

HOME/SHTF/NHTF/NSP ANNUAL REPORT GUIDE YE 2023

1. HOME, SHTF, NHTF or NSP Annual Report for Long Term Compliance

The report is due annually, postmarked on or before August 1st, and has a reporting period from January 1st through December 31st of the previous year.

The report is not considered received in its entirety unless the following documents are submitted:

a. Annual Compliance Report for Rental Properties with State-Assisted Units

- i. Required for all Permanent or Transitional Rental Housing
- ii. If Form mailed in, it must be signed by the owner in Original Ink
- iii. Form can also be submitted via Annual Report Portal.
- iv. HOME Properties: Complete & Submit attached Affirmative Marketing Report

b. Rental Schedule for State-Assisted Units – Annual Compliance Report Attachment

- i. Required of all HOME/State-HTF/National- HTF/NSP Projects
- ii. Letter Size Document
- iii. Tracks all activity for state-assisted units in project for entire reporting period.
- iv. Illustrate “Vacancy” on a separate line for unit vacancies over 30 consecutive days and include date unit became vacant in the move-in column.
- v. Please provide additional written explanation for all units vacant over 6 consecutive months.
- vi. Provide lease term and signature pages for households occupying units for less than the required 12 months.
- vii. Information for the Rental Schedule should come directly from the Tenant Income Certification (TIC) form completed for each household in 2023.
- viii. **Project Name/Address:** Enter the property name (i.e. Perfect Place Apartments) and the address.
- ix. **Unit #:** Units must be listed on a per building basis in numerical order.
- x. **# Bdrms:** Number of bedrooms in the unit
- xi. **Household Last Name:** Head of Household’s last name and first initial. For vacant units write “VACANT”.
- xii. **Unit Set-Aside:** Enter the set-aside percentage of the AMGI for the unit, as outlined in the project’s CCRs.
- xiii. **Race of HH:** Use number code to identify race of household based on Household Demographic information obtained at move-in or recertification.
- xiv. **Hispanic:** Input a “Y” for yes and an “N” for no, based on Household Demographic information obtained at move-in or recertification.
- xv. **Total # of people in the unit:** List the total number of people residing in the unit.
- xvi. **Move-In Date:** The original date that the tenant moved into the unit. For vacant units, list the day after the unit was last occupied.
- xvii. **Annual Recert Date:** Enter the date of recertification during the reportable year (2023). Only input if the tenant moved in during a previous reporting year. Fill in N/A for current reportable year move-ins and vacant lines.

- xviii. **Move-Out Date:** Enter the date the tenant vacated the unit. Complete only if household vacated during the reportable year. Do not anticipate future move-out dates. For vacant units, enter the day before the next household moved in.
- xix. **Total Income + Income from Assets:** Enter the household's most recent documented total gross annual income for the reportable year. (item L on page 1 of TIC)
- xx. **Unit Monthly Rent (A):** The actual dollar amount of contracted rent for the unit, not including the utility allowance.
- xxi. **Utility Allowance (B):** Enter the actual dollar amount of the utility allowance being used for the unit.
- xxii. **Total Monthly Housing Cost for the unit (C):** Enter the total of:
 - i. **Unit Monthly Rent (A) + Utility Allowance (B)**
- xxiii. **Type of Rental Subsidy for the unit:** If the Household is receiving rental assistance, the funding source must be listed.
- xxiv. **Amount of Rental Assistance:** List the actual dollar amount of rental assistance that the household is receiving, if any.
- xxv. **Total Monthly Rent paid by the Tenant (Tenant Paid Rent + Utility Allowance):** List the actual dollar amount paid by the tenant to include the utility allowance.

c. Project Contact Sheet

- i. Indicate HOME/SHTF/ NHTF/NSP Contract Number
- ii. Complete form in its entirety
- iii. Complete additional sheets for scattered sites

ci. Financial Statements

- i. All projects with 10 or more State Assisted HOME units are required to submit financial statements. Financial Statement are to be uploaded to the Financial Statement <https://housing.az.gov/portals/document-upload-portals/financial-statements-upload-portal>.

cii. Rent Increase

- i. All projects funded after August 23, 2013 are required to submit a formal request to increase rent. This should be sent to the Compliance Program Manager **under separate cover** to ensure they are reviewed in a timely manner.

