###### LIHTC 2022-23 QAP

###### Coordinating Plan

**ABC Apartments**

## Street Address or Intersection of Property

## City, Zip Code, County, Arizona

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Summary Information** | | | | | | |
| **Construction Type** | | [*select one:*] rehabilitation / new construction | | **Estimated month/year  of first certificate of occupancy** | |  |
| **Total no. of Units** | |  | | **Total no. of Targeted Units** | |  |
| **Property Type** | | [*select one:*] Family / Elderly 62+ / Elderly **X**% 55+ and **X**% **X age** | | | | |
| **Residents Served** | | [*select one or more:*] persons with disabilities, persons experiencing homelessness, victims of domestic violence and youth existing foster care | | | | |
| **Contact Information** | | | | | | |
|  | **Owner** | | **Management Agent** | | **Local Lead Agency** | |
| **Organization** |  | |  | |  | |
| **Address** |  | |  | |  | |
| **City, State, Zip** |  | |  | |  | |
| **Primary Contact** |  | |  | |  | |
| **Title** |  | |  | |  | |
| **Phone 1** |  | |  | |  | |
| **Phone 2** |  | |  | |  | |
| **Email** |  | |  | |  | |
| **Secondary Contact** |  | |  | |  | |
| **Title** |  | |  | |  | |
| **Phone 1** |  | |  | |  | |
| **Phone 2** |  | |  | |  | |
| **Email** |  | |  | |  | |

# I. SITE Suitability

**Unit Size and Design Features**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total # of units** | **# of Type A units** | **# of Type A units** |
| 1-BR |  |  |  |
| 2-BR |  |  |  |
| 3-BR |  |  |  |
| 4-BR |  |  |  |

***The actual unit mix for targeted households will depend on the needs of those referred.***

Describe any adaptability, accessibility or assistive technology features beyond the required minimums.

Describe any community space being developed or rehabbed.

**Access to Community Features and Public Transportation**

Indicate the distance (0.25 mile, 3 miles, etc.) from the property to the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community feature** | **Miles** | **Community feature** | **Miles** | **Community Feature** | **Miles** |
| Public Transit Stop |  | Public Parks |  | Library |  |
| Full-service grocery |  | Outdoor Athletic fields/courts |  | Bank / Credit Union |  |
| Convenience Store |  | Medical Offices |  | Community / Senior Center |  |
| School |  | Hospital |  | Post Office |  |
| Day Care / After School |  | Pharmacy |  | Public Safety (Fire/Police) |  |

Describe the availability and cost of public transportation including transportation services.

**II. Targeted UNIT AFFORDABILITY**

Units must have a rent subsidy.

List the number of units in the property supported by each type of subsidy.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HUD PBRA (Section 8)** |  | **Public Housing** |  | **USDA PBRA** |  |
| **Operating Reserve** |  | **McKinney-Vento** |  | **Other** [*describe below*] |  |

[rapid rehousing, AHCCCS, emergency housing vouchers]

Describe the eligibility criteria (income limit, etc.) associated with the program(s) selected.

Explain how unit referrals will be given preference in relationship to any wait list and preference policies of rent subsidy programs.

**III. Experience**

Provide a description of the experience of the **Insert Local Lead Agency,** their capacity to provide access to supportive services, and to maintain relationships with the management agent and community service providers for the duration of the compliance period.

**IV. Certification and Memorandum of Understanding**

WHEREAS **Insert Owner** was awarded Low-Income Housing Tax Credits (LIHTC) from Arizona Department of Housing (ADOH) to finance and build **XX** apartment units, known as **Insert Apt Name** in **City,** **Arizona**;

ADOH’s Qualified Allocation Plan awards points for LIHTC properties targeting fifteen percent (15%) of the total units to [***select one or more:***] persons with disabilities, persons experiencing homelessness, victims of domestic violence and youth existing foster care;

**Insert Local Lead Agency** provides, coordinates, or represents agencies that provide direct community-based services in the **Insert City** area to these populations; and

**Insert Local Lead Agency** seeks to expand and support affordable housing opportunities for these populations;

THEREFORE, **Insert Owner** and **Insert Local Lead Agency** and **Insert Property Management Co.** agree to the following supportive housing partnership to target **XX** apartment units (the “Targeted Units”) within the **Insert Apt Name** apartment complex for persons referred by human service agencies through the process coordinated by the **Insert Local Lead Agency**.

