

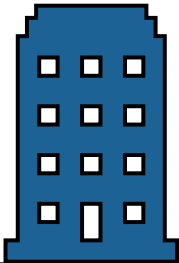
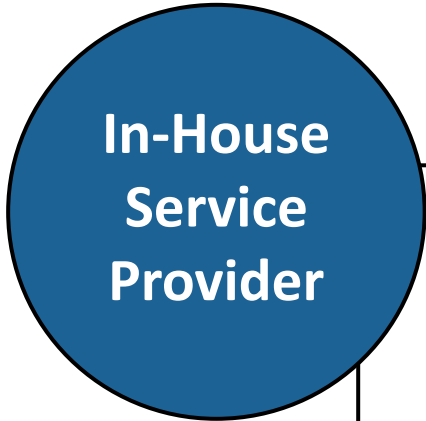
Housing Services



Housing Services — *Overview*

- Services designed to promote and achieve self-sufficiency and stable living
 - Personal Supports
 - Employment and Education Supports
 - Social and Community Supports
- Based on basic principles
 - Voluntary Participation
 - Universal Availability
 - Resident Input
- Contractual obligations are meant to build upon each other
 - Application Tab 11 Questionnaire → Site Visit(s) → Annual Report(s) → Plan of Services/3-Year Plans

Housing Services — *Models of Service Delivery*



Management Agent directly hires staff to coordinate and provide services.



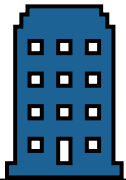
Management Agent contracts CBO to hire staff to coordinate and provide services.

Staffing Expectations – *Overview*

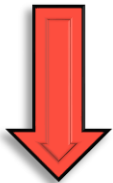
- Outlined in two documents
 - LIHTC application Tab 11 Supportive Services Plan Outline & Questionnaire
 - Management Agent and Service Provider Memorandum of Understanding
- Based on basic ratio
 - 1 hour on site (per week) for every 5 units (on-site)
- **Must** be identified in whole numbers
 - Employ the rounding rule (if decimal is 0-4, round down; if decimal is 5-9, round up)

Staffing Expectations — *Determining Staffing Ratio*

Rounding Down

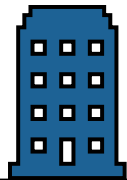


47 UNITS ON-SITE

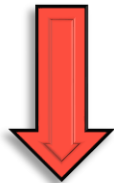


9.4 → 9.0
HOURS PER WEEK

No Rounding

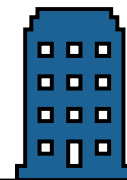


100 UNITS ON-SITE



10 HOURS PER WEEK

Rounding Up



58 UNITS ON-SITE



11.6 → 12.0
HOURS PER WEEK

Staffing Expectations — *Position Titles*

Supports
Coordinator

Resident
Services
Coordinator

Tenant
Relations
Specialist

Tenant
Service
Coordinator

Community
Outreach
Coordinator

Resident
Initiatives
Coordinator

Community
Impact
Coordinator

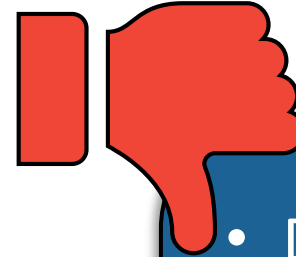
Social Service
Coordinator

Staffing Expectations — *Role Boundaries*



ARE:

- ADVOCATES
- FACILITATORS
- MOTIVATORS
- REFERRAL AGENTS
- COMMUNITY PARTNERS



ARE NOT:

- DUPLICATORS OF SERVICES
 - MEDICAL AIDS
- PAYEES OR ACCOUNTANTS
- PERSONAL DRIVERS
- POWER OF ATTORNEYS

Housing Service professionals **do not** provide direct service(s).

Service Provider Questionnaire

LIHTC Application Tab 11 Original Submission

Tab 11- Supportive Services Plan Outline and Questionnaire

Describe the proposed **Supportive Services Plan** using this outline and submit with a completed **Service Provider Questionnaire**.

1. Program goals that are specific to the proposed development
 2. Service Delivery which includes comprehensive services relevant to this population without major barriers to participate.
 3. Meeting the minimum on-site staffing ratio of 1:5 (1 hour of Service Coordination onsite for every 5 units). Market rate units are included in the ratio. Services must be provided to those units as well. Hours must be whole numbers.
 4. Staffing is clearly defined. Please keep in mind that if an agency is also hiring a nurse that roles must be defined and hours must be separated. Onsite nurse hours DO NOT count towards onsite supportive services hours.
 5. Partnerships and formal supports from community organizations which are integral to this plan of services and will enhance the quality and ensure services will be available to residents for at least 15 years. Include a signed letter of intent, support and/or commitment describing what services they will provide to the residents of the property.
 6. Annual amount of funding must distinguish between salary/benefits and supplies. These must be clearly identified.
 7. Cost per unit for General Occupancy must be a minimum of \$250 per unit and cannot exceed \$600/unit and for 62+Preference and Supportive Housing Preference (Tab 31) costs may not exceed \$800/unit.
 8. Must include a statement of commitment to continued professional development in core areas related to supportive services for all supportive service staff. Examples of trainings include: PHFA Conference and other conferences, PHFA regional forums, webinars, local housing networking groups, etc. (See Certification last page)
-
1. Demonstrated commitment of sufficient funds for at least 15 years.
If funded by a supportive services escrow account, include amount of funding to be escrowed and a signed Letter of Intent by the owner. The escrow must be held by PHFA and be trended at 3% for payroll and supplies. Documentation of the trended escrow must be provided and can be calculated by Excel.
 2. If funded by the operating budget, please ensure the amount is included in the annual operating budget and can be sustained for 15 years.

Memorandum of Understanding

LIHTC Application Tab 11 Original Submission

MEMORANDUM OF UNDERSTANDING

Between
[3rd Party Provider]
and

[Management Company – Property Name]

This is an agreement between [3rd party provider] hereinafter called Party A and [Management Company – Property Name] hereinafter called Party B.

