

**PENNSYLVANIA HOUSING FINANCE AGENCY**  
**PennHOMES ANNUAL REPORT**  
**(Including 1992-93 DCED PROPERTIES)**  
**YEAR ENDING DECEMBER 31, 2018**

HMR:	
DATE:	

PROPERTY NAME: \_\_\_\_\_ PHFA NO. \_\_\_\_\_

To ensure that the property unit mix meets the requirements of your Regulatory Agreement, please provide the designation of the households at the time of their move-in:

**UNIT MIX INFORMATION**

- \_\_\_\_\_ Number of occupied units 20% and below.
- \_\_\_\_\_ Number of occupied units 40% and below.
- \_\_\_\_\_ Number of occupied units 50% and below.
- \_\_\_\_\_ Number of occupied units 60% and below.
- \_\_\_\_\_ Number of occupied units 80% and below.
- \_\_\_\_\_ Number of market rate/other units occupied.

**For properties Funded on or After August 23, 2013, provide:**

- \_\_\_\_\_ Number of Low HOME Units
- \_\_\_\_\_ Number of High HOME Units

**TOTAL NUMBER OF OCCUPIED UNITS**

**TOTAL NUMBER OF HOME UNITS**

- \_\_\_\_\_ Number of vacant units 20% and below.
- \_\_\_\_\_ Number of vacant units 40% and below.
- \_\_\_\_\_ Number of vacant units 50% and below.
- \_\_\_\_\_ Number of vacant units 60% and below.
- \_\_\_\_\_ Number of vacant units 80% and below.
- \_\_\_\_\_ Number of market rate/other units vacant.

**TOTAL NUMBER OF VACANT UNITS**

\_\_\_\_\_ **TOTAL NUMBER OF UNITS IN THE PROPERTY**

**CERTIFICATION**

The undersigned, \_\_\_\_\_ (the "Owner"), on behalf of \_\_\_\_\_ (the "Owner Entity"), hereby certifies that all information supplied by the owner in the attached PennHOMES Rental Schedule is accurate under penalty of perjury. The purpose of this certification is to document that the property is being operated in accordance with PHFA PennHOMES loan closing documents and applicable compliance requirements: PennHOMES Regulatory Agreement; Building Loan Agreement; Management Agreement; and PHFA Multifamily Housing Management Programs Property Operations Manual. Properties that receive Low Income Housing Tax Credits must also meet the requirements set forth in the Low Income Housing Tax Credit Restrictive Covenants Agreement and Tax Credit Compliance Manual. This certification relates to units that are income and rent restricted by the PennHOMES Regulatory Agreement, and when applicable, the Tax Credit Restrictive Covenants Agreement. In a mixed-income property, this certification may also apply to nonrestricted/market-rate units in order to meet the "next available unit" rule of the PennHOMES and Tax Credit Programs. This Owner also certifies that for the preceding calendar year the following applies:

- 1) An annual income certification for each resident occupying a low-income unit, and the documentation supporting that certification is on file (or an Alternative Certification has been completed for each resident, if applicable).

**YES                      NO                      If NO, please explain:**

- 2) a. Each low-income unit in the property was rent restricted as prescribed in the Regulatory Agreement.

**YES**                      **NO**                      **If NO, please explain:**

- 2) b. Rents were approved by PHFA.

**YES**                      **NO**                      **If NO, please explain:**

- 3) If the annual income of a resident in a low-income unit in the property increased above 80 percent of the area median income, their rent was adjusted to equal 30 percent of the family adjusted income (unless the Low-Income Housing Tax Credit Program rules apply to the unit).

**YES**                      **NO**                      **NA**                      **If NO or NA, please explain:**

- 4) All low-income units in the property were for use by the general public and used on a nontransient basis and the initial leases for all of the units in the property were for a term of at least one year, except by mutual agreement between the owner and resident (but never less than six months).

**YES**                      **NO**                      **If NO, please explain:**

- 5) The lease agreement requires tenants to have mandatory supportive services.

**YES**                      **NO**                      **If YES, please explain:**

- 6) Lease agreements were terminated or not renewed only for good cause, repeated lease violations, violations of state, federal or local code, or completion of tenancy for transitional housing.

**YES**                      **NO**                      **If NO, please explain:**

- 7) HOME units were leased to organizations who rent to individuals.

**YES**                      **NO**                      **If YES, please explain:**

- 8) The lease agreement used for each unit was approved by PHFA. It includes all provisions required by the PHFA Property Operations Manual for Agency Financed Properties and does not include prohibited clauses. *(If the Agency has not reviewed and approved the current lease, submit a copy with this report.)*

**YES**                      **NO**                      **If NO, please explain:**

- 9) The property's Grievance Procedure was in effect throughout the entire year.

**YES**                      **NO**                      **If NO, please explain:**

- 10) a. The project is fully compliant with all applicable requirements of 24 CFR Part 35. (For projects comprised of buildings (or any part of a building) originally constructed or built prior to 1978, federal regulation (24 CFR Part 35) governing lead-based paint is applicable.) Implementation dates for these new regulations may vary from jurisdiction to jurisdiction and based on program participation. Owner must have a clearance certification (performed by a qualified entity under the regulations) for (1) each unit occupied by a resident household with a child under the age of six receiving tenant-based rental assistance or (2) any project available for general occupancy receiving federally funded project-based rental assistance.

**YES**                      **NO – If NO, please explain:**                      **NA – If NA, please proceed to #11**

- 10) b. Household has been informed of any known lead-based paint and documentation has been placed in the resident file.

**YES**                      **NO**                      **If NO, please explain:**

- 11) a. A signed up-to-date Affirmative Fair Housing Marketing Plan is at the property, and a copy of this AFHMP has been submitted to PHFA.

