

Project Name: _____ Project Number: _____

Mark information as applicable to the project

Contact Information

Owner:
Address:
City/State/Zip:
Contact:
Phone:
Email:

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

Syndicator:
Contact:
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 ...
Include all updated information in notes.
 Address
 Other
 None

Project Characteristics

Please check all that apply.

Project Type: Senior Service Enriched
 Family Lease Purchase
 Assisted Living

Construction Type: New Construction
 Rehabilitation
 Adaptive Reuse

For Service Enriched, Target Population:

OHFA Funding Programs:

Housing Credits HOME
 MF Lending Program OHTF
 OHFA-issued Bond NHTF
 Ohio 811 Program
 ODMSD

Other Funding:

Section 8
 RAD Conversion
 Hope VI

 Local Bond
 City/Local HOME

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

LIHTC Details

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

HDAP Details

HDAP Type: _____ HDAP Recipient: _____
of Assisted Units: _____ Affordability Period: _____ (yrs)

HDAP Type: _____ HDAP Recipient: _____
of Assisted Units: _____ Affordability Period: _____ (yrs)

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

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 Approved: _____

Programs or Services *Check all that apply.*

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

Unit Features *Check all that apply.*

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

Project Features *Check all that apply.*

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

Notes or Concerns *Attach additional information as needed.*

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