WHEREAS, [3rd party provider] desires to provide Supportive Services to the residents of [Management Company – Property Name]

NOW, THEREFORE, [3rd party provider] and [Management Company – Property Name], in consideration of the mutual promises and undertakings herein contained, agree as follows:

I. BACKGROUND

[Brief background of Management Company]

[Brief background of 3rd party provider program]

II. [3RD PARTY PROVIDER] RESPONSIBILITIES

[3rd party provider] shall undertake the following activities:

- A. Provide a Service Coordinator for [number of hours] onsite
- B. The SC will provide general assistance and advocate on the behalf of all residents
- C. SC will set up and coordinate education, wellness, and social programs for all residents
- D. SC will interact and work with the Property Manager to establish daily communications regarding resident needs and issues.
- E. SC will develop relationships and partnerships with Community organizations
- F. SC will attend and participate in trainings as suggested and/or required
- G. SC will prepare and submit reports as required by Management Company and all governing bodies. All reports will be submitted in a timely manner in accordance with required specifications and filing deadlines

III. [MANAGEMENT COMPANY – PROPERTY NAME] RESPONSIBILITIES

[Management Company] shall undertake the following activities:

- A. A defined space where the resident's privacy can be honored when sensitive issues are discussed
- B. Furniture for the defined space, including but not limited to a desk, chair (for SC and resident), locked file cabinet
- C. Access to a printer with paper, ink/toner
- D. Access to a shredder
- E. A computer with internet access
- F. Basic office supplies such as pens, stapler, folders, tape, etc.

Plan of Services — *Overview*

Often referred to as a “3-Year Plan”

- Initial plan is submitted with PHFA application (Tab 11)
- Services designed to promote and achieve self-sufficiency and stable living
 - Personal Supports
 - Employment and Education Supports
 - Social and Community Supports
- Based on basic principles (after initial submission)
 - Voluntary Participation
 - Universal Availability
 - Resident Input

Plan of Services — *Updated Submission*

- Assigned HSR will review previously submitted plan prior to new submission
- Plan **must** include **official** PHFA Name and PHFA number
- New services and activities **do not** need prior PHFA approval
 - Be sure to add these to next updated plan
- Annual resident survey should be included
 - Designed to gather feedback
 - Quality of Life
 - Available Services vs Unavailable Services
 - Identify Areas of Improvement
 - Measure Resident Satisfaction

Service Provider Questionnaire

LIHTC Application Tab 11 Original Submission

**Tab #11 SERVICE PROVIDER QUESTIONNAIRE
NARRATIVE FOR**

GENERAL INFORMATION

1. Summarize the service provider's mission and goals for the current fiscal year.

The [REDACTED] strategic goals regarding service provision are to promote individual and family self-sufficiency and asset development and engage other institutions to leverage resources and promote supportive services for [REDACTED] residents. The mission of the [REDACTED], which is the party primarily responsible for service provision to the [REDACTED], is to enrich [REDACTED] residents' lives by providing methods, through public and private partnerships, for them to gain valuable skills to support a self-sufficient lifestyle. The purpose of [REDACTED] self-sufficiency programs is to advance educational, economic, and social service opportunities for residents and families.

The above community and supportive service goals will apply to the [REDACTED] project. [REDACTED] supportive service goals are consistent with [REDACTED] overall mission to create change from the inside out by improving management systems and buildings, using the best property management principles, and forming partnerships with the greater community to increase available resources.

2. How many years has the service provider been active in delivering social services?

[REDACTED] has been providing resident services for [REDACTED] years to public and assisted housing residents. In addition to its many programs and services for youth, adults and seniors, [REDACTED] has procured and provided services through well-established businesses and service providers to assist residents in meeting their self-sufficiency objectives. [REDACTED] participation in the [REDACTED] program has allowed the authority to contract with a comprehensive network of employment, training, life skills, and social service organizations that utilize best practice models to support resident employment and self-sufficiency outcomes. [REDACTED]

3. Is the service provider currently involved in service-enriched housing programs? If yes, summarize experience in providing supportive services on-site for residents. Include name of housing development(s), property management company, and type of services provided. If no, please describe methods that will be used to increase your company's knowledge and understanding of providing service-enriched housing.

[REDACTED] manages [REDACTED] housing units throughout [REDACTED], which house nearly [REDACTED] residents as of [REDACTED]

Plan of Services

Updated Submission

**PHFA
Housing Services Department
Plan of Services**

For the three year period of _____ to _____

Plan begins January 1st and ends December 31st of the 3 year period

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

1. Description of Population and resident need identified in survey

a.) Population

Describe the existing population in terms of age, frailty, use of existing services and other pertinent factors. If using AASC or Family Metrics extract information from resident statics.

b.) Resident Survey

Date when survey was completed:

How was survey delivered?

Were accommodations made?

Response rate (# of responses divided by # of residents)

Plan of Service — *Reminders*



REQUIRED:

Info from at least ONE YEAR'S annual resident survey (*to help guide services planning*)



REQUIRED:

Various Health, Wellness, Education & Social Events, Activities, or Programs PER YEAR



ENCOURAGED:

TWO NEW Health, Wellness, Education & Social Events, Activities, or Programs PER 3-YEAR PERIOD

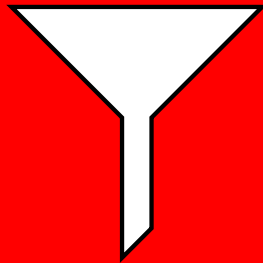
Resident Survey — *What to Consider*

PLAN WITH PURPOSE



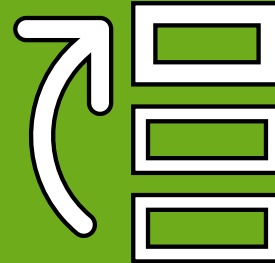
Identify WHAT
to Improve and
Implement.

PICK THE RIGHT TOOL



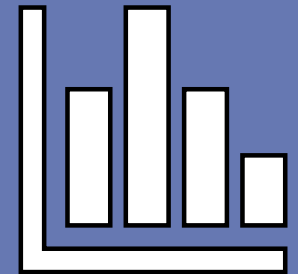
Identify WHAT
to Improve and
Implement.

