

# Awardee Capacity Measurement System

## OHFA HOME Compliance

**2 points = concern**

**3+ points = high risk**

Applicant Name: \_\_\_\_\_ Date of App: \_\_\_\_\_

1. Would this be a new activity for the recipient? (**ZERO POINTS DEDUCTED asked for OHFA record keeping purposes**) \_\_\_\_\_  
\_\_\_\_\_
2. Has there been **any** late reports (Rental Reports or UA submission) from this Awardee over the past 12 months? (1 pt.)  
\_\_\_\_\_  
\_\_\_\_\_
3. Were there any concerns in the past 12 months from submission date of application? (1 pt)  
\_\_\_\_\_
4. Were there any findings in the past 12 months from submission date of application? (1 pt.)  
\_\_\_\_\_  
\_\_\_\_\_
5. If yes, were the findings equal to 50% or more of the written agreements monitored during the 12-month period? (2 pts.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has there been staff turnover? If yes, is there a plan in place to train new staff within a reasonable time? (if no plan 1 pt.) \_\_\_\_\_  
\_\_\_\_\_