--------------------|
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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, and include bedrooms and unit style.

| # of BR | Unit Style | Electric | Gas | Water | Sewer | Trash | Other: | Total |
|---------|------------|----------|-----|-------|-------|-------|--------|-------|
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Fair Housing

Affirmative Fair Housing Marketing Plan Type: _____

Date OHFA Approved: _____

Owner is responsible for having an AFHMP in place at lease up.

Date Submitted to AFHMP@ohiohome.org: _____

Supportive Services

Supportive Services Provider: _____

Hours per week: _____

Contact: _____ Phone: _____

Email: _____

Describe services to be offered: _____

Does Supportive Services provider have experience with this project type? Yes No

Project Fees

List all mandatory and optional fees available at the project (i.e garage, \$50, optional).

| Type of Fee | Amount | Mandatory/Optional |
|-------------|--------|--------------------|
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| Type of Fee | Amount | Mandatory/Optional |
|-------------|--------|--------------------|
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Additional Documents Required

With this signed form submit the following to OHFA.

- Compliance Training Certificates per QAP Requirements
- Current Lease w/Addendums and Attachments with Effective Dates
- Tenant Selection Plan with Effective Date
- UA or Rent Schedule Documentation
- VAWA Emergency Transfer Plan

Also include for Acq/Rehab:

- Current Rent Roll with Move-In Dates
- Current Relocation Plan
- Transfer Tracking Log
- Recorded Warranty Deed

Notes

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, all required documents and any questions to ComplianceNextSteps@ohiohome.org.

Owner/Authorized Signature

Date

Print Name

Title

| For OHFA Use Only | | | |
|----------------------------|----------------|-----------------------------|----------------|
| <i>Compliance Division</i> | | <i>Development Division</i> | |
| _____ Signature | _____ Date | _____ Signature | _____ Date |
| _____ Print Name | _____ Title | _____ Print Name | _____ Title |
| Notes: | | | |