**HOME/HTF Affordable Housing Operations**

**Annual Certification for Rental Housing**

|  |  |
| --- | --- |
| Certification Period | **January 1, 2021 – December 31, 2021** |
| Project Name |  |
| Project Address |  |
| City, Zip Code |  |
|  |  |
| Owner Information |
| Original Contract # |  |
| Original Grantee |  |
| Current Owner |  |
| Owner Contact Person |  |
| Street Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |
| Date Entity Commenced Ownership of Project |  |
| CHDO (Yes or No) *HOME ONLY* |  |
| Non-Profit Organization (Yes or No) |  |
|  |  |
| Management Information (If different from Owner Information) |
| Management Company Name |  |
| Management Contact Person |  |
| Professional Title |  |
| Street Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |
| Date Company Commenced Management of Project |  |
| On-Site Contact Person |  |
| On-Site Phone |  |
| On-Site Contact Email |  |

#### Annual Tenant Income Certification/Establishing Tenant Eligibility

## Establishing Tenant Eligibility [24 CFR 92.203 and 92.252(h) HOME; 24 CFR 93.151 and 93.302(e) HTF]

1. The owner/management has conducted initial income verification for each HOME-/HTF-assisted household and has the supporting documentation available, including full third-party documentation of all income and assets.
🞎Yes.
🞎No. If “No”, please explain:
2. The owner/management has performed an annual re-examination of HOME-/HTF-assisted household income. The annual re-examination was conducted within twelve (12) months of the previous verification. This information is indicated on the attached *Rental and Occupancy Report*.
🞎Yes.
🞎No. If “No”, please explain:
3. For each household occupying a unit designated as HOME and/or HTF, the owner/management has conducted an annual certification of all income and assets.
🞎Yes.
🞎No. If “No”, please explain:

###### Rent Restrictions [24 CFR 92.252 HOME; 24 CFR 93.302 HTF]

1. Each HOME-/HTF-assisted unit was rent-restricted as prescribed by the HOME/HTF contract and period of affordability agreement.
🞎Yes.
🞎No. If “No”, please explain:
2. No fee(s), other than rent, were charged to any HOME/HTF tenant for non-optional services or provisions (i.e., water-billing service fees, parking fees, non-refundable security deposit fees, payments for meals, etc.).
🞎None were charged.
🞎Additional fees were charged. Explain:

## Utility Allowances [24 CFR 92.252(d) and HOME Final Rule HOME; 24 CFR 93.302(c) HTF]

1. Are tenants responsible for paying their own utilities?

🞎 Yes.

🞎 No. (If “No”, skip Question 7)

1. The owner certifies that the utility allowance is reviewed annually and is calculated by using either the Section 8 Utility Allowance Schedule or the HUD Utility Schedule Model (as applicable). NOTE: All HOME projects awarded after August 23, 2013, are required to use the HUD Utility Schedule Model.

🞎Yes.
🞎No. If “No”, please explain:

## Over-Income Units and ‘Next Available Unit’ Rule [24 CFR 92.252(i) HOME; 24 CFR 93.302(f) HTF]

## Have any HOME-/HTF-assisted tenants become over-income during the last year?

## 🞎 Yes.🞎 No. (If “No”, skip Questions 9 and 10)

## If a HOME-/HTF-assisted tenant became over income, the next available, comparable unit in the project was rented to a qualified household.🞎Yes.🞎No. If “No”, please explain:

1. If a HOME-assisted tenant’s income exceeded 80% of the Area Median Income (AMI) at certification, the household’s rent was adjusted to 30% of the household adjusted income (unless other federal program rules apply to the unit) or the Fair Market Rent of a comparable unit, whichever is less.
🞎Yes.
🞎No. If “No”, please explain:

## Vacant Units [24 CFR 92.252(j) HOME; 24 CFR 93.302(g) HTF]

## If a floating HOME-/HTF-assisted unit in the project became vacant during the past year, reasonable attempts were made to restore compliance with the HOME/HTF unit mix requirements by renting the next comparable unit to an income-qualified household.🞎Yes.🞎No. If “No”, please explain:

## If a fixed HOME-/HTF-assisted unit in the project became vacant during the past year, reasonable attempts were made to restore compliance with the HOME/HTF unit mix requirements by renting the unit to an income-qualified household.

