

Awardee _____

Contract # _____

Guidance for NHTF Rental Compliance (MF & SF)

Complete the following form and give to OHFA upon inspection

Total # of units: _____

Total # of NHTF assisted units: _____

Section 504: (5+ units)

of handicap units (5%): _____ # of sensory units (2%): _____

Please note which units are handicap and which units are sensory on a rent roll or detailed report.

Please supply OHFA with a copy of the notice given to the residents for a physical inspection.

Are the NHTF units fixed or floating? _____ Are the NHTF units scattered throughout the site? _____ ; How many buildings does the site consist of? _____ ; Is there at least one NHTF unit in each building? _____ If no, please explain: _____

If applicable, how many bedroom sizes are there on the site? _____

If applicable, do the NHTF units consist of each bedroom size available? _____

Assure the following is documented in the file: head of household, # in household, age /sex of children, initial income verification date, recertification income verification date, source of gross annual income (asset income included), and how income was determined aka calculated. Income must be full source documented each year for entire household (Income verification must be no greater than 6 months from verification date to the latter of date of occupancy or assistance).

Assure that the TOTAL RENT CHARGED by the owner plus the utility allowance does not exceed the maximum allowed. This information must be documented in the file on the lease or other document.

Current utility allowance source and \$ for each unit size: _____

Please supply OHFA with a copy of the current UA used with proof of how obtained.

What utilities are the tenants responsible for? _____

What utilities is the owner responsible for? _____

Are **required** lease provisions and prohibited lease language complied with in lease or addendum: Yes or No

Lead based paint notification, if applicable: Yes or No ; Year site built: _____

Annual unit inspection (UPCS): Yes or No ; Found in the resident or master file? _____

A physical inspection will be conducted to also assure compliance with Section 504, ADA, and Fair Housing Accessibility. All deficiencies noted must be corrected. Is an Affirmative Fair Housing Marketing Plan (5+ units) in place? _____ ; Is Fair Housing info posted, furthered, and is there a process in place for complaints? _____ wheelchair logo? _____

Does Lease address Violence Against Women and Justice Depart. Reauthorization Act of 2005 (VAWA) Yes or No

This list is guidance only and may not list each item requested to be viewed upon inspection.

**** notes most items that will be viewed at first initial inspection***

December, 2018

Guidance for NHTF Rental compliance

The following is a guideline for the initial compliance inspection

- *Project commitment date (signed contract) _____; *Completion date (aka Placed In Service date) _____; *Sources of amts of funding in project _____;
- *Terms of NHTF assistance (i.e. loan/grant) _____ *Cost per unit per size \$ _____
_____;
- *Affordability Period _____ years; *NHTF funds awarded \$ _____
- *Is the NHTF per-unit subsidy to the project less than or equal to the max per unit subsidy? (*Link can be found in Chapter 9 of NHTF Implementation Manual*) _____
- *If rehab, was work performed according to written standards? (*These standards can be found in Chapter 4 of the NHTF Implementation Manual*) _____
- *OHFA will view work write-ups and final inspection reports to assure all property standards were met. Work write-up estimate \$ _____; date _____
- *Is a written tenant selection criteria followed? _____
- *Is there a **recorded** deed restriction? BK _____, PG _____, Date _____
- *Is there a **recorded** amended deed restriction? BK _____, PG _____, Date _____
- *If new construction, was a site /neighborhood standards review conducted? _____
- *If TBRA provided, were tenants in place at time of rehabilitation? _____
- *Is all environmental information documented and available for review? _____
- *Assure that the contractor was not ineligible. *Contractor name: _____;
- *EPLS or SAMS date: _____; *How was contractor advertised? _____
- *Does the file contain progress inspections prior to each request for payment? _____
- *Were change orders for scope of work requested and approved? _____
- *Final property standards inspection: inspected by: _____ date _____
(*This may be performed by PMG and by the City issuing a Certificate of Occupancy*)
- *Was all work detailed in the construction contract completed? _____
- *Was displacement and relocation assistance required? _____

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**** notes most items that will be viewed at first initial inspection***

December, 2018