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| ANNUAL PROJECT COMPLIANCE REPORT for HOME-ASSISTED RENTAL HOUSING (1 TO 4 TOTAL UNITS) |

**State Recipient:** **[ ]  City** **[ ]  County** **[ ]  Town of:**  **HOME Contract #:** **- HOME -**  **Project City:**  **Project County:**

**Owner Name:**       **Project Name:**       **Project Address:**       **Project Zip:**

**Prepared by:**       **Check the title of the Report Preparer:** **[ ]  manager** **[ ]  agent** **[ ]  owner** **[ ]  Other:** **Date Prepared:**

**Total # Units:** **# HOME Units:**  [ ]  **fixed** **[ ]  floating**

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| **PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS REPORT** |

►**COPY of the RENT AND INCOME LIMIT CHART(S) USED FOR INCOME CERTIFICATION with effective dates noted**

►**COPY of the UTILITY ALLOWANCE SCHEDULE(S) USED FOR INCOME CERTIFICATION (form HUD-52667) *or similarly formatted schedule* with effective date(s) noted**

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| **CERTIFICATION OF COMPLIANCE** |
| **I certify that the information in this report is true and correct.**   1. Owner / Manager *signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: [ ]  manager [ ]  agent [ ]  owner [ ]  other:       Date:        2. City / County / Town *signature*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:       |

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| **General Info.** | **Rent Information for HOME-Assisted Units** | **Income Information for HOME-Assisted Units** | **Recertification** | **Vacancy** |
| A | B | C | **D** | **E** | **F** | **G** | **H** | I | J | K | L | M | N | O | P |
| Enter the HOMEUnit **#** | **Select** the number of bedrooms for the HOME unitfrom the drop down menu | Rent and Income Limit Year**2010 effective 6/26/2010****2011 effective** **7/13/2011** | **HOME****RENT LIMIT** **Select** actual HOME rent limit designation used in certification and enter the corresponding dollar amount (amount includes a utility allowance)  | Enter the**Tenant’s** **Share** of Rent | **RENTAL****ASSIST-ANCE**(if applicable, enter amount of rental subsidy) | Enter theunit’s Utility Allowance (U/A) based on the unit size entered in column B | Enter the Total of Columns(**E+F+G**) | Does the total in (**H**)exceedthe amount in (**D**)?**Select**from the drop down menu: | Enter theTenant (head-of house)Name | **Select** theNumber of personsin the House-hold from the drop down menu: | **ANNUAL GROSS INCOME**Enter the ACTUAL certified Household**Income** | **INCOME LIMIT %****From the drop down menu, select** the **income limit % based on actual HH income entered in column L**: | Enter theinitial occupancy (move-in)Date**(date field formatted)****MM/DD/YYYY** | Enter theeffective date of the last IncomeCertification**(date field formatted)****MM/DD/YYYY****and****select either “recertification” or “New”** | If the unit is vacant, enter the move-out date**(date field formatted)****MM/DD/YYYY** |
|       |  |  | **$**  | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |       |       |
|       |  |  | **$**  | **$**     | **$**     | **$**    | **$**     |  |       |  | **$**      |  |       |       |       |
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**NOTE: Columns D: the “Rent Limit Amount” entered should reflect the same year in column O “Date of Last Annual Income Certification.”**

**NOTE: Column I definitions: Yes-OOC (out of compliance); Yes-OI (over income); Yes-PBRA (project based rental assistance)**