SELECTIVE PLAN



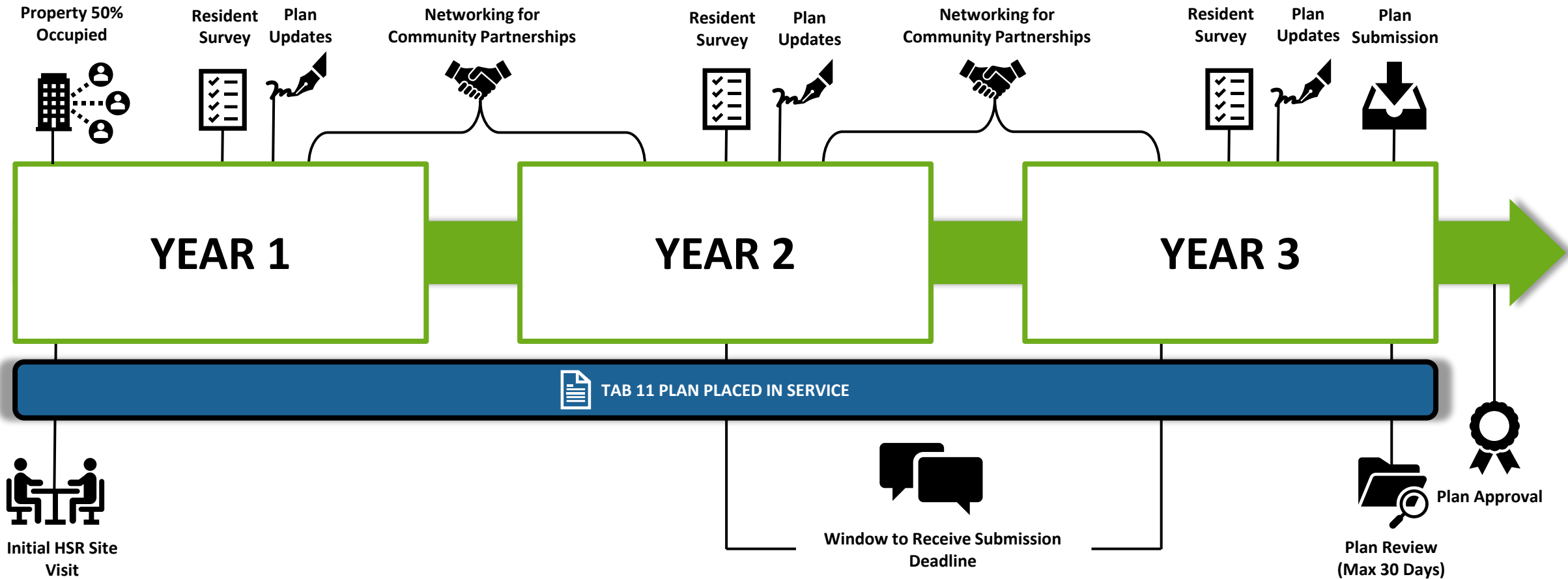
Identify WHAT
to Improve and
Implement.

ANALYZE AND ACT

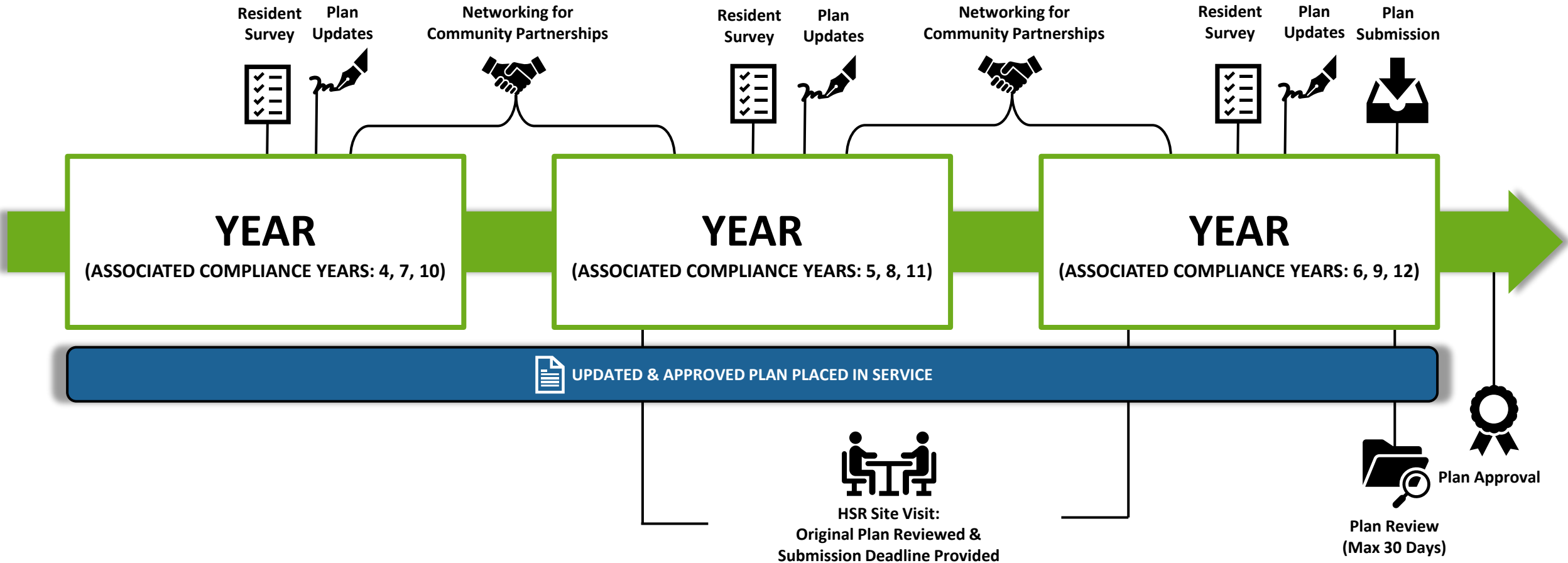


Identify WHAT
to Improve and
Implement.