2. HOME, SHTF, NHTF or NSP Units in a Tax Credit Property

- a. Annual Report requirements for HOME, SHTF, NHTF or NSP units in a Tax Credit property are satisfied with the submittal of the Tax Credit Annual Report every March 15th



HOME/HTF/NSP Contract #: _____

of State assisted Units: _____

Annual Compliance Report For Rental Properties with State-Assisted HOME, HTF and/or NSP Units

This report is required to be filed with the Arizona Department of Housing (ADOH) for properties containing State-Assisted units (either State/National **Housing Trust Fund (HTF)**, State **HOME Funds** or **Neighborhood Stabilization Program (NSP)** and is due postmarked no later than **August 1, 2024**.

For information contact Karen Garcia, Compliance Annual Review Officer, at (602) 771-1038.

Reporting period covered by this report: **January 1, 2023 through December 31, 2023**

Project Name (if applicable): _____

Property Address: _____

City, State, Zip: _____

Property Owner: _____

Contact Name & Phone Number: _____

Management Company (if applicable) _____

Mgmt Contact Name & Phone Number: _____

Placed in Service Date: _____

A. Occupancy Information

_____ **Number of State-Assisted Units in Project**

Occupied: # Vacant:

_____ _____ Low-Income Units (occupants @ or <60% AMI)

_____ _____ Very Low-Income Units (occupants @ or <50% AMI)

_____ **Number of Other Units in Project**

Occupied: # Vacant:

_____ _____ Low-Income Units (occupants @ or <80% AMI)

_____ _____ Market Rate Units

_____ **Total Number of Units in Project**

B. Certifications

By signing below I/we certify the following to be true for this reporting period:

1. All State-Assisted Units are occupied by income-eligible households according to the project’s funding agreement with the State and according to any applicable *Declaration of Covenants, Conditions, and Restrictions (CC&R’s)*.
2. All State-Assisted Unit rents have been set according to any applicable *Declaration of Covenants, Conditions, and Restrictions (CC&R’s)*.
3. An annual income certification (TIC & supporting verifications) from each low-income resident occupying a State-Assisted Unit was received.
4. All State-Assisted Units in the project were made available for use by the general public and used on a non-transient basis. Initial leases on all State-Assisted units were for a term of at least 1 year unless the tenant agreed otherwise.
5. Residents of the State-Assisted Units with incomes that increased to over 80% AMI, had their rents adjusted to require that the tenant pay 30% of their adjusted income.
6. Documentation is on file that shows that updated utility allowances was obtained during the reporting year and tenant rents in State-Assisted Units have been adjusted accordingly (if utilities are tenant paid). Date of last update from Utility Allowance: _____ (If utilities are paid by owner please state “N/A” in place of date). Attach a copy of the current utility allowance schedule.
7. Uniform Physical Condition Standards (UPCS) Inspections were conducted on all State-Assisted Units during the calendar year. Records on file reflect that:
Check as applicable:
 - All _____ State-assisted units met UPCS.
 - _____ units did not meet UPCS at the time of inspection but all concerns have been corrected and units currently meet UPCS.
 - _____ units did not meet UPCS at the time of inspection. Repairs are scheduled to be completed no later than: _____ .
8. The project continues to meet all applicable local codes, zoning and ordinances.
9. I/We certify that we are complying with the State’s Affirmative Marketing requirements and that residents have been notified of their VAWA 2013 rights. Documentation demonstrating compliance is on file.

This certification is made under penalty of perjury. I/We understand that if, at any time, ADOH determines that the Owner or the property is not in compliance with all requirements as set forth in the funding agreement with ADOH or in the applicable *Declaration of Covenants, Conditions, and Restrictions*, ADOH shall consider the item as a finding of non-compliance and shall pursue any and all remedies at its disposal.

Owner Representative Signature

Date

Print Name

Print Title

C. Contact Information

This report must be postmarked or submitted electronically no later than **August 1, 2024**
Signed reports can be uploaded to the ADOH documents portal at the following link, <https://housing.az.gov/portals/document-upload-portals/compliance-annual-report-portal>. If postal mail is chosen please mail report and attachments to:

Arizona Department of Housing
Karen Garcia, Compliance Annual Review Officer
1110 W. Washington, Suite 280
Phoenix, Arizona 85007

**STATE OF ARIZONA HOME PROGRAM
AFFIRMATIVE MARKETING REPORT
For the period January 1, 2023 through December 31, 2023**

Project Name: _____

Project Address: _____

City/State/Zip Code: _____

Property Owner/Contact: _____

Property Owner Address: _____

City/State/Zip: _____

Owner Phone Number: _____

Property Manager/Contact: _____

Manager Phone Number: _____

1. All that apply:

- Advertisements included the equal housing opportunity logo or statement
- Advertised in minority-owned newspapers or on minority radio and/or television
- Advertised in general audience newspapers, radio, and/or television
- Distributed brochures and/or leaflets
- Placed ad in rental office window

