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| **HOME MONITORING**  **CHECKLIST 6-C** | | **On-Going Rental Monitoring Checklist** | | | | |
| Reviewer: | | | | Date of Review: | | |
| Project Name: | | | | Project Location: | | |
| **GRANTEE INFORMATION** | | | | | | |
| Grantee: | | | Grant Award #: | | | |
| Contact Name: | | | E-Mail Address: | | | |
| Address: | | | Phone Number: | | | |
| City, State Zip Code: | | | Fax or Cell: | | | |
| **LOCAL PROPERTY MANAGEMENT INFORMATION *(Please Complete If Different From Grantee)*** | | | | | | |
| Property Management Firm: | | | | | | |
| Contact Name: | | | E-Mail Address: | | | |
| Address: | | | Phone Number: | | | |
| City, State Zip Code: | | | Fax or Cell Number: | | | |
| **ADDITIONAL CONTACT INFORMATION** | | | | | | |
| Property Management Firm: | | | | | | |
| Contact Name: | | | E-Mail Address: | | | |
| Address: | | | Phone Number: | | | |
| City, State Zip Code: | | | Fax or Cell Number: | | | |
| 1. **BACKGROUND INFORMATION** | | | | | | |
| 1. Amount of HOME Allocation: | | | | | | |
| 1. Total Number of Units In Project: | | | | | | |
| 1. Number of HOME-Assisted Units: | | | | | | |
| Identify Number of: | High HOME Rent Units @      % | | | | | Low HOME Rent Units: |
| Select One: | Fixed | | | | Floating | |
| 1. Period of Affordability: | | | | | | |
| 1. Other Funding Aside From HOME Funds In Project (Select All That Apply):   Low-Income Housing Tax Credits  USDA-RD (FmHA) 515  USDA-RD 538  HUD 202/811  Other Project Based Rental Assistance (Please Identify: ) | | | | | | |
| Other Comments Regarding Background Information: | | | | | | |

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| 1. **Project Compliance** | | | |
| **A. Tenant Selection** | **Yes** | **No** | **N/A** |
| 1. **Does the owner have written tenant selection policy/procedures?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the owner follow his/her tenant selection policy/procedures?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does each tenant acknowledge they have received a copy of the tenant selection policy/procedures?** |  |  |  |
| Comments/Action Required: | | | |
| **B. Property Standards- (Please use the Inspection Checklist to Help Answer questions 9-11.)** | **Yes** | **No** | **N/A** |
| 1. **Does the property appear to meet applicable property standards?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Have any major additions or modification to the structure(s) or major building components occurred (e.g. sprinkler systems, heating and cooling systems, etc.)? If yes, please provide documentation illustrating compliance with local codes and property standards.** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the owner conduct regular (at minimum annual) inspections of each unit?** |  |  |  |
| Comments/Action Required: | | | |
| **C. Rent and Occupancy Requirements – (Please use the Worksheet for Tenant File Review to help in answer questions 12-23.)** | **Yes** | **No** | **N/A** |
| 1. **Does the owner complete an annual “Income and Rent Worksheet” and submit it to the PJ (i.e. Department of Economic Development) annually on time?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are tenant(s) income-eligible at the time of initial occupancy?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is the project owner using the correct income limits to determine eligibility of tenants?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is income being determined in accordance with the *Technical Guide to Determining Income and Allowances for the HOME Program*?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are initial tenant income determined based upon source documentation?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is the project owner recertifying tenant income annually?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are tenant(s) income being reexamined using source documentation every 6th year? (NOTE: This does not apply to projects less than 6 years old.)** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Did the project use the established utility allowances to calculate maximum rent levels? (Note: For projects with HOME funds committed on or after August 23, 2013, the grantee must establish the utility allowance by using either the HUD Utility Schedule Model (HUSM) or a project-specific methodology.)** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are leases free of all prohibited provisions?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are the leases for a minimum of one year (unless otherwise agreed upon by tenant and owner)?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the owner provide adequate information to program applicants about program rules and expectations?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Have there been a large number of tenant complaints regarding the rental units?** |  |  |  |
| Comments/Action Required: | | | |
| **D. Management and Financial Viability** | **Yes** | **No** | **N/A** |
| 1. **Is there continued management capacity to ensure project compliance with rent, occupancy and property standard requirements?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Did the owner provide the projects current and historical (last 2 years) balance sheet and cash flow statements to document the financial status of the project?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Have regular deposits been made to reserve accounts?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **During the last 2 years was the typically vacancy rate at or below 5%? (A rate of 5% of higher would be a concern.)** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the owner have standard financial practices in place?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the owner follow their standard financial practices?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **In the previous fiscal year, did the owner receive more than $750,000 in federal funds triggering a Single Audit?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are Notifications of Single Audits (or other records) on file for each year, which supports the grantee’s determination whether an audit is accordance with OMB A-133 was required?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Did the grantee procure for an outside auditor?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Did the grantee use an outside auditor?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are copies of audits on file with correspondence regarding the audit findings?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is the original HOME fund investment in the rental project being protected throughout the Period of Affordability?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Affirmative Marketing – Applicable to Projects with Five (5) or More HOME-Assisted Units** | | | |
| **A. Outreach** | **Yes** | **No** | **N/A** |
| 1. **Has the Grantee/Awardee conducted public outreach and maintained evidence of such in the file?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Has the Grantee/Awardee informed the public and potential tenants of affirmative marketing policies and fair housing laws?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are policies communicated through media and other outlets?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are policies communicated to tenants in buildings that will be or have been HOME-assisted?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the grantee advertise and conduct outreach for vacant units?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the fair housing logo appear on marketing materials?** |  |  |  |
| Comments/Action Required: | | | |
| **B. Beneficiary Data** | **Yes** | **No** | **N/A** |
| 1. **Does the Grantee/Awardee maintain adequate data regarding the number, ethnicity and income level of persons responding to program marketing efforts?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the Grantee/Awardee maintain adequate beneficiary data regarding the number, ethnicity and income level of persons residing in or planning to reside in HOME-assisted units who became aware of units through affirmative marketing efforts?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is a sufficient amount of eligible households applying to the program to rent the HOME-assisted units?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are the applicants typically eligible and able to participate in the program?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Is the ratio of minority groups that apply to the program representative of the eligible population?** |  |  |  |
| Comments/Action Required: | | | |
| **C. Owner Participation** | **Yes** | **No** | **N/A** |
| 1. **Does the Grantee/Awardee ensure adequate owner participation?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Are Affirmative Marketing Agreements signed by management agents or owners? (Note: Plan must be updated annually.)** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Has the owner provided appropriate notification when units become vacant to ensure that population groups least likely to apply are being targeted?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **Does the Grantee/Awardee maintain documentation of the owner’s participation in Affirmative Marketing efforts?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **If the owner has failed to comply with Affirmative Marketing requirements, has the Grantee/Awardee taken corrective action?** |  |  |  |
| Comments/Action Required: | | | |
| **D. Complaints** | **Yes** | **No** | **N/A** |
| 1. **Have any Affirmative Marketing complaints been filed against the Grantee/Award?** |  |  |  |
| Comments/Action Required: | | | |
| 1. **If the answer to question #52 is Yes, have appropriate remedial steps been taken?** |  |  |  |
| Comments/Action Required: | | | |
| Notes: | | | |