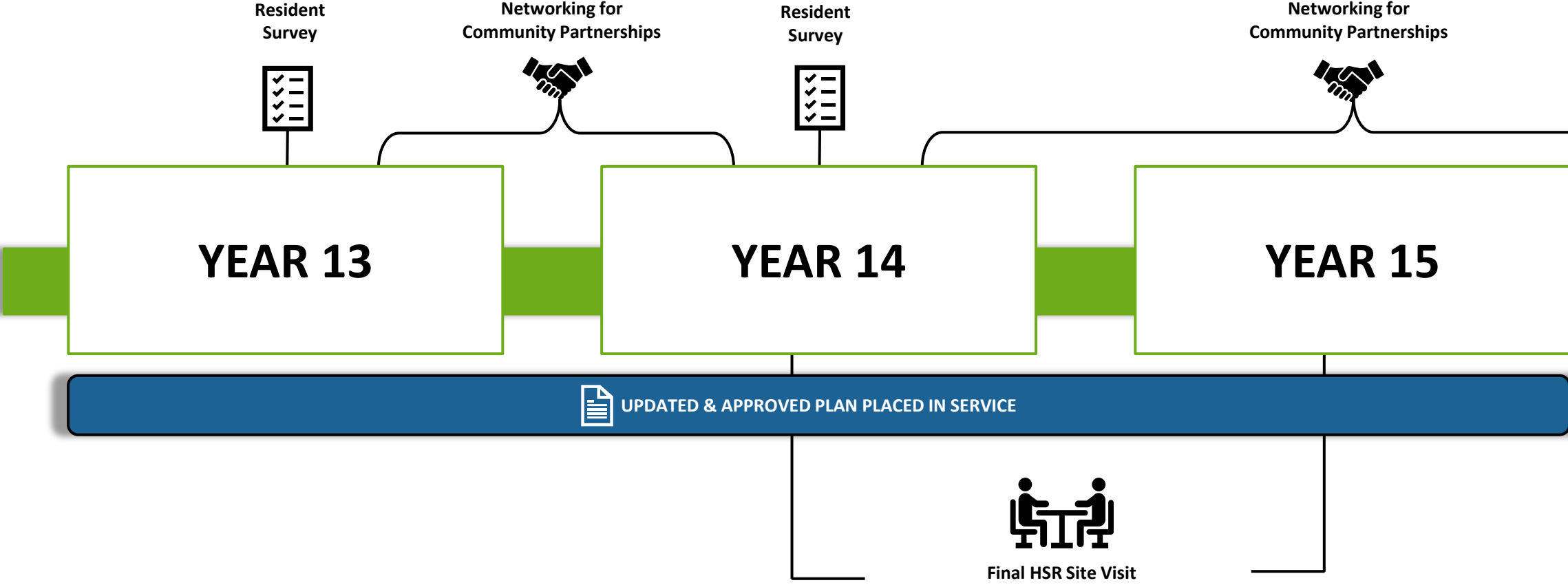
Plan of Services Timeline – *First Cycle*



Plan of Services Timeline – *Subsequent Cycles*



Plan of Services Timeline – *Final Cycle*



Plan of Services

Updated Submission

Areas of Challenge:
Three Year Period Timeline

**PHFA
Housing Services Department
Plan of Services**

For the three year period of ____ to ____
Plan begins January 1st and ends December 31st of the 3 year period

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

Plan of Services

Updated Submission

Areas of Challenge:
Three Year Period Timeline
What PHFA is Looking For

PHFA
Housing Services Department
Plan of Services

For the three year period of 01/01/2027 to 12/31/2029

Plan begins January 1st and ends December 31st of the 3 year period

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

Plan of Services

Updated Submission

Areas of Challenge:

Official Site Name & PHFA #

**PHFA
Housing Services Department
Plan of Services**

For the three year period of _____ to _____

Plan begins January 1st and ends December 31st of the 3 year period

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

Plan of Services

Updated Submission

Areas of Challenge:
Official Site Name & PHFA #
What PHFA is Looking For

**PHFA
Housing Services Department
Plan of Services**

For the three year period of ____ to ____

Plan begins January 1st and ends December 31st of the 3 year period

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.: TEST PROPERTY A-5248	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

Plan of Services

Updated Submission

Areas of Challenge:
Budget Information

PHFA Housing Services Department Plan of Services

For the three year period of ____ to ____

Plan begins January 1st and ends December 31st of the 3 year period

Increased access to homeownership programs and support

6. Supportive Services Budget

Supportive Services Costs	Hrs/wk:	Hourly or Unit Cost	Budget \$	Source of Funds (Annual Operating Budget, Supportive Services Escrow, Donated)
Supportive Services Salary				
Supportive Services Supplies	N/A			

Plan of Services

Updated Submission

*Areas of Challenge:
Budget Information
What PHFA is Looking For*

PHFA Housing Services Department Plan of Services

For the three year period of ____ to ____

Plan begins January 1st and ends December 31st of the 3 year period

Increased access to homeownership programs and support

6. Supportive Services Budget

Supportive Services Costs	Hrs/wk:	Hourly or Unit Cost	Budget \$	Source of Funds (Annual Operating Budget, Supportive Services Escrow, Donated)
Supportive Services Salary	20	\$14/HR	\$14,560.00	Operating Budget
Supportive Services Supplies	N/A	\$10/UNIT (75)	\$750.00	Operating Budget

Homeownership Election – *Overview*

- **Must** be elected at the time of Tax Credit Application submission
 - Conversion may occur only after compliance period
- Required associated escrow account
 - \$3,000.00 per unit
- All residents **must** be made aware of opportunity
 - Assigned HSR will assist in Resident Packet creation
 - Assigned HSR will assist in coordination of Annual Resident Meeting
- Year 15: Monthly Status of Units Sold/Potential Sales Report

Certificate of Home Ownership

Where to Find:

LIHTC Application Tab 13

Applicant Home Ownership Certification

Development Name: _____

_____ As the Applicant/Co-Applicant, I certify the commitment to provide homeownership opportunities in the Application.

_____ As the Applicant/Co-Applicant, I acknowledge the Restrictive Covenant Agreement will contain provisions ensuring enforcement of the related covenants by affected qualified residents. Should the units not be converted to homeownership, the Restrictive Covenant Agreement will contain a provision waiving any right to petition the Agency to terminate the extended use term for all units remaining as rental units. Please note the Agency's final determination for Homeownership will be reflected in the Project's Restrictive Covenant Agreement at closing.

