

## 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>: \_\_\_\_\_

### 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>3</sup>: \_\_\_\_\_ Amount of Credit Provided: \$ \_\_\_\_\_

Month: \_\_\_\_\_ No. of Units Assisted<sup>3</sup>: \_\_\_\_\_ Amount of Credit Provided: \$ \_\_\_\_\_

Month: \_\_\_\_\_ No. of Units Assisted<sup>3</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. Attached the Special Needs Population Log. 3. Attach ORA Lease Addendum.