

HOME/HTF/NSP ANNUAL REPORT GUIDE YE 2020

1. HOME, HTF 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/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 dates 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 2020.
- 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 (2016). 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/HTF/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 can be done by submitting the HOME Rent Increase Request spreadsheet with your submittal of the Annual Compliance Report.

2. HOME, Housing Trust Fund or NSP Units in a Tax Credit Property

- a. **Annual Report requirements for HOME, HTF 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 **Housing Trust Fund (HTF)**, State **HOME** Funds or **Neighborhood Stabilization Program (NSP)**) and is due postmarked no later than **August 1, 2021**.

For Information contact Juan Bello, Compliance & PBCA Administrator, at (602) 771-1074.

Reporting period covered by this report: **January 1, 2020 through December 31, 2020**

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, 2021**.
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
Juan Bello, Compliance & PBCA Administrator
1110 W. Washington, Suite 280
Phoenix, Arizona 85007

**STATE OF ARIZONA HOME PROGRAM
AFFIRMATIVE MARKETING REPORT
For the period January 1, 2020 through December 31, 2020**

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

HOME/HTF/NSP Contract # _____

(Please fully complete form)

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 _____

