

Hawaii Housing Finance & Development Corporation  
**Rental Housing Revolving Fund (RHRF)**  
**(FKA Rental Housing Trust Fund)**  
**Annual Report for Preceding 12-Month Period**

Report Period: From \_\_\_\_\_ to 12/31/\_\_\_\_\_  
 Fee Enclosed: \_\_\_\_\_  
*(\$35/unit/year excluding staff units)*  
*Provide Separate Checks by Program*

PROJECT INFORMATION			
Project Name		Type of RHRF Project Award <input type="checkbox"/> Loan <input type="checkbox"/> Grant <input type="checkbox"/> Loan & Grant	
Site Contact		RHRF Loan/Grant Amount	RHRF Current Outstanding Balance
Physical Address		RHRF Declaration Effective Date	Number of Rental Building(s):
Phone	Phone No. for Applications:	Placed in Service Date(s) 1 <sup>st</sup> Building: _____ Last Building: _____	

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

OCCUPANCY INFORMATION	
RHRF SET-ASIDE:	SET-ASIDE AS OF END OF REPORT PERIOD:
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units at _____% of median (AMI)	_____ units at _____% of median (AMI)
_____ units as non-RHRF units (Market rate)	_____ units as non-RHRF units (Market rate)
_____ unit(s) as manager's and/or staff unit(s)	_____ unit(s) as manager's and/or staff unit(s)
_____ unit(s) as manager's and/or staff unit(s)	_____ number of vacant units
<input type="checkbox"/> The above set-aside requirements are consistent with information in the project RHRF Declaration of Restrictive Covenants	<input type="checkbox"/> The attached Compliance Monitoring Status Report supports the above occupancy information.
Has the number of RHRF units changed from last year?	<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):	
Is the rent restricted beyond the AMI based rent? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate 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.						

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 Certificate of Continuing Program Compliance Form**
- 2) **Form HRS 467 (Chapter 467, Hawaii Revised Statutes (HRS) Real Estate Brokers and Salespersons)**
- 3) **Utility Allowance Documentation for report period**
- 4) **Status Report (submitted electronically to Spectrum)**

Mail required monitoring fee payment by due date to:

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

Email executed Annual Report with attachments due February 1<sup>st</sup> to:

Spectrum Seminars, Inc. ([spectrumendofyear@gmail.com](mailto:spectrumendofyear@gmail.com)), and HHFDC ([donna.m.ho@hawaii.gov](mailto:donna.m.ho@hawaii.gov))

Should you have any questions, please contact Harold Tucker ([htucker@spectrumlihtc.com](mailto:htucker@spectrumlihtc.com)), Cathy Turner ([cturner@spectrumlihtc.com](mailto:cturner@spectrumlihtc.com)), or Donna Ho.

**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

To: Hawaii Housing Finance & Development Corporation  
 677 Queen Street, Suite 300  
 Honolulu, Hawaii 96813

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

<b>Certification Dates:</b>	<b>From: January 1, 20</b>	<b>To: December 31, 20</b>	
<b>Project Name:</b>		<b>Project No:</b>	N/A
<b>Project Address:</b>		<b>City:</b>	<b>Zip:</b>

The undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Owner"), hereby certifies to the agency that:

1. The project met the minimum requirements of the Rental Housing Revolving Fund as stipulated in the Regulatory Agreement (Declaration of Restrictive Covenants).  
 **YES**       **NO**
  
2. The owner has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority;  
 **YES**       **NO**
  
3. Each low-income unit in the project has been rent-restricted as set forth in the Regulatory Agreement;  
 **YES**       **NO**
  
4. All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court;  
 **YES**       **NO**
  
5. The buildings and low-income units in the project were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards).  
 **YES**       **NO**

The State or local government unit responsible for making local health, safety, or building code inspections did not issue a violation report for any building or low-income unit in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Agency. In addition, the owner must state whether the violation has been corrected;

**YES**       **NO**

6. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units in the project were or will be rented to tenants not having a qualifying income;  
 YES       NO

7. There has been no change in the ownership or management of the project:  
 NO CHANGE    CHANGE

If "Change", complete page 6 detailing the changes in ownership or management of the project.

8. The project is operating as a family project:  
 YES       NO

If "No," continue to answer the following: Project operating as an elderly project (housing for older persons) as defined in Act 249, Session Laws of Hawaii 2007 and Fair Housing Act as Amended (Title 8), 42 United States Code section 3607(b)(2). Identify which of the following definitions applies to the project:

- A. Provided under any State or Federal program that the Secretary determines is specifically designed and operated to assist elderly persons (as defined in the State or Federal program); or
- B. Intended for, and solely occupied by, persons 62 years of age or older; or
- C. Intended and operated for occupancy by persons 55 years of age or older, and--(i) at least 80 percent of the occupied units are occupied by at least one person who is 55 years of age or older; (ii) the housing facility or community publishes and adheres to policies and procedures that demonstrate the intent required under this subparagraph; and (iii) the housing facility or community complies with rules issued by the Secretary for verification of occupancy.

If following "Item C" above, indicate:

- YES if your tenant selection criteria is following "Item C" exactly as specified, or
- NO if any additional tenant selection criteria restrictions are placed on applicants/tenants. Please specify and explain on page 6.

9. There were no changes to the tenant selection criteria in the past year.  
 NO CHANGE    CHANGE

If "Change," provide a brief description of the change on page 6.

**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 Regulatory 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.

\_\_\_\_\_  
(Ownership Entity)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE EXPLAIN ANY ITEMS THAT WERE  
ANSWERED "NO" OR "CHANGE" ON  
QUESTIONS 1-9.**

Question #	Explanation

**CHANGES IN OWNERSHIP OR MANAGEMENT**  
(to be completed if "CHANGE" is marked for Question 7).  
**TRANSFER OF OWNERSHIP**

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

**CHANGES IN OWNER CONTACT**

Date of Change:	
Owner Contact:	
Address:	
Phone:	
Email:	

**CHANGES IN MANAGEMENT CONTACT**

Date of Change:	
Management Co. Name:	
Management Contact:	
Address:	
Phone:	
Email:	