

**PENNSYLVANIA HOUSING FINANCE AGENCY
 PENNHOMES ANNUAL REPORT
 YEAR ENDING**

HMR:	
DATE:	

PROPERTY NAME: _____ **PHFA NO.:** _____

The following information must be completed for all projects participating in the Agency PENNHOMES program. This sets forth information to ensure compliance with provisions of state and federal law as further described in Agency Loan Documents.

Provide data regarding the unit mix and vacancy records for each PennHOMES Unit. To ensure that the property unit mix meets the requirements of your Agency Loan Documents, please provide the designation of households at the time of their move-in:

Total Number of PennHOMES units at the property: _____

Occupied PennHOMES Units:-

Vacant PennHOMES Units:-

- _____ Number of occupied units at 20% or less
- _____ Number of occupied units at 30% or less
- _____ Number of occupied units at 40% or less
- _____ Number of occupied units at 50% or less
- _____ Number of occupied units at 60% or less
- _____ Number of occupied units at 70% or less
- _____ Number of occupied units at 80% or less

- _____ Number of vacant units at 20% or less
- _____ Number of vacant units at 30% or less
- _____ Number of vacant units at 40% or less
- _____ Number of vacant units at 50% or less
- _____ Number of vacant units at 60% or less
- _____ Number of vacant units at 70% or less
- _____ Number of vacant units at 80% or less

TOTAL OCCUPIED PennHOMES UNITS

TOTAL VACANT PennHOMES UNITS

- 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:
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- 2) All rents have been reviewed and approved in accordance with PHFA requirements.

YES	NO	If NO, please explain:
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- 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:
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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) Were any PennHOMES units leased to organizations who rent to individuals?

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

8) All leases are in accordance with the Agency Management Agreement and include the mandatory PHFA LIHTC Lease Addendum (which requires all tenant protections).

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

9) The property has a Grievance Procedure and it has been adhered to during the 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:**
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- 11) The Owner has an Affirmative Fair Housing Marketing Plan on site that was approved by PHFA, and Owner/Agent has adhered to the Plan during the year.
- YES NO If NO, please explain:**
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- 12) 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:**
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- 13) 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:**
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- 14) The owner permitted residents to make reasonable accommodations/modifications to the units.
- YES NO If NO, please explain:**
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- 15) 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:**
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- 16) 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:**
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- 17) a Owner received written approval from PHFA before giving preference to a particular group of residents.
- YES NO - If NO, please explain NA - If NA, please proceed to #18**

- 17) b Any tenant preferences meet HOME program affirmative fair marketing requirements and followed all requisite procedures.
- YES NO If NO, please explain:**
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- 18) 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:**
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- 19) The project is fully compliant with all terms and conditions of the Regulatory Agreement.
- YES NO If NO, please explain:**
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- 20) During the previous 12 months, all residents and applicants have been provided full protections of the Violence Against Women Act (VAWA).
- YES NO If NO, please explain:**
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- 21) **For any property receiving funding commitment after 12/16/2016:**
A VAWA Emergency Transfer Plan (as required by 24 CFR 5.2005 (e) and 24 CFR 92.359) is in place.
- YES NO If NO, please explain:**
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- 22) How many requests for VAWA transfers were received by the Owner? _____
For each VAWA transfer request, provide the outcome: Transfer off-site; Transfer on-site; Tenant initiated move; Tenant remained in unit; Other (explain).
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- 23) An Affirmative Action and Equal Opportunity Plan has been drafted and is maintained and followed at the site, with all requisite records. (A sample policy is available on the Agency's website)
- YES NO If NO, please explain:**

CERTIFICATION: Owner is providing this information in accordance with specific reporting requirements set forth in federal regulations and in the Agency's Loan Agreements. Owner certifies that all of the above information is true and correct and the Agency reserves the right to enforce Owner's requirements in accordance with all Loan Documents.

Owner Signature: _____ Title: _____

Type/Print Name: _____

Phone: _____ Email: _____

Date: _____