_____ As the Applicant/Co-Applicant, I certify that a financially viable homeownership program will be available for residents who inhabit the units during the compliance period which includes an exit strategy, homeownership counseling and a minimum of \$3,000 per unit set aside to assist the residents with the purchase.

_____ As the Applicant/Co-Applicant, I certify that a supportive services plan will be provided which includes a financial literacy component that will strengthen financial core competencies and capabilities of tenants in multi-family housing developments.

_____ As the Applicant/Co-Applicant, I certify that 100% of the units are townhouse or single family attached or detached structures (or otherwise appropriate for homeownership by tenants as determined by the Agency).

_____ As the Applicant/Co-Applicant, I certify that all units will be individually metered for utilities and include hook-ups for washers and dryers, including a dryer duct vented to a wall or roof cap.

As Applicant(s), I verify that the foregoing information is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Applicant: _____ Date: _____

Print: _____

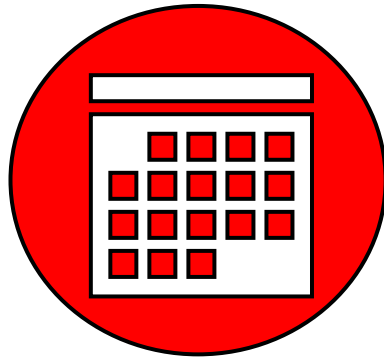
Co-Applicant: _____ Date: _____

Print: _____

Homeownership Election — *Resident Packet*



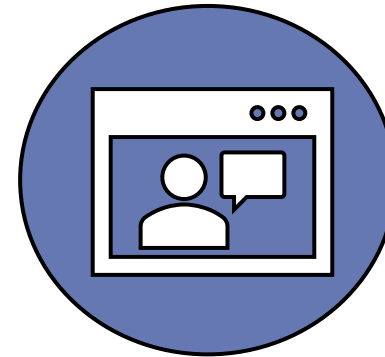
**PROGRAM
INFORMATION**



**RESIDENT
TIMELINE**



**FINANCIAL
EDUCATION
RESOURCES**



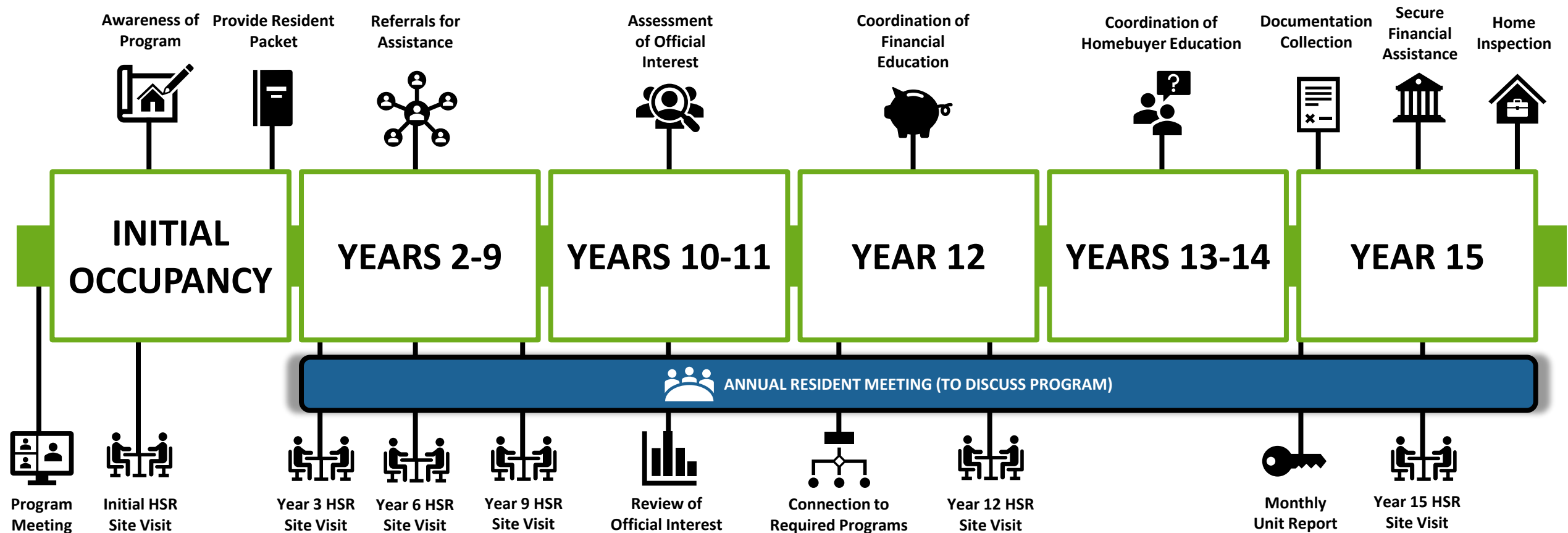
**HOUSING
COUNSELING
RESOURCES**



**FREQUENTLY
ASKED
QUESTIONS**

Homeownership Election — *Timeline*

Based Upon Tenancy from Initial Occupancy of Property



Homeownership Election - *Post Compliance Period*

- Associated Indenture of Restrictive Covenants (IRC) will outline guidance
- Remaining unsold units
 - **Must** remain low-income rental units for specified amount of time

Indenture of Restrictive Covenants (IRC)

Where to Find:
Homeownership Guidance

Prepared by & Return to:
PHFA-Legal Division
211 North Front Street
Harrisburg, PA 17101
717-780-3846

PIN / ID Number: _____

Above space is intentionally left blank for recording data.