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| **Home Monitoring**  **Checklist** | | **Inspection Checklist for Rental Properties** | |
| **Tenant Properties Inspected:**  Projects with 1-4 HOME-Assisted Units: Monitor 100% of the HOME-Assisted units.  Projects with 5-10 HOME-Assisted Units: Review at least 4 HOME-Assisted units.  Projects with 11 or More HOME-Assisted Units: Monitor at least 40% of the HOME-Assisted units in the project, and a minimum of one (1) unit in every building with eight units or more.  **Minimum number of units to be inspected:** | | | |
|  | **Property Address**  **(Include Unit Number If Appropriate)** | | **Tenants Last Name** |
| **Rental Property A:** |  | |  |
| **Rental Property B:** |  | |  |
| **Rental Property C:** |  | |  |
| **Rental Property D:** |  | |  |
| **Rental Property E:** |  | |  |
| **Rental Property F:** |  | |  |
| **Rental Property G:** |  | |  |
| **Rental Property H:** |  | |  |
| **Rental Property I:** |  | |  |
| **Rental Property J:** |  | |  |

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| **Kitchen** |  |  |  | **Living Room** |  |  |  |
|  | **Pass** | **Fail** | **N/A** |  | **Pass** | **Fail** | **N/A** |
| Kitchen Present |  |  |  | Living Room Present |  |  |  |
| Ceiling Condition |  |  |  | Ceiling Condition |  |  |  |
| Floor Condition |  |  |  | Floor Condition |  |  |  |
| Wall Condition |  |  |  | Wall Condition |  |  |  |
| Window Condition |  |  |  | Window Condition |  |  |  |
| Electricity |  |  |  | Electricity |  |  |  |
| Electrical Hazards |  |  |  | Electrical Hazards |  |  |  |
| Food Space |  |  |  | Security |  |  |  |
| Refrigerator |  |  |  |  |  |  |  |
| Security |  |  |  |  |  |  |  |
| Sink |  |  |  |  |  |  |  |
| Stove or Range with Oven |  |  |  |  |  |  |  |
| Comments: | | | | | | | |

