

Date: _____

Project Name: _____

Tracking #: _____

Contract #: _____

Contact Information

Please list any additional persons who will be assisting with this audit.

Name	Title	Email	Phone
	On-Site Manager		
	Regional Manager		
	Compliance Manager		
	Owner		

Affirmative Fair Housing Marketing Plan (AFHMP)

1. Date AFHMP was last approved: _____ (Updated every 5 years)
2. Is there a Tenant Selection Plan? ☐ Yes ☐ No Effective Date: _____
3. Is the OHFA 811 Tenant Selection Plan Addendum in use? ☐ Yes ☐ No

Utility Allowance Source

- ☐ Owner Paid ☐ PHA ☐ HUD Utility Schedule Model ☐ HUD Rent Schedule ☐ Engineer's Energy Consumption Model
☐ Utility Company Estimate ☐ Renewable Source ☐ RD

Date Utility Allowance Effective: _____

Additional Funding Source(s)

Please mark all that apply: ☐ OHTF ☐ NHTF ☐ TBA ☐ RD 538 ☐ RD 515 ☐ Bonds ☐ OHFA HOME ☐ City HOME
☐ PBV ☐ PBA ☐ Other: _____

Accessibility

1. Have any accessibility-related modifications been made to the common areas of the property? ☐ Yes ☐ No

If yes, please specify: _____

2. Have any accessibility-related modifications been made to any units? ☐ Yes ☐ No

If yes, please specify: _____

3. Please list all accessible units and specify their accessible features (mobility, sensory, etc):



OHFA Required Property Manager Training

All On-Site and Regional Managers have completed the OHFA required property manager training videos: ☐ Yes ☐ No

[Please access the required training here.](#)

Resident Notices

Please list any currently pending notices for 811 program residents such as Move Out, Eviction, Notice to Cure, etc.

Comments/Other information of which OHFA should be aware:

Signature

Date

Printed Name

Title

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.