PENNSYLVANIA HOUSING FINANCE AGENCY
INDENTURE OF RESTRICTIVE COVENANTS
FOR LOW INCOME HOUSING TAX CREDIT PROGRAM PARTICIPATION
UNDER SECTION 1602 OF ARRA

THIS INDENTURE, dated this _____ but effective on the _____ day of July, 2010, by and between _____, a Pennsylvania limited liability company, with a principal place of business at _____ ("Owner"),

AND

PENNSYLVANIA HOUSING FINANCE AGENCY, a public corporation and government instrumentality of the Commonwealth of Pennsylvania, with principal offices at 211 North Front Street, Harrisburg, Pennsylvania 17101 (the "Agency")

WITNESSETH:

WHEREAS, the Agency has been designated by the Governor of the Commonwealth of Pennsylvania as the housing tax credit agency for the Commonwealth of Pennsylvania for the allocation of low income housing tax credit dollars pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code"); and

WHEREAS, Owner holds title to property located on _____, Pennsylvania, as more fully described in Exhibit A attached hereto and made a part hereof, known as Quaker Meadow (the "Development"); and

WHEREAS, Section 1602 of the American Recovery and Reinvestment Act of 2009, ("ARRA") contains certain opportunities for the Agency to secure funds from the United States Treasury ("Treasury") to provide monetary assistance ("Assistance") to fund qualified residential rental facilities ("Projects") participating in and meeting all requirements of the federal low income housing tax credit program ("LIHTC Program") authorized by Section 42 of the Internal Revenue Code of 1986, as amended ("Section 42" and the "Code", respectively) administered in the Commonwealth of Pennsylvania by the Agency; and

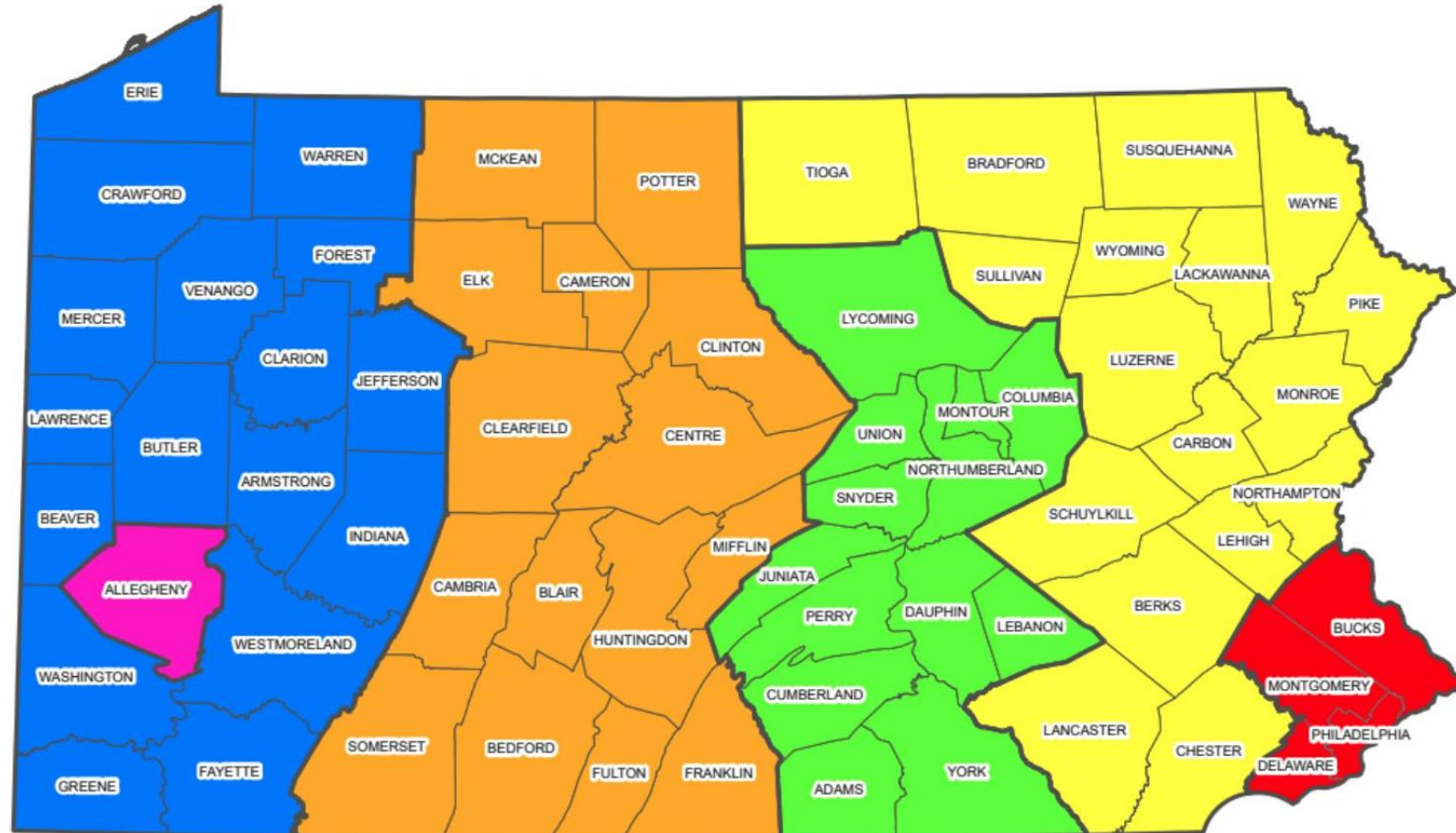
WHEREAS, Owner has submitted an application to fund the Development under the LIHTC Program under the Allocation Plan of the Agency in effect for either year _____

Site Visits – *Overview*

- Site visits will occur periodically during the compliance period
 - Property becomes 50% occupied
 - Upcoming 3-Year Plan
 - Non-compliance with Program Requirements
 - New Housing Services staff
 - New Housing Service Representative Staff
 - Potential Re-Organization of Regional Portfolios

Site Visits — *Regional Territory Map*

- Western Region**
Keona Hutson
- Allegheny County**
Tamara Diggs
- Central Western**
William Jones
- Central Region**
Lisa Scott
- Eastern Region**
Alicia Spencer
- Southeastern Region**
(Senior Properties ONLY in Philadelphia)
Amanda Stengel
- Philadelphia County**
(Multifamily Properties ONLY)
Tylin Colston



01/01/2030

Imagined Employee, Position Title

Re: Test Property (A-5248)

Dear Imagined Employee:

I want to thank you all for taking time out of your busy schedule and being very well prepared to participate in a site visit with me on Tuesday, January 1, 2030 at the Test Property property.