## 🞎Yes.🞎No. If “No”, please explain:

## Physical Condition [24 CFR 92.251 and 92.504(d) HOME; 93.301 and 93.404(d) HTF]

## Each HOME-/HTF-assisted unit and building in the project is suitable for occupancy according to State and local codes, ordinances, requirements, and either HUD’s Uniform Physical Condition Standards (UPCS) or Housing Quality Standards (HQS) (as applicable), and were inspected accordingly, within the past year.🞎Yes.🞎No. (If “No”, indicate why and describe any corrective actions taken or planned.)

## Lead-Based Paint [24 CFR 35 and 36]

## Each tenant has signed the “Lead Based Paint” form and has been given a copy of the signed form.🞎Yes.🞎No, due to one of the following exemption(s):

* + None of the buildings or portions of the buildings in the development were constructed prior to January 1, 1978 (see 35.86 “Target Housing”).
	+ All buildings on the property have been certified lead-based paint free and appropriate test reports and certifications have been or will be provided to Commerce.
	+ All units are 0-bedroom units (see 35.86 “Target Housing” and 0-bedroom dwelling).
	+ This is a HUD Elderly development and no child of less than 6 years of age resides or is expected to reside in any unit.
	+ The development is designated exclusively for persons with disabilities and no child less than 6 years of age resides or is expected to reside in any unit.
	+ Other reason as follows:
1. The owner has incorporated ongoing lead-based paint maintenance activities into regular building operations, such as visual inspection of lead-based paint annually and at unit turnover; repair of all unstable paint; and repair of encapsulated or enclosed areas that are changed.
🞎 Not applicable.

🞎 Yes.
🞎 No. If “No”, please explain:

## Comparable Basis – Tenant Facilities [24 CFR 92.251 HOME; 24 CFR 93.301 HTF]

## The owner certifies that all tenant facilities (such as recreational facilities, parking areas, washer/dryer hookups, and other appliances) of any building in the project are provided on a comparable basis to all tenants (including HOME-/HTF-assisted tenants) in the development.🞎Yes.🞎No. If “No”, please explain:

## Lease Agreement [24 CFR 92.253(a) HOME; 24 CFR 93.303(a) HTF]

## The lease term for all HOME-/HTF-assisted units is at least one (1) year and each lease contains all the provisions required by the HOME and/or HTF program and does not include any prohibited provisions.🞎Yes.🞎No. If “No”, please explain:

## Has the lease been updated during the last year?

## 🞎Yes. If “Yes”, please attach and highlight any changes. 🞎No.

## Tenant Selection Criteria [24 CFR 92.253(d) HOME; 24 CFR 93.303(d) HTF]

## The owner/management has adopted and utilizes written tenant selection policies that:

* 1. are consistent with the purpose of providing housing for very low-income and low-income families (HOME) and/or extremely low-income families (HTF);
	2. are reasonably related to program eligibility and the applicants’ ability to perform the obligations of the lease;
	3. provide for the selection of tenants from a written waiting list in the chronological order of their application, insofar as is practicable; and,
	4. requires prompt written notification to any rejected applicant of the grounds for any rejections.
	🞎Yes.
	🞎No. If “No”, please explain:
1. Has tenant selection criteria been updated in the last year?

## 🞎Yes. If “Yes”, please attach and highlight any changes.🞎No.

**Termination of Tenancy [24 CFR 92.253(c) HOME; 24 CFR 93.303(c) HTF]**

1. The undersigned certifies that HOME-/HTF-assisted tenants have neither been evicted nor had leases fail to be renewed, except for serious or repeated violations of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing, or for other good cause.

🞎Yes.
🞎No. If “No”, please explain:

1. In the event of a lease termination, is a thirty-day (30-day) notice provided to assisted tenants as required by the HOME and HTF programs?
🞎Yes.
🞎No. If “No”, please explain:

**Discrimination Against Section 8/Housing Choice Vouchers [24 CFR 92.253(d)(4) HOME; 24 CFR 93.303(d)(4) HTF]**

## All HOME-/HTF-restricted units were leased to residents regardless of their status as holders of rental vouchers or certificates that are available under 24 CFR 882, 887, or 92.211 (e.g., Section 8, Tenant-Based Rental Voucher, etc.).🞎Yes.🞎No. If “No”, please explain:

## Affirmative Fair Housing Marketing Plan [24 CFR 92.351 HOME; 24 CFR 93.350 HTF]

1. Is a Fair Housing poster on display at the project location?
🞎Yes.
🞎No. If “No”, please explain:
2. Where is the Fair Housing poster displayed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Does the property have five or more HOME-/HTF-assisted units?

