



HOME/HTF ANNUAL REPORT GUIDE

If you manage or own multiple HOME- or HTF-assisted projects, please complete a separate report for each project.

HOME or HTF Annual Report for Long Term Compliance

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

A. Annual Compliance Report for Rental Properties with HOME/HTF-Assisted Units

- 1) Required for all Rental Housing
- 2) If Form mailed in, it must be signed by the owner in Original Ink
- 3) HOME Properties: Complete & Submit the attached Affirmative Marketing Report

B. Project Contact Sheet

- 1) Indicate HOME/HTF Contract Number
- 2) Complete form in its entirety
- 3) Complete additional sheets for scattered sites

C. Rental Schedule for HOME/HTF Assisted Units – Annual Compliance Report

Attachment

- 1) Required of all HOME/HTF Projects
- 2) Tracks all activity for HOME/HTF-assisted units in project for entire reporting period.
- 3) Illustrate “Vacancy” on a separate line for unit vacancies over 30 consecutive dates and include date unit became vacant in the move-in column.
- 4) Please provide additional written explanation for all units vacant over 6 consecutive months.
- 5) Provide lease term and signature pages for households occupying units for less than the required 12 months.
- 6) Information for the Rental Schedule should come directly from the Tenant Income Certification (TIC) form completed for each household from reporting year.
- 7) Project Name/Address: Enter the property name (i.e. Mississippi Apartments) and the address.
- 8) Unit #: Units must be listed on a per building basis in numerical order.
- 9) # Bdrms: Number of bedrooms in the unit
- 10) Household Last Name: Head of Household’s last name and first initial. For vacant units write “VACANT”.
- 11) Unit Set-Aside: Enter the set-aside percentage of the AMI for the unit.
- 12) Race of HH: Use number code to identify race of household based on Household Demographic information obtained at move-in or recertification.
- 13) Hispanic: Input a “Y” for yes and an “N” for no, based on Household Demographic information obtained at move-in or recertification.
- 14) Total # of people in the unit: List the total number of people residing in the unit.
- 15) 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.
- 16) Annual Recert Date: Enter the date of recertification during the reportable year. 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.
- 17) 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.

- 18) Total Income + Income from Assets: Enter the household's most recent documented total gross annual income for the reportable year.
- 19) Unit Monthly Rent (A): The actual dollar amount of contracted rent for the unit, not including the utility allowance.
- 20) Utility Allowance (B): Enter the actual dollar amount of the utility allowance being used for the unit.
- 21) Total Monthly Housing Cost for the unit (C): Enter the total of: Unit Monthly Rent (A) + Utility Allowance (B)
- 22) Type of Rental Subsidy for the unit: If the Household is receiving rental assistance, the funding source must be listed.
- 23) Amount of Rental Assistance: List the actual dollar amount of rental assistance that the household is receiving, if any.
- 24) 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.

D. Financial Statements

All projects with 10 or more units are required to submit financial statements with the certification.

E. Rent Increase

All HOME 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.



HOME/HTF Contract Number(s):

HOME: _____

HTF: _____

Annual Compliance Report For Rental Properties with Assisted HOME and/or HTF Units

This report is required to be filed with Mississippi Home Corporation (MHC) for properties containing assisted units, either **Housing Trust Fund (HTF)** and /or **HOME** Funds.

Reporting period covered by this report:

July 1, _____ through June 30, _____

Project Name _____

Property Name (if different from original project) _____

Property Address _____

City, State, Zip _____

Property Owner _____

Contact Name & Phone Number _____

Management Company (if applicable) _____

Management Contact Name & Phone Number _____

Placed in Service Date _____

A. Occupancy Information: Total Number of Units in Project _____

1. Number of HOME/HTF-Assisted Units in Project _____

_____ # Occupied

_____ # Vacant

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

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

_____ Extremely Low-Income Units (occupants @ or <30% AMI)

2. Number of Other Units in Project _____

_____ # Occupied

_____ # Vacant

_____ Low-Income Units (occupants between 80% AMI & 60% AMI)

_____ Market Rate Units (above 80% AMI)

B. Certifications

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

1. All Assisted Units are occupied by income-eligible households according to the project’s regulatory agreement with MHC.
2. An annual income certification (TIC & supporting verifications) from each low-income resident occupying an Assisted Unit was received.
3. All 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 Assisted units were for a term of at least 1 year unless the tenant agreed otherwise.
4. Residents of the 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.
5. Documentation is on file that shows that updated utility allowances was obtained during the reporting year and tenant rents in 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.
6. Uniform Physical Condition Standards (UPCS) Inspections were conducted on all Assisted Units during the calendar year. Records on file reflect that:

Check as applicable:

	All 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 MHC's Affirmative Marketing requirements and that residents have been notified of their VAWA rights. Documentation demonstrating compliance is on file.

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

Owner Representative Signature

Date

Print Name

Print Title



HOME/HTF PROGRAM AFFIRMATIVE MARKETING REPORT

For the period July 1, _____ through June 30, _____

Project Name _____

Property Name (if different from original project) _____

Property Address _____

City, State, Zip _____

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 the 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 persons 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, MHC may take corrective actions.

Signature

Date

Print Name

Print Title



HOME/HTF Contract # _____

Date _____

Contact Sheet

(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

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

Management Agent Information

Mgmt. Company	
Mgmt. Address	
City, State, Zip	
Contact Name	
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 ASSISTED UNITS

This occupancy information must be completed for all 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 Assisted Units.

Project/Property Name & Address: _____

Unit #	# of BRs	Household Last Name	Unit Set-Aside 30%, 50%, 60%	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	Type of Rental Subsidy to Unit (if applicable), i.e., Section 8, PBRA	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



CERTIFICATION OF PROPERTY OWNER FINANCIAL STATUS

For use on all Financial Statements on HOME/HTF Projects

Owner Name: _____

Project Name: _____

Total # of Units: _____

HOME/HTF Contract Number(s):

HOME: _____

HTF: _____

Period of Financials: _____

I, the undersigned, HEREBY CERTIFY that the figures and statements attached hereto and submitted by me are true and give a correct showing of _____
[Owner Name] financial position as of the date of the financial statement.

I also certify that there IS NOT financing encumbering the accounts receivable of this entity.

Executed this _____ day of _____, 20_____.

By: _____

Printed Name

Signature

Title



HOME Rent Increase Request

Please use additional forms as needed.

Date	
Contract #	
Project Name	
County	
Number of pages	

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

* MHC'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