During our meeting, we reviewed the following information:

- Local resources available to residents
- The contractual commitment to service coordination was reviewed. The following has been determined:
 - A minimum of 9 hours of service coordination, on site, per week is promised to be delivered to Pennypack Crossing.

Currently, the obligations are being met by Lauren Thomas, who is employed full-time.


- The Supportive Services Plan was discussed. The following has been determined:
 - An updated 3-Year Plan for the property will be due no later than October 31, 2025. Reminders for this submission will be sent to the appropriate contact(s).

As a reminder, you are required to have a minimum of 1 education/wellness program per quarter.

- Annual Reporting requirements were discussed. The following has been determined:
 - An annual report is to be submitted by January 31st of each year for the previous year. For example, the report for calendar year 2025 will be submitted by January 31, 2026. Reminders for this submission will be sent to the appropriate contact(s).

Please feel free to reach out to me with any questions that you have. My email is tylston@phfa.org and my direct line is 610-270-3160, so you reach out to me directly.

Sincerely,



Tylin V. Colston
Housing Services Representative

Cc: Alicia Spencer, PHFA
Dawn Bartha, PHFA

Site Visit

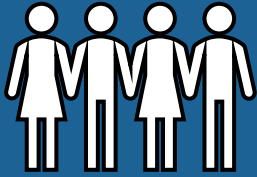
Follow Up Letter



Annual Report – *Overview*

- Tax Form 8609 issuance is required
- Account administrators are assigned to each property
 - Responsible for account creation and assignment
- Report submission deadline is January 31st of each year
 - IE: *2025 Annual Reports will be submitted 01/31/2026*
- Report opens March 1st of each year
 - Monthly data entry is encouraged
- Submission deadline extensions can be requested
 - **Must** be submitted in writing to assigned HSR
 - Approval occurs on a case-by-case basis

Annual Report — *What to Report*



**ADULT
ACTIVITIES**



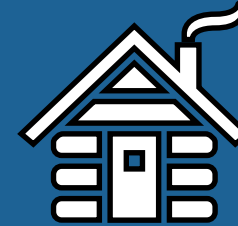
**ENERGY
CONSERVATION**



**FAMILY
ACTIVITIES**



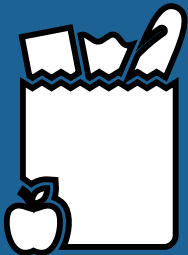
**HOUSE
KEEPING**



**HOME
OWNERSHIP**



**HEALTH AND
WELLNESS**



NUTRITION



TRANSPORTATION



**YOUTH
ACTIVITIES**



EDUCATION

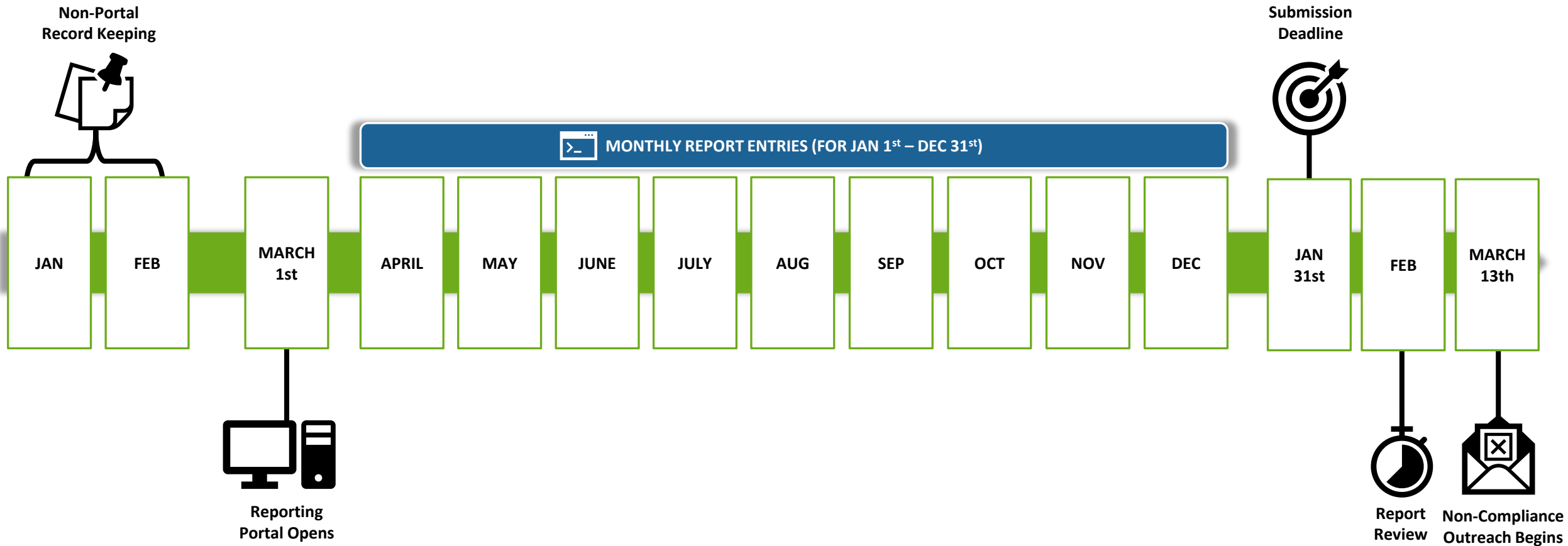


**JOB
TRAINING**



**SERVICE
COORDINATION**

Annual Report Timeline



Annual Report – *Accessing the Portal*

The screenshot displays the PHFA (PA Housing Finance Agency) website. The top navigation bar includes links for Home, News, Podcasts, Customers, Partners, Portal, Search, and Sitemap. A main banner features the text "Leading the way home. From home purchase, refi, to repairs, PHFA is here for you." with a "Find out how!" button. A red arrow points from this button to the "Multifamily Login" option in a dropdown menu. Other menu items include Homeownership Professionals (HOP), Pipeline Plus Login, Multifamily Housing Professionals (MHP), Counselor's Corner, Investor Information, and Procurement Opportunities. The bottom of the page shows an "Alerts & Notices (Alertas)" section and a footer with "Newsfeed", "Find", and "Popular" buttons.

