

## Quarterly Compliance Status Report

REPORTING PERIOD: ☐ Jan. 1- March 31 ☐ April 1- June 30 ☐ July 1- Sept. 30 ☐ Oct. 1- Dec. 31 REPORT YEAR: \_\_\_\_\_

### I. DEVELOPMENT INFORMATION

Development No.: \_\_\_\_\_ Development Name: \_\_\_\_\_

### II. OCCUPANCY SUMMARY DATA

Federal Minimum Set Aside: ☐ 40/60 ☐ 20/50 State Set Aside: ☐ 15/30 ☐ 20/50 ☐ 10/30

Total No. of Residential Buildings: \_\_\_\_\_ Targeted Applicable Fraction: \_\_\_\_\_

Date First Building Placed-In-Service: \_\_\_\_\_ Anticipated/ First Credit Year: \_\_\_\_\_

Are there buildings which will not begin its credits in the same "Anticipated/First Credit Year"? \_\_\_\_\_ If Yes, please identify the BINs and the anticipated credit year for each. \_\_\_\_\_

All buildings will be treated as: ☐ Separate Individual Projects ☐ Part of a Multiple Building Project<sup>1</sup> ☐ Both<sup>1</sup>

Total No. of Units: \_\_\_\_\_ Total Occupied Low-Income (LI) Units: \_\_\_\_\_ Total No. of Vacant LI Units: \_\_\_\_\_

Total No. of Empty Units: \_\_\_\_\_ Total No. of Staff Units: \_\_\_\_\_ Total No. of Market Units: \_\_\_\_\_

Total No. of Units Occupied by Veterans<sup>2</sup>: \_\_\_\_\_ Total No. of Units Occupied by Persons with Disabilities<sup>2</sup>: \_\_\_\_\_

Total No. of Units Occupied by Disabled Persons targeted by MAOI<sup>2</sup>: \_\_\_\_\_

Total No. of Units Occupied by Elderly<sup>3</sup>: \_\_\_\_\_

### COMMUNITY SERVICE STATUS

Has the community services been provided in accordance with the QAP and applicable HTC application? ☐ Yes ☐ No

If no, please provide an explanation: \_\_\_\_\_

*If yes, please provide the details of the event(s)/service(s) below. Submit support documentation (i.e. sign-in sheets, etc.).*

Date	Service Topic(s)	Organization Conducting Class	# of Participants

### DEVELOPMENT BASED RENTAL ASSISTANCE (Provided through owner subsidy or public housing authority contract)

Required? ☐ Yes ☐ No Date of First Subsidy Payment: \_\_\_\_\_

Month: \_\_\_\_\_ No. of Units Assisted<sup>4</sup>: \_\_\_\_\_ Amount of Credit Provided: \$ \_\_\_\_\_

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Month: \_\_\_\_\_ No. of Units Assisted<sup>4</sup>: \_\_\_\_\_ Amount of Credit Provided: \$ \_\_\_\_\_

### ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that the above information is true and accurate.

Owner Contact Name (Print): \_\_\_\_\_ Prepared by: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Attach multiple building election statement identifying the buildings in each project. 2. Attach the Special Needs Population Log AND written documentation provided as proof. 3. Attach the Special Needs Population Log. 4. Attach ORA Lease Addendum