



Project Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Site Contact: _____ Phone: _____ Email: _____

Owner Name (Legal Entity Name): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Owner Contact: _____ Phone: _____ Email: _____

Management Agent: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Mgmt. Contact: _____ Phone: _____ Email: _____

Syndicator: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Syndicator Contact: _____ Phone: _____ Email: _____

Have there been changes to the Owner, management company, or on-site manager since the last audit? Yes No *If yes, note in comments section*

Have you had any local code violations within the last 3 years? Yes No *If yes, provide documentation*

Have you had any Fair Housing violations within the last 3 years? Yes No *If yes, provide documentation*

8609 Minimum Set-Aside Election: 20-50 40-60 Average Income

If project was built prior to 1978 is there a Lead Based Paint Abatement? Yes No N/A

Is your software HOTMA compliant? Yes No

Has the project implemented HOTMA final rule when certifying tenants? Yes No

If yes, date HOTMA implemented: _____

If HOTMA was implemented prior to 1-1-2025, an OHFA Clarification Record must be placed in the tenant file stating certification was conducted using HOTMA rules.



Affirmative Fair Housing Marketing Plan (AFHMP)

Date AFHMP was last approved: _____ (Further AHFMP information is found here.)

Is there a Tenant Selection Plan? Yes No Effective Date: _____

Special Needs Housing

- ELI (Extremely Low Income), DD (Developmentally Disabled), SP (Single Parent), MSI (Mobility/Sensory Impairment), EP (Elderly Persons), Other: _____, Transitional/PSH, MI (Severe Persistent Mental Illness)

Utility Allowance

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

Funding Source(s)

Please mark all that apply:

- LIHTC, State HTC, OHTF, NHTF, TBA, RD 538, RD 515, Bonds, HOME, HOME-ARP, City/County HOME, 811, PBV, PBA, Other: _____

Projects with OHFA Gap Financing – HOME/HOME-ARP/OHTF/NHTF

Are the Assisted Units: Floating Fixed

- If 'floating,' does the owner ensure that the rental units are comparable? Yes No
When the tenant vacates, is the Next Available Unit made available to a HOME/Trust eligible tenant? Yes No

When Tenant's income rises above 80% AMI, is the Next Available comparable unit rented to a HOME/Trust-eligible tenant? Yes No

In projects of five or more HOME/Trust assisted units, are at least 20% of the units rented at or below the LOW HOME Rent level? Yes No

Were the assisted units initially leased to households per the Funding Agreement? Yes No

Are tenant leases properly executed and free of all prohibited provisions? Yes No

Are the tenant leases for a minimum of one year (unless otherwise agreed upon by tenant and owner)? Yes No

Does the owner provide adequate information to program applicants about program rules and expectations? Yes No

Is the Contract Rent for HOME/Trust units with project-based subsidy in compliance with the HOME rule? Yes No



HOME/HOME-ARP/OHTF/NHTF Units (HDAP)

Current HDAP Recipient: _____ Address: _____
Total # of Assisted Units: _____ # of High HOME Units: _____
of Low HOME Units: _____
By Bedroom Size: 0BD: _____ 1BD: _____ 2BD: _____ 3BD: _____ 4BD: _____ 5BD: _____

Current HDAP Units

Table with 3 columns: Unit #, Date Unit Became HDAP, High/Low. 10 rows.

Table with 3 columns: Unit #, Date Unit Became HDAP, High/Low. 10 rows.

Building/Units

List the BIN #: _____ and date the last building was placed in service: _____
Number of Buildings: _____ Total # of Units: _____ # of Low-Income Units: _____
of Market Rate Units: _____ List Market Rate Units: _____
of Employee/Security Units: _____ List Employee/Security Units: _____
of Accessible Units: _____ List Accessible Units: _____
of Model Units: _____ List Model Units: _____
of 811 Units: _____ List 811 Units: _____
List Bed Bug Units, including those treated within last 30 days: _____

of Program Unit Vacancies: _____

Are you using Carbon Monoxide Detectors? [] Yes [] No Is the project all electric? [] Yes [] No

Do you have any offline units? [] Yes [] No

If yes, provide a copy of form PC-E56 Notification of Offline Unit(s) submitted to Asset Management



Resident Social/Supportive Services (Refer to OHFA’s Qualified Allocation Plan [QAP])

Does the project offer Supportive Services? Yes No

• If yes, specific population(s) served: _____

Does the project have an on-site service coordinator/counselor? Yes No

Does the service provider have experience in servicing the specific population served? Yes No

Types of services offered: _____

Note: Projects funded with 9% or 4% credits in 2024, and going forward, are not required to have a supportive services plan unless supportive services are proposed for the project or are required in the applicable OHFA Qualified Allocation Plan.

OHFA Inspection Access

Who in your organization will need access to upload tenant files and/or respond to Compliance Audit Report (CAR) findings? **This pertains to having access to and uploading tenant files, rent rolls, certificates, etc., including curing audit findings.**

Name	Title	Email	Phone
	On-Site Manager		
	Compliance Manager		

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.