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| **Utility Closet** |  |  |  | **Laundry** |  |  |  |
|  | **Pass** | **Fail** | **N/A** |  | **Pass** | **Fail** | **N/A** |
| Is the Utility Closet free of any fire hazards? |  |  |  | Is the condition of the room housing the communal laundry equipment satisfactory? |  |  |  |
| Is there any evidence that the water heater is leaking |  |  |  | Do all washers and dryers work? |  |  |  |
| Does the water heater have a “pop-off” release valve connected to a pipe that runs to the floor to prevent overflow? |  |  |  | Are all dryers properly vented? |  |  |  |
| Comments: | | | | | | | |

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| **Bathroom (Main)** | |  | |  |  | | **Bathroom (2nd)** | | |  | |  | |  |
|  | | **Pass** | | **Fail** | **N/A** | |  | | | **Pass** | | **Fail** | | **N/A** |
| Bathroom Present | |  | |  |  | | Bathroom Present | | |  | |  | |  |
| Ceiling Condition | |  | |  |  | | Ceiling Condition | | |  | |  | |  |
| Floor Condition | |  | |  |  | | Floor Condition | | |  | |  | |  |
| Wall Condition | |  | |  |  | | Wall Condition | | |  | |  | |  |
| Window Condition | |  | |  |  | | Window Condition | | |  | |  | |  |
| Electricity | |  | |  |  | | Electricity | | |  | |  | |  |
| Electrical Hazards | |  | |  |  | | Electrical Hazards | | |  | |  | |  |
| Fixed Wash Basin or Lavatory In Unit | |  | |  |  | | Fixed Wash Basin or Lavatory In Unit | | |  | |  | |  |
| Flushed Toilet In Enclosed Room | |  | |  |  | | Flushed Toilet In Enclosed Room | | |  | |  | |  |
| Security | |  | |  |  | | Security | | |  | |  | |  |
| Tub or Shower In Unit | |  | |  |  | | Tub or Shower In Unit | | |  | |  | |  |
| Ventilation | |  | |  |  | | Ventilation | | |  | |  | |  |
| Comments: | | | | | | | | | | | | | | |
| **Master Bedroom** |  | |  | | |  | | **Bedroom #2** |  | |  | |  | |
| **Location:** | | | | | | | | **Location:** | | | | | | |
|  | **Pass** | | **Fail** | | | **N/A** | |  | **Pass** | | **Fail** | | **N/A** | |
| Ceiling Condition |  | |  | | |  | | Ceiling Condition |  | |  | |  | |
| Floor Condition |  | |  | | |  | | Floor Condition |  | |  | |  | |
| Wall Condition |  | |  | | |  | | Wall Condition |  | |  | |  | |
| Window Condition |  | |  | | |  | | Window Condition |  | |  | |  | |
| Electrical Hazards |  | |  | | |  | | Electrical Hazards |  | |  | |  | |
| Electricity/Illumination |  | |  | | |  | | Electricity/Illumination |  | |  | |  | |
| Security |  | |  | | |  | | Security |  | |  | |  | |
| Smoke Detectors |  | |  | | |  | | Smoke Detectors |  | |  | |  | |
| Comments: | | | | | | | | | | | | | | |

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| **Bedroom #3** |  |  |  | **Bedroom #4** |  |  |  |
| **Location:** | | | | **Location:** | | | |
|  | **Pass** | **Fail** | **N/A** |  | **Pass** | **Fail** | **N/A** |
| Ceiling Condition |  |  |  | Ceiling Condition |  |  |  |
| Floor Condition |  |  |  | Floor Condition |  |  |  |
| Wall Condition |  |  |  | Wall Condition |  |  |  |
| Window Condition |  |  |  | Window Condition |  |  |  |
| Electrical Hazards |  |  |  | Electrical Hazards |  |  |  |
| Electricity/Illumination |  |  |  | Electricity/Illumination |  |  |  |
| Security |  |  |  | Security |  |  |  |
| Smoke Detectors |  |  |  | Smoke Detectors |  |  |  |
| Comments: | | | | | | | |

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| **Exterior Of The Building** |  |  |  |
|  | **Pass** | **Fail** | **N/A** |
| Does the exterior of the property meet all health and safety standards and/or local code? |  |  |  |

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| **Tenant Interview** | | |
|  | **Tenant Interview**  **Rental Property:** | **Tenant Interview**  **Rental Property:** |
| Did the tenant indicate they have had any problems getting general maintenance items taken care of by the management? |  |  |
| To the tenants knowledge are all rules and regulations being implemented as specified in the lease? |  |  |
| Did the tenant have any concerns? |  |  |
| Other Comments Regarding the Tenant Interviews: | | |

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| **Home Monitoring**  **Checklist** | **Worksheet for Tenant File Review for Rental Properties** |

