

Date: _____ Grantee: _____ Contract #: _____

Location: _____

Location: _____

Guidance for HOME TBRA Compliance

Complete the following form and give to OHFA upon inspection

Total # of Families Assisted (Program Year): _____

Number of Families at or below 80% of Median Income: _____

Number of Families at or below 50% of Median Income: _____

Assure the following is documented in the file: head of household, # in household, age /sex of children, **student status**, 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.

Was the HOME student question asked at initial occupancy and recert? _____

Type of TBRA Assistance:

Rent _____

Utility Costs _____

Security Deposits _____

Utility Deposits _____

Which one: _____

What utilities are the tenants responsible for? _____

Occupancy Standard: _____

Minimum & Maximum Payment: _____

Is prohibited lease language complied with in a lease addendum: Yes or No (circle one) _____

Termination standard in lease or contract between Awardee and tenant: _____

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

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**

Revised 10-28-13

Guidance for HOME TBRA Compliance

Annual unit inspection (HQS): 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.

Environment signed: _____

Is an Affirmative Fair Housing Marketing Plan in place? _____;

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***

Revised 10-28-13

H:\MONITOR\MONITORING FORMS\Rental Forms and Checklists\Guidance for HOME Rental Compliance

