

# OHFA Rental Activity Annual Report

## Contact Information:

Development Name: \_\_\_\_\_  
 HOME Contract Number: \_\_\_\_\_

HOME Awardee Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Management Company:  Same as Awardee; or \_\_\_\_\_  
 Mgt. Co. Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Report Prepared by:  Same as Awardee contact above; or by \_\_\_\_\_

Reporting Period: January 1, 2015 through December 31, 2015

## Development Information:

Development includes scattered sites

Primary Location: \_\_\_\_\_ (City and County)  
 Total Units: \_\_\_\_\_ High-HOME Units: \_\_\_\_\_ Low-HOME Units: \_\_\_\_\_

Original IDIS Completion Date: \_\_\_\_\_  
 Affordability Period End Date: \_\_\_\_\_

Multiple properties with differing completion dates are included, please see attached Revenue Projection & Rent Roll for more information.

Please list any outstanding loans on the property:

Lender	Loan Balance	Req. Pymt (Monthly)	Is Loan Current	Maturity Date
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	

Please note if there is there any additional explanation of outstanding loans or other information to be aware of:

\_\_\_\_\_

## Performance Information:

1. What was the rent collection rate for the development (put another way, of total tenant rent due, what percentage was actually collected)? \_\_\_\_\_
  - a. If this was below 95%, what contributed to the low rent collections?  
\_\_\_\_\_
  - b. What is being done to improve rent collections this year?
2. What was the physical vacancy rate in the last year? \_\_\_\_\_
  - a. If physical vacancy was above 10%, please explain what factors contributed to this.  
\_\_\_\_\_
  - b. What is being done to improve occupancy this year?
3. How many new households moved in last year? \_\_\_\_\_
4. How many households moved out last year? \_\_\_\_\_
  - a. How many of these were evicted? \_\_\_\_\_
  - b. Please explain reasons for evictions or special circumstances contributing to evictions:  
\_\_\_\_\_
5. Does the development currently have a waiting list?  Yes or  No
  - a. If yes, how many eligible households are on the list? \_\_\_\_\_
  - b. If no, what plans do you have to advertise vacancies so you can fill them quickly as they occur?  
\_\_\_\_\_

## Maintenance & Physical Condition:

1. What is the current replacement reserve balance? \_\_\_\_\_
2. Were any capital improvements completed in the past year? (Capital improvements are generally items that can be expected to last more than 5 years, e.g. replacement of appliances, re-roofing, etc.)  Yes or  No
  - a. Please describe the work that was done:  
\_\_\_\_\_
3. Are any capital improvements planned in the upcoming year?  Yes or  No
  - a. Please describe the work that needs to be done:  
\_\_\_\_\_
  - b. Is funding in place for these needs?  Yes or  No
  - c. Please describe the source of funds or the plan for paying for any needed improvements:  
\_\_\_\_\_
4. Do you anticipate other capital needs over the next 3-5 years?
  - a. Please describe future capital needs:  
\_\_\_\_\_
5. How many units turned over last year? \_\_\_\_\_

6. What was the average time between one tenant moving out and the unit being deemed ready for occupancy (i.e. the unit was inspected, cleaned, maintenance/repair items completed as needed, and unit determined ready to rent)?
- \_\_\_\_\_
- a. If unit turns required more than 15 days on average, what contributes to slow turns and what is your plan to improve the turnover process?
- \_\_\_\_\_
7. Was the development cited for any local code violations in the past year?  Yes or  No
- a. If yes, have these violations been corrected?  Yes or  No
- b. Please explain:
- \_\_\_\_\_

### General Oversight & Other:

1. When was your agency's last audit completed? \_\_\_\_\_
- a. Was it an  unqualified audit, or were there  any management concerns expressed?
- b. Please explain how any audit findings or management concerns are being addressed:
- \_\_\_\_\_
2. Has there been staff turnover with those assigned to this development?  Yes or  No
- a. If so, please explain how new staff are being trained to manage the project in compliance with HOME and other regulatory requirements:
- \_\_\_\_\_
3. Do you have any positive outcomes or benefits to report?  Yes or  No
- a. Please describe:
- \_\_\_\_\_
4. Do you have any concerns about the development to report?  Yes or  No
- a. Please describe:
- \_\_\_\_\_
5. Do you have any training or technical assistance needs?  Yes or  No
- a. Please describe:
- \_\_\_\_\_
6. Please use the space below to share any other comments, questions, or concerns you may have about your project were not otherwise reported above:
- \_\_\_\_\_

**Certifications:** *Note, this section to be completed by the HOME Awardee. Each certification must be initialed individually.*

I, the undersigned, understand, agree, and certify that the agency is meeting the following federal regulatory standards:

\_\_\_\_\_ The property is being maintained at a physical level and units are suitable for occupancy and are in compliance with all applicable local and state codes pertaining to residential occupancy and property maintenance; and further that the condition of the property at minimum is sufficient to comply with HUD's Housing Quality Standards and/or Uniform Physical Condition Standards as set forth at 24 CFR 982.401.

\_\_\_\_\_ The project meets applicable Section 504 accessibility requirements. These units \_\_\_\_\_ (unit #'s) are physically accessible units and these units \_\_\_\_\_ (unit #'s) are designed for those with sensory impairments. (*Note, not all developments will be required to have accessible units, please refer to your original written agreement for details.*)

\_\_\_\_\_ Further, the project is being operated in a manner consistent with program accessibility expectations under Section 504, and potential tenants are informed of their right to reasonable accommodations.

\_\_\_\_\_ The owner is using the correct (Part 5) definition of income and correct income limits per the written agreement.

\_\_\_\_\_ The owner is using the correct rent limits per the written agreement.

\_\_\_\_\_ The owner does not discriminate against tenants with rental assistance subsidies, including but not limited to those using Housing Choice Vouchers.

\_\_\_\_\_ The information contained in this report, including all attachments submitted, is true and accurate to the best of my knowledge, and if discovered later, any material errors or inaccuracies will be corrected immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**Attachments:** *Provide copies of the following as an attachment to this report.*

1. **Annual Financial Report** – current year operation, past year operation and future year operation  
(These would include: A. Income, B. Expenses, C. Debt Service, D. Occupancy, E. Reserve Balances, F. Previous year financials for comparison, G. Financial Projections, including income, expenses, debt service, occupancy and pro form)
2. **HOME Unit Rental Status Sheet** – Historical information for reporting year of HOME units only (indicate current HOME units)
3. **Insurance Documentation** – Paid document showing policy #, current coverage, effective date and property address
4. **Property tax status** – copies of paid receipts or auditors statement reflecting property taxes are current or exempt for all addresses
5. **Lease Agreement** – *submit once every five years*
6. **Tenant Selection Plan** – *submit once every five years*
7. **Affirmative Fair Housing Marketing Plan** – using form HUD 935-2A or HUD 935-2B (include demographic charts)  
This applies only if contract contains 5 or more units. *Submit as market changes but no less than once every five years*