🞎 Yes.

🞎 No. (If “No”, please skip Questions 27-30).

## For projects with five or more HOME-/HTF-assisted units, an up-to-date Affirmative Fair Housing Marketing Plan (AFHMP) is on file (and available for viewing by interested parties) at the development.🞎Yes. If “Yes”, please Indicate the date of the last update:🞎No. If “No”, please explain:

1. The AFHMP has been reviewed by the owner and has been found to be effective in soliciting tenants.
🞎Yes.
🞎No. If “No”, please explain:
2. If the affirmative marketing requirements were not met, the owner has attached a plan of corrective actions to be taken to implement the AFHMP.
🞎Yes.
🞎No. If “No”, please explain:
3. Has the AFHMP been updated as required every five (5) years?

## 🞎Yes. If “Yes” and not yet submitted to Commerce, please attach a copy. 🞎No.

## Fair Housing and Reasonable Accommodations/Accessibility

## The owner has and is complying with all federal, state, and local laws relating to fair housing and equal opportunity, including but not limited to the following:

1. The Federal Fair Housing Act and the Montana Fair Housing Act;
2. Age Discrimination Act of 1975;
3. Section 504 of the Rehabilitation Act of 1973;
4. Americans With Disabilities Act of 1990 (ADA);
5. Title VI Civil Rights Act – 1964; and
6. Section 3 of the Housing and Urban Development Act of 1968

🞎Yes.
🞎No. If “No”, please explain:

## Change in Management/Ownership

## Management of the project has changed since the last annual certification. NOTE: Commerce requests notification within thirty (30) days of a change.🞎Yes, there has been a change. If “Yes”, indicate whether Commerce has been notified in writing: 🞎No, there has been no change.

## Record Keeping

## The owner will maintain required records for five (5) years after the end of the affordability period and has policies in place to keep these records accordingly. (Required records include documentation related to tenant income verifications, unit rents, affirmative marketing, and property standards.)

## 🞎Yes.🞎No. If “No”, please explain:

1. All requested data for assisted units of the project has been included in the *Rent and Occupancy Report*, a copy of which is attached.
🞎Yes.
🞎No. If “No”, please explain:
2. Please fill out the appropriate table below indicating the 2021 Rent Schedule.

**HOME Net Rent Schedule (if applicable) – Tenant Pays Utilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0-Bed | 1-Bed | 2-Bed | 3-Bed | 4-Bed | 5-Bed |
| Low HOME Rent |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Total Low HOME Rent |  |  |  |  |  |  |
| High HOME Rent |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Total High HOME Rent |  |  |  |  |  |  |

**HOME Gross Rent Structure (if applicable) – Tenant Does NOT Pay Utilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0-Bed | 1-Bed | 2-Bed | 3-Bed | 4-Bed | 5-Bed |
| **Low HOME Rent** |  |  |  |  |  |  |
| **High HOME Rent** |  |  |  |  |  |  |

**HTF Net Rent Schedule (if applicable) – Tenant Pays Utilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0-Bed | 1-Bed | 2-Bed | 3-Bed | 4-Bed | 5-Bed |
| HTF Rent |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Total HTF Rent |  |  |  |  |  |  |

**HTF Gross Rent Structure (if applicable) – Tenant Does NOT Pay Utilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0-Bed | 1-Bed | 2-Bed | 3-Bed | 4-Bed | 5-Bed |
| **HTF Rent** |  |  |  |  |  |  |

## Other Compliance Requirements

## Other than Montana HOME/HTF funds, does the project have any other government funding and/or income, rent, or leasing restrictions?

## 🞎No.🞎Yes. If “Yes”, please check all that apply:

* Housing Tax Credits
* Project-Based Section 8 (attach contract)
* USDA Rural Development (attach contract)
* Other:
1. Have your rent amounts increased since your last HOME/HTF certification?

🞎No.
🞎Yes. If “Yes”, indicate date of Commerce’s approval:

The undersigned, having entered into a loan or grant agreement pursuant to the applicable provisions of the “HOME Investment Partnerships Act” (“HOME”) and/or “Housing Trust Fund Act” (“HTF”), do hereby certify that the housing project is in continuing compliance with the requirements of the HOME/HTF programs and any other applicable compliance requirement.

**Responsible Entity (Grantee):**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner or Manager (Countersignature):**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Development Program**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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