Annual Report — *Accessing the Portal*



PHFA Multifamily Housing

MENU

- Sign In

Welcome to PHFA Multifamily Housing.



PHFA Multifamily Housing

Welcome, T. Colston

Housing Services

Please select a Property to review Housing Services.

MENU

- Housing Services
- Supportive Services
- Edit Account
- Sign Out
- Contact

Property Selection

PHFA# - Retrieve

Select

Property Name	Property Address	County & Zip Code	PHFA #
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Property Information

Name:

Address:

PHFA Property #:

Create New Report

Compliance Year: 2026 ▾ New

Must select a Property.

Housing Services History

Annual Report



Welcome, T. Colston

Housing Services Report

Year Ending December 31st, 2026
PHFA #: A-5248 Property Name : TEST PROPERTY
Address : 101 Training Lane County : COMMONWEALTH

MENU

- Housing Services
 - Supportive Services
 - Edit Account
 - Sign Out
 - Contact

Add Supportive Service

Type of Service: * Must Select *

Service Provider:

Service Provided:

Source of Support: * Must Select * (Primary)
* Optional * (Secondary)

Hours of Service

of unduplicated residents served

Outcome of service on residents/community

- Improved resident health and social interaction.
- Increased mobility & community involvement.
- Improved quality of life through access to services (ex: referrals for senior and disability services).
- Increased Household income (ex: employment/career referral & assistance, Rent Rebate, EITC & other tax support).
- Improved educational outcomes for children.
- Improved educational opportunities for adults (ex: GED to post secondary education including: associates or bachelors level college, university or trade school & training).
- Reduced crime, theft and/or drug activity.
- Savings to property management (ex: reduced legal fees, vacancy losses, turnover, evictions, and/or bad debt).
- Increased community partnerships/community-building initiatives .
- Increased access to homeownership programs and support.

Save Service Cancel

Annual Report

Areas of Challenge:
Unduplicated Residents

APRIL

Edit Supportive Service

Type of Service:	Job Training / GED / Education	▼
Service Provider:	Career Link	
Service Provided:	Resume Writing	
Source of Support:	Donated	▼ (Primary)
	* Optional *	▼ (Secondary)
# Hours of Service	2	
# of unduplicated residents served	5	



MAY

Edit Supportive Service

Type of Service:	Job Training / GED / Education	▼
Service Provider:	Career Link	
Service Provided:	Resume Writing	
Source of Support:	Donated	▼ (Primary)
	* Optional *	▼ (Secondary)
# Hours of Service	4	
# of unduplicated residents served	5	

Annual Report

*Areas of Challenge:
Unduplicated Residents*

APRIL

Edit Supportive Service

Type of Service:	Job Training / GED / Education	▼
Service Provider:	Career Link	
Service Provided:	Resume Writing	
Source of Support:	Donated	▼ (Primary)
	* Optional *	▼ (Secondary)
# Hours of Service	4	
# of unduplicated residents served	5	

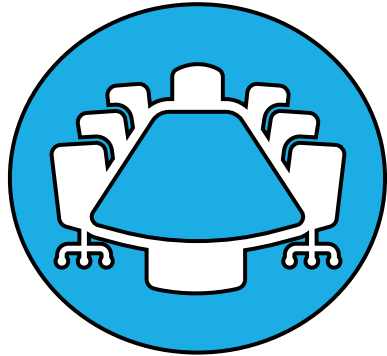


MAY

Edit Supportive Service

Type of Service:	Job Training / GED / Education	▼
Service Provider:	Career Link	
Service Provided:	Resume Writing	
Source of Support:	Donated	▼ (Primary)
	* Optional *	▼ (Secondary)
# Hours of Service	6	
# of unduplicated residents served	7	

Continued Training – *Overview*



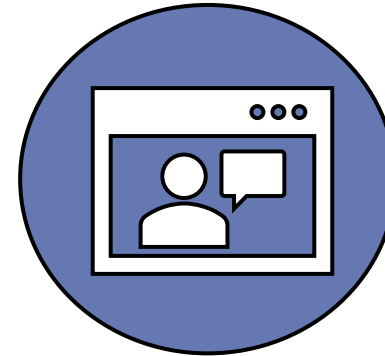
**LOCAL
COUNCILS**



CONFERENCES



**CERTIFICATE
PROGRAMS**



**REGIONAL
ORGANIZATIONS**



WEBINARS

Certificate of Continued Professional Development

Where to Find:

LIHTC Application Tab 11

Developer's/Applicant's Certification of Continued Professional Development

The Agency has requested certain certifications from the developer and applicant in connection with submission of an application.

Development: _____

Please **initial** as the Applicant/General Partner, I hereby certify that the following will be met:

_____(initial) I hereby agree to a commitment to continued professional development in core areas related to supportive services for all supportive service staff. Examples of trainings include: PHFA Conference and other conferences, PHFA regional forums, webinars, local housing networking groups, etc.

Acknowledged and Accepted by the APPLICANT/GENERAL PARTNER

Applicant/General Partner _____ Date: _____

Print: _____

Co-Applicant/General Partner: _____ Date: _____

Print: _____

Service Provider Changes — *Overview*

- Written request to assigned PHFA HSR is required
 - Explanation for provider change
 - Name of new service provider
- Provider change cannot occur without written approval
 - Required to maintain original contract obligations
 - Required to maintain original budget source of funds
- Written notification is required to notify residents
 - Encouraged notification between 15 and 30-days of transition

Questions?