Utilized the following resources for outreach to those least likely to apply to live in the units:

- | | |
|--|--|
| <input type="checkbox"/> Community organizations | <input type="checkbox"/> Housing counseling agencies |
| <input type="checkbox"/> Places of worship | <input type="checkbox"/> Social service centers |
| <input type="checkbox"/> Employment centers | <input type="checkbox"/> Medical services centers |
| <input type="checkbox"/> Fair housing groups | |

2. Attach copies of Affirmative Marketing Plan and information regarding all marketing efforts (i.e. copies of newspaper ads, memos of phone calls, copies of letters, etc.).

CERTIFICATION

I hereby certify that the above actions have been taken to provide information and otherwise attract eligible person from all racial, ethnic, and gender groups in the housing market area to this project. I understand that if these actions are determined unacceptable or otherwise unsuccessful, ADOH may take corrective actions.

Signature

Date

Print Name

Print Title

Contact Sheet

(Please fully complete form)

HOME/SHTF/NHTF/NSP Contract # _____

Project/Property Information

(please complete additional sheets for scattered sites)

Project Name _____
Previous or A.K.A _____
Project Address _____
City, State, Zip _____
Project Phone # _____
Project Fax # _____
Project Email _____

Ownership Entity/Organization Information

Contact Name _____
Entity Name _____
Entity Address _____
City, State, Zip _____
Contact Phone # _____
Contact Fax # _____
Contact Email _____

Management Agent Information

Contact Name _____
Mgmt. Company _____
Mgmt. Address _____
City, State, Zip _____
Contact Phone # _____
Contact Fax # _____
Contact Email _____

Site Manager Information

Site Mgr. Name _____
Site Mgr. Address _____
City, State, Zip _____
Site Mgr. Phone # _____
Site Mgr. Fax # _____
Site Mgr. Email _____



Annual Compliance Report Attachment RENTAL SCHEDULE FOR STATE-ASSISTED UNITS

This occupancy information must be completed for all State-Assisted Units during the entire reportable year. If a unit was (for any period of time during the reportable year) vacant, please note "vacant" in the Household Last Name column, and the dates of vacancy in the Move-In Date & Move-Out Date columns. This information must be attached to your Annual Compliance Report. You need only to report on your State-Assisted Units.

Project/Property Name & Address: _____

Unit #	# of BRs	Household Last Name	Unit Set-Aside (50%, 60%, 80% or OI)	Race of HH (see codes below)	Hispanic? (Y or N)	Total # of People in Unit	Move-In Date	Annual Certification/ Re-Cert Date	Move-Out Date	Total Annual Household Income (including income from Assets)	Unit Monthly Rent A	Utility Allowance B	Total Monthly Housing Cost for the unit C A + B = C	Type of Rental Subsidy to Unit (if applicable), i.e., Section 8, Project Based Rental Assistance	Amount of Rental Assistance	Total Monthly Rent paid by Tenant (TPR + UA)

Race of Household Code

- 11 – White
- 12 – Black/African American
- 13 – Asian
- 14 – American Indian/Alaska Native
- 15 – Native Hawaiian/Other Pacific Islander

- 16 – American Indian/Alaska Native & White
- 17 – Asian & White
- 18 – Black/African American & White
- 19 – American Indian/Alaska Native & Black/African American
- 20 – Other Multi-Racial

Hispanic Code

- Y - Yes
- N - No



HOME Rent Increase Request

Project Name	
Contract #	
County	
Date	

Number of pages _____

Please use additional forms as needed

Please provide a copy of the most recent utility allowance schedule being used on the property.

If you have not received a response within 30 days, please contact us.

Proposed Increase Information:

Address / Unit #	Bedroom Size	Current Rent	*Utility Allowance	**Proposed Increased Rent	Low HOME or High HOME	Effective Date of Increase

* ADOH's approval of this rent increase is based on the above stated utility allowance (UA).

Should the UA be incorrect, the rent(s) may result in rents exceeding the HUD allowed limit.

** If increase is equal to or greater than \$50, please include an explanation.

Our review does not purport to provide certification or warranty to you or your investors, nor should you rely upon this approval in lieu of your responsibilities as owner of a low-income housing project.

Owner Representative Signature

Date

Print Name

Title