**Insert Owner shall:**

* Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
* Assure that the Targeted Units remain available to eligible persons referred through the process coordinated by **Insert Local Lead Agency**, and that the purposes and spirit of this agreement, are maintained through the compliance period.

**Insert Local Lead Agency shall:**

* + Be the single point of contact for **Insert Property Management Co.** on-site manager(s)regarding any Targeting Unit tenancy issues that may arise.
  + Actively reach out to the **Insert Property Management Co.** on-site manager(s)to build a partnership and facilitate early identification and communication of Targeted Unit tenancy concerns.
  + Relay identified tenancy concerns to the appropriate referral agency and offer technical assistance and community resource information to referral agencies when appropriate.
  + Not give a preference based on either disability type (actual or perceived) or being a client of a particular provider when making referrals.

**Insert Property Management Co. shall:**

* Notify the **Insert Local Lead Agency** of initial lease-up three (3) months prior to anticipated occupancy certification or when marketing begins, whichever comes first.
* Educate initial and subsequent on-site property managers on the Coordinating Plan, ADOH policies and procedures, and contact information for the **Insert Local Lead Agency**.
* Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
* Screen all referred households using established, standard screening criteria applicable to all potential tenants.
* Include language on Reasonable Accommodations on its application for tenancy.
* In the event a referred applicant is denied housing,
  + notify the applicant and **Insert Local Lead Agency** of reason for denial, and
  + accept and consider requests for Reasonable Accommodations in accordance with applicable fair housing law.
* For a period of 90 days from the date of the first certificate of occupancy, establish a preferential leasing opportunity for the **XX** units specified in this Coordinating Plan for the targeted population.
* In the event a vacancy occurs at the property and not all **XX** Targetedunits are filled with referred persons, notify **Insert Local Lead Agency** and hold the unit open for a period no less than 10 days from the date **Insert Local Lead Agency**is made aware of the vacancy. If no eligible applicant is referred within 10 days, the unit may be rented to any eligible applicant. This process is repeated until **XX** Targeted units are occupied by referred persons.
* Communicate tenancy issues with the **Insert Local Lead Agency** in a timely manner.
* Facilitate communication with **Insert Local Lead Agency** by designating, in the event of staff turnover, a named individual as the primary contact on matters related to the Targeted Units.

**All parties to this Agreement shall:**

* Agree that **Insert Owner** and **Insert Property Management Co.** are responsible for meeting compliance requirements and maintaining the property for the benefit of all tenants.
* Agree that the provisions of this agreement notwithstanding, decisions on the admittance and/or retention of tenants according to fair housing and AZ landlord tenant law are the responsibility of **Insert Property Management Co.**.
* Agree that tenant participation in supportive services will be entirely voluntary and not a formal or implied condition of occupancy.
* Agree that in the event that disagreements or difficulties arise that they are unable to resolve through open and cooperative dialogue, they will seek assistance in resolving these conflicts from ADOH.
* Agree the fact that an individual has a disability will not be disclosed beyond stating the person is eligible. The nature of the individual’s disability may only be disclosed by the individual and should not be needed by the Property Owner or Property Management Company. Reasonable accommodations can be requested without disclosing the nature of the individual’s disability.
* Agree to not disclose a qualified tenant’s participation to anyone, including other tenants.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insert Owner Name, Owner Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insert Management Contact Name, Management Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insert Local Lead Agency Contact Name, Local Lead Agency Signature Date**