**YES**                      **NO**                      **If NO, please explain:**

- 11) b. Owner has complied with HUD's AFHMP requirements and has adopted and followed the plan.

**YES – proceed to 11d.**                      **NO – If NO, please explain:**

- 11) c. If the affirmative marketing requirements have not been met, the owner has attached a plan of corrective action to meet the requirements.

**YES**                      **NO**                      **If NO, please explain:**

- 11) d. If accessible units are vacant or are not filled with residents who need the features, outreach and marketing efforts are being made to appropriate organizations serving persons with disabilities. A record of these outreach efforts is kept at the site for review.

**YES**                      **NO**                      **If NO, please explain:**

- 12) The Equal Housing Opportunity slogan, logo, or statement was used in all advertisements, public service announcements, press releases, and information mailings.  
**YES                      NO                      If NO, please explain:**
- 13) The owner permitted residents to make reasonable accommodations/modifications to the units.  
**YES                      NO                      If NO, please explain:**
- 14) All vacant units for which there is no assigned applicant moving in are listed on the PAHousingSearch website and this vacancy information is updated monthly.  
**YES                      NO                      If NO, please explain:**
- 15) All fees charged to the residents were approved by the Agency and are included as income on the property's annual budget.  
**YES                      NO                      If NO, please explain:**
- 16) a. Owner received written approval from PHFA before giving preference to a particular group of residents.  
**YES                      NO                      If NO, please explain, then proceed to #17:**
- 16) b. If preferences were implemented, required HOME program affirmative marketing procedures were used.  
**YES                      NO                      If NO, please explain:**
- 17) Owner refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.  
**YES                      NO                      If YES, please explain:**
- 18) The project is fully compliant with all terms and conditions of the Regulatory Agreement.  
**YES                      NO                      If NO, please explain:**

19) For the preceding 12 month period, all residents and applicants were provided with full protections of the Violence Against Women Act.

**YES**                      **NO**                      **If NO, please explain:**

20) For properties that received a commitment of HOME funds after 12/16/16:

a. Did the property have an Emergency Transfer Plan in place no later than June 14, 2017 with all requirements of 24CFR 5.2005(e) and 24 CFR 92.359?

**YES**                      **NO**                      **If NO, please explain:**

b. How many requests for an emergency transfer were received by the owner? \_\_\_\_\_

c. Please provide the number of incidents for each outcome:

Transferred on-site

Tenant initiated move

Transferred off-site

Remained in unit

Other \_\_\_\_\_

21) ***The questions below are applicable to properties in Non-Participating Jurisdictions only that received post 1992-93 HOME funds from DCED through a local government lender.***

a. Was one of the following methods used to outreach low income residents for property related employment and contracting opportunities?

- Attempt to recruit low-income residents through local advertising media, signs prominently displayed at the property site, contacts with community organizations and public or private agencies operating within the metropolitan area (or non-metropolitan county) in which the property is located, or similar methods.
- Participation in a HUD program or other programs which promotes the training or employment of low income residents.
- Participation in a HUD program or other programs that promote the award of contracts to business concerns, which meet the definition of Section 3 business concerns.
- Coordination with Youthbuild Programs administered in the metropolitan area in which the property is located.
- Other (Please explain) \_\_\_\_\_

**YES**                      **NO**                      **If NO, please explain:**

b. An Affirmative Action Plan has been drafted and is maintained in the property records, along with all of the following records that support this Plan:

- Applicants for employment by race, color, religion, sex, national origin, ancestry, age, disability, familial status, site, contacts with community organizations and public or private agencies operating within metropolitan areas (or similar methods).
- Test scores and rankings on employment eligibility lists by race, color, religion, sex, national origin, ancestry, age and disability, familial status.
- Employees (existing and new) hired by race, color, religion, sex, national origin, ancestry, age, and disability, familial status.

- Initial placement of employee after hire, office/location to which the employee was assigned, and position by race, color, religion, sex, national origin, ancestry, age, and disability, familial status.
- Employee transfers and promotions by race, color, religion, sex, national origin, ancestry, age, and disability, familial status; position and office/location from which transferred or promoted; and position and office/location to which transferred or promoted.
- Voluntary and involuntary employment terminations by race, color, religion, sex, national origin, ancestry, age, and disability, familial status; type of termination and reason.

**YES                      NO                      If NO, please explain:**

c. Owner's Affirmative Action Officer (AAO) has reviewed all of the above records to assure compliance with all aspects of the Plan. The AAO has prepared an annual report to all supervisory and managerial personnel of the property owner who have responsibilities under the Plan. The EEO Director, AAO, or other appropriate person will seek explanations for the deficiencies and other assistance in overcoming them where appropriate.

**YES                      NO                      If NO, please explain:**

22) **For CHDOs only:**  
The project has maintained a Resident Participation Program which has participated in the management of the project.

**YES                      NO                      If NO, please explain:**

***THIS CERTIFICATION IS MADE UNDER PENALTY OF PERJURY. IF, AT ANY TIME, THE AGENCY DETERMINES THAT THE OWNER OF THE PROPERTY IS NOT IN COMPLIANCE WITH PennHOMES PROGRAM REQUIREMENTS AND LOAN CLOSING DOCUMENTS, THE AGENCY SHALL PURSUE ALL RIGHTS AND REMEDIES THAT THE AGENCY MAY HAVE PURSUANT TO THE LOAN DOCUMENTS OR AS PROVIDED BY LAW.***

Ownership Entity: \_\_\_\_\_

Ownership Entity  
Tax ID #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

***I agree that a signed copy of the Owner Certification will be maintained at the property site and that a copy will be provided to the Agency upon request.***

**Attachments:**

- Rent Schedule
- Tenant Income Certs (TIC's) for PennHOMES properties with no Tax Credits
- Housing Services Report (if applicable)