

**Hawaii Housing Finance & Development Corporation
Hula Mae Multi-Family Bond Program
Continuing Program Compliance Report**

Report Period: From _____ to _____
 Fee Enclosed: _____
 (\$35/unit/year excluding staff units)
 Provide Separate Checks by Program

PROJECT INFORMATION		
Project Name	Regulatory Agreement and Declaration of Restrictive Covenants: Effective _____ until _____ Report Period per Agreement/Declaration: Quarterly Report: <input type="checkbox"/> 1 st Quarter: JAN-MAR, Due APR 15 th <input type="checkbox"/> 2 nd Quarter: APR-JUN, Due JUL 15 th <input type="checkbox"/> 3 rd Quarter: JUL-SEP, Due OCT 15 th <input type="checkbox"/> 4 th Quarter: OCT-DEC, Due FEB 1 st (with Fee Enclosed*) *Unless another date is specified by Declaration.	
Site Contact		
Physical Address		
Phone		Phone No. for Applications:

CURRENT OWNER INFORMATION	MONITORING INFORMATION
Owner Name	Management Company
General Partner	Agent Contact
Mailing Address	Address
Phone	E-Mail
	Preferred for Record Review Location

OCCUPANCY INFORMATION	
AGREEMENT/DECLARATION SET-ASIDE: _____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ unit(s) occupied by market tenants _____ unit(s) as manager's and/or staff unit(s) _____ Total Units	SET-ASIDE AS OF END OF REPORT PERIOD: _____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ unit(s) occupied by market tenants _____ unit(s) as manager's and/or staff unit(s) _____ number of vacant units _____ Total Units
Required Lower Income Preference (if applicable) _____ units at _____% of median (AMI)	Lower Income Preference as of End of Report Period _____ units at _____% of median (AMI)
<input type="checkbox"/> The above set-aside requirements are consistent with Regulatory Agreement and Declaration of Restrictive Covenants	<input type="checkbox"/> The attached Compliance Monitoring Status Report supports the above occupancy information.
Has the number of affordable units changed from the prior Report Period? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WAITING LIST (End of Report Period)		RENT-UP ACTIVITY (During Report Period)	
Number Lower Income Applicants on Waiting List ⇨			⇨ Number of Lower Income Applicants Placed
Number of Market Applicants on Waiting List ⇨			⇨ Number of Market Applicants Placed
Number Applicants on Waiting List ⇨			⇨ Total Applicants Placed
Number of Vacant Units ⇨			⇨ Denied Applicants

RENTAL INFORMATION	
Utilities	Type of Utilities Paid by Tenants:
	Utility Allowances (UA) Schedule Effective Date:
	Utility Allowance Schedule source/method used: (Attached UA Documentation for report period) <input type="checkbox"/> UA Schedule obtained from HPHA/County <input type="checkbox"/> Indicate other method:
Indicate Project Subsidy and/or Other Program(s):	

RENT SCHEDULE						
Effective Date:						
Unit Size	Number of Units	Set Aside %	Tenant Paid Rent	Utility Allowance & Other Non-Optional Charges	Gross Rent*	Maximum Rent Limit
* Indicate low and high end of range if it varies.						

ANNUAL RECERTIFICATION PROCEDURES	
Self-Certification of Annual Income form is being used for second annual recertification and subsequent recertifications in this 100% tax exempt bond project:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note: LIHTC/HMMF Self-Certification of Annual Income form does not satisfy annual recertification requirements if a property has other Hawaii Housing Finance and Development Corporation (HHFDC) program funding (including RAP, RHRF, RARF). Properties with market units, HOME, Rural Development (RD), and/or HUD financing must complete a full annual recertification every year with third party verifications.</p>	

PROJECT AMENITIES & SERVICES

Indicate facilities, such as swimming pools, other recreational facilities, and parking areas:

Indicate amenities and any charges to tenants:

Indicate any services offered (for example: meals programs, chore, counseling, and shuttle services, etc.) and indicate whether each is mandatory or optional:

Completed attachments:

- 1) **Owner's Exhibit C - Certificate of Continuing Program Compliance**
- 2) **Owner's Exhibit E - Certification Concerning Qualified Project Period (from Regulatory Agreement and Declaration of Restrictive Covenants)**
- 3) **Spectrum Status Report Database (Status Reports)**
- 4) **Rent Roll**
- 5) **Form HRS 467 (Chapter 467, Hawaii Revised Statutes (HRS) Real Estate Brokers and Salespersons)**
- 6) **Utility Allowance Documentation for report period**

Submit Annual Report with attachments and any required monitoring fee payment to:

HHFDC Planning, Evaluation & Compliance Branch
677 Queen Street, Suite 300
Honolulu, Hawaii 96813

Please email executed reports with attachments to Spectrum Seminars, Inc. (spectrumendofyear@gmail.com). Status Reports are submitted electronically to Spectrum. Paper copies for 1st, 2nd and 3rd Quarters are not required to be submitted to the HHFDC. Should you have any questions, please contact Harold Tucker or Donna Ho.

Exhibit C - Certificate of Continuing Program Compliance Hawaii Housing Finance & Development Corporation To: 677 Queen Street, Suite 300 Honolulu, Hawaii 96813	<input type="checkbox"/> No buildings have been Placed in Service If the above applies, please check the box, and proceed to page 5 to sign and date this form
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Certification Dates:	From:	To:	
Project Name:		Project No: None	N/A
Project Address:		City:	Zip:

Witnesseth that on this ____ day of _____, _____, the undersigned, having borrowed certain funds from the Hawaii Housing Finance and Development Corporation (the "Issuer") for the purpose of acquiring/constructing and rehabilitating a multifamily rental housing development known as the ____ ("the Project"), does hereby certify that during the preceding quarter (i) such Project was continually in compliance with the Regulatory Agreement and Declaration of Restrictive Covenants executed in connection with such loan from the Issuer, and (ii) ____% of the units in the Project were occupied by Low Income Tenants, at Affordable Rents; and does hereby further certify that the representations set forth herein are true and correct to the best of the undersigned's knowledge and belief.

The attached Compliance Monitoring Status Report lists the names of the tenants who commenced or terminated occupancy during the report period.

The attached Compliance Monitoring Status Report lists each unit, restricted rents, and household income eligibility data.

The units occupied by the Low Income Tenants are of similar size and quality to other units and are dispersed throughout the Project.

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Agreement, Hawaii Revised Statutes, Hawaii Administrative Rules and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

By: _____
Title: _____
Date: _____

(Ownership Entity)

STATE OF HAWAII)
) SS.
CITY AND COUNTY OF _____)

On this _____ day of _____, 20____, before me personally
appeared _____, to me known to be
the person described in and who executed the foregoing _____-page instrument entitled

_____ dated _____, and acknowledged that
he/she executed the same as his/her free act and deed.

Name: _____
Notary Public, State of Hawaii

Judicial Court
My Commission Expires: _____