

PHFA Only	
HMR:	
DATE:	



PENNHOMES Addendum
ANNUAL OWNER CERTIFICATION

Year Ending December 31, _____

Property Name _____ PHFA No. _____

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

- 1) Provide the number of occupied (occupancy designation at move-in) and vacant PennHOMES units in the corresponding charts as of the year ending date indicated above. Information provided should match with the project's Agency Loan requirements.

Total Number of PennHOMES units at the property: _____

If less than 100% of the property, list PennHOMES unit numbers:

Occupied 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
- _____ **Total occupied PennHOMES units**

Vacant PennHOMES Units:

- _____ 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 vacant PennHOMES units**

- 2) All rents were reviewed and approved in accordance with PHFA requirements.

YES NO If NO, please explain:

- 3) All leases are in accordance with the Agency Management Agreement.

YES NO If NO, please explain:

4) The property has a Grievance Procedure, and it has been adhered to during the year.

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

5) The Owner has an Affirmative Fair Housing Marketing Plan on site that was approved by PHFA, and the Owner/Agent has adhered to the Plan during the year.

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

(If PHFA did not approve the AFHMP, attach the plan for approval. Provide an updated plan, if needed.)

6) a) Owner received PHFA approval before giving preference to any particular tenant group.

YES NO **If NO, please explain:** N/A-No preference

b) Any tenant preferences meet HOME program affirmative fair housing marketing requirements and followed all requisite procedures.

YES NO **If NO, please explain:** N/A-No preference

7) During the previous 12 months, all residents and applicants were provided full protections of the Violence Against Women Act (VAWA).

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

8) 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:**

a) 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).

9) 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:**

10) Project-based rental assistance was added to the Project since the last annual report submission.

YES NO

If YES, please attach a copy of the HAP Contract/Rental Assistance Agreement.

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 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: _____

Type/Print Name: _____

Phone: _____

Email: _____

Date: _____