

**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:

I. BACKGROUND INFORMATION

1. Amount of HOME Allocation: _____
2. Total Number of Units In Project: _____
3. Number of HOME-Assisted Units: _____ Identify Number of: _____ High HOME Rent Units _____ Low HOME Rent Units Select One: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating
4. Period of Affordability: _____
5. 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:

Nebraska Department of Economic Development
HOME Monitoring Checklist (This checklist is used to monitor HOME funded project during their Period of Affordability.)

II. PROJECT COMPLIANCE				
A. Marketing and Tenant Selection	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
1. Does the owner have and follow written tenant selection procedures that are non-discriminatory?				
2. Does the owner provide adequate information to program applicants about program rules and expectations?				
3. Does the owner affirmatively market units (in accordance with PJ's affirmative marketing plan)?				
B. Property Standards	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
4. Have any major additions or modifications to the structure or major building components (e.g., sprinkler systems, heating and cooling systems) occurred? If yes please provide documentation illustrating compliance with local codes and property standards.				
5. Does the property meet all local codes and property standards?				
6. Does the owner conduct regular property inspections?				
C. Rent and Occupancy	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
6. Does the owner complete a Project Compliance Report and submit it to the PJ on time every year?				
7. Does the owner use the correct HOME rents and utility allowances to calculate the maximum rent levels for HOME-assisted units?				
8. Does the owner monitor rents in HOME-assisted units and enforce HOME rent limits in all projects?				
9. Does the owner monitor and enforce HOME low-income occupancy requirements?				
10. Are tenant incomes properly documented during occupancy?				
11. Is there a copy of a signed/executed lease in every tenant file?				
12. Are all leases for HOME-assisted units free of prohibited provisions?				
13. Is the grantee/awardee maintaining the correct amount of Low & High HOME rent units as identified in their contract?				

Nebraska Department of Economic Development
HOME Monitoring Checklist (This checklist is used to monitor HOME funded project during their Period of Affordability.)

14. When tenant(s) are over income are proper procedures followed to maintain the correct amount of Low and High HOME rent units?				
Comments:				
D. Management and Financial Viability	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
15. Is there continued management capacity to ensure project compliance with rent, occupancy and property standards requirements?				
16. Has the cash flow been documented?				
17. Have regular deposits been made to reserve accounts?				
18. Are the vacancy rates high (above 5-7%)?				
19. Have standard financial practices been followed?				
20. Have there been a large number of tenant complaints?				
21. Have there been any fair housing complaints or violations?				
22. Did the grantee receive more than \$500,000 in federal funds in one year?				
23. Did the grantee use an in-house Auditor?				
24. Did the grantee procure for an outside Auditor?				
25. Are Notification of Single Audits (or other records) on file for each year which supports the grantee's determination whether an audit in accordance with OMB A-133 was required?				
26. Are HOME /NAHTF funds utilized for payment of the Audit expense?				

27. If HOME/NAHTF funds are utilized does the amount paid by HOME/NAHTF funds exceed the proportion of HOME funds in relation to other funds included in the audit?				
28. Are copies of audits on file with any correspondence regarding audit findings?				
Comments?				

III. AFFIRMATIVE MARKETING				
A. Outreach	Satisfactory	Concern	Finding	Notes
1. Has the Grantee/Awardee conducted public outreach and maintained evidence of such in file?				
a. Has the Grantee/Awardee informed the public and potential tenants of affirmative marketing policies and fair housing laws?				
b. Are policies communicated through media and other outlets?				
c. Are policies communicated to tenants in buildings that will be, or have been, HOME-assisted?				
d. Does the grantee advertise and conduct outreach for vacant units?				
e. Does the fair housing logo appear on marketing materials?				
B. Beneficiary Data	Satisfactory	Concern	Finding	Notes
2. Does the Grantee/Awardee maintain adequate beneficiary data regarding:				
a. The number, ethnicity and income level of persons responding to program marketing efforts?				
b. The number, ethnicity, and income level of persons residing in or planning to reside in HOME units who became aware of units through affirmative marketing efforts?				

3. Is a sufficient amount of eligible households applying to the program to rent the HOME-assisted units?				
4. Are the applicants typically eligible and able to participate in the program?				
5. Is the ratio of minority groups that apply for the program representative of the eligible population?				
C. Owner Participation	Satisfactory	Concern	Finding	Notes
6. Does the Grantee/Awardee ensure adequate owner participation?				
a. Are Affirmative Marketing Agreements signed by management agents or owners?				
b. Has the owner provided appropriate notification when units become vacant to ensure that population groups least likely to apply are being targeted?				
c. Does the Grantee/Awardee maintain documentation of the owner's participation in Affirmative Marketing efforts?				
d. If the owner has failed to comply with affirmative marketing requirements, has the Grantee/Awardee taken corrective action?				
D. Complaints	Satisfactory	Concern	Finding	Notes
7. Have any affirmative marketing complaints been filed against the Grantee/Awardee?				
a. If yes, have appropriate remedial steps been taken?				
Other Comments Regarding Affirmative Marketing Complaints:				

Tenant Properties Inspected:

(Monitor at least 15 to 20 percent of the HOME-assisted units in the project, and a minimum of one (1) unit in every building of eight units or more.)

	<u>Property Address</u> (Include Unit Number If Appropriate)	<u>Tenants Last Name</u>
Rental Property A:	_____	_____
Rental Property B:	_____	_____
Rental Property C:	_____	_____
Rental Property D:	_____	_____
Rental Property E:	_____	_____
Rental Property F:	_____	_____

KITCHEN				LIVING ROOM			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
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:							

UTILITY CLOSET				LAUNDRY			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
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:							

BATHROOM (Main)				BATHROOM (2nd)			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
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:			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
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:							

BEDROOM #3				BEDROOM #4			
Location:				Location:			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
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:							

EXTERIOR OF THE BUILDING			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
Does the exterior of the property meet all health and safety standards and/or local code?			

TENANT INTERVIEW

	<u>Tenant Interview</u> Rental Property: _____	<u>Tenant Interview</u> 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:		

HOME MONITORING

WORKSHEET FOR TENANT FILE REVIEW FOR RENTAL PROPERTIES

Unit #	# of BR	L or H	Name	# in Hshld	Gross Income	Move In Date	Cert Date	Tenant Rent	Subsidy	UA	Total	Max Income	Max Rent	Income Compliant	Rent Compliant	AMI
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					
											\$ -					

Comments: