

HOME-ARP ANNUAL REPORT & OWNER'S CERTIFICATION INSTRUCTIONS

HOME-ARP ANNUAL REPORT REQUIREMENTS Part I:

PROJECT NAME:	Project Name
OWNER:	Owner partnership name
MANAGING AGENT:	Management company name
DATE OF ANNUAL RENT APPROVAL*:	Enter date of rent schedule approval
APPROVAL GRANTED BY:	Enter approving county or agency
<i>*Provide a copy of the approved rent schedule and utility allowances with this report</i>	
COUNTY:	Enter County in which property is located
Total Number of HOME-ARP units:	Number of HOME-ARP units as detailed in HOME-ARP Declaration
HOME-ARP Units – Qualifying Populations:	Number of HOME-ARP units occupied by Qualifying Populations required by HOME-ARP Declaration
HOME-ARP Units – Low Income (LI):	Number of Low-Income HOME-ARP units required by HOME-ARP Declaration
Fixed/Floating:	Number of HOME-ARP units fixed or floating per HOME-ARP Declaration
Total Project Units:	Total number of units in the <u>project</u> , including manager units.
PROJECT STATUS AS OF END OF REPORT PERIOD (current means as of 6/30 of the reporting year)	
Total Number of HOME-ARP units:	Number of <u>actual</u> HOME-ARP units on 6/30
HOME-ARP Units – Qualifying Populations:	Number of HOME-ARP units occupied by Qualifying Populations
HOME-ARP Units - Low Income (LI):	Number of HOME-ARP units occupied by Low-Income Households on 6/30
Over Income (OI) Units:	Number of HOME-ARP units where household is now over income
Fixed/Floating:	Are the HOME-ARP units currently fixed or floating?
Vacant HOME-ARP Units:	Number of vacant HOME-ARP units in the <u>project</u> on 6/30
Utility Allowance Method used:	Indicate UA method
Column 1 – Unit #	Unit number (for example unit 101, 201)
Column 2 - # BR	How many bedrooms in this unit?
Column 3 – Tenant’s Last, First Name:	Tenant’s last, first name (for example Smith, John) Column 4 – Move-in Date On what date did the household move into this unit?
Column 4 – Move-in Date	On what date did the household move into this unit?
Column 5 – HSLD Size	How many persons in this household as of 6/30?
Column 6 – Initial/Recert Eff. Date	What is the date of the most recent certification for this household (move-in/recert)?
Column 7– Qualifying Population	Which qualifying population definition did the household qualify as at the time of admission into the HOME-ARP unit?
Column 8 – Veteran	Are any members of the household Veterans (yes/no)?
Column 9 – Current Annual (Gross) Income	What is the gross annual income shown on the most recent certification?
Column 10 – Current Tenant Rent	What is the tenant portion of the rent as of 6/30 – the amount the tenant is responsible for paying (not including any subsidy)?

Column 11 – Utility Allowance	What is the approved utility allowance for this unit as of 6/30?
Column 12 – Subsidy Amount	If the household has subsidy (project-based, voucher, etc.) what is the amount of subsidy as of 6/30?
Column 13 – Project Based Subsidy?	If subsidized, does tenant receive project based subsidy or tenant based (voucher)? If project based, answer Yes; if tenant based, answer No
Column 14 – Gross Rent	This column is set to add columns 11, 12, and 13 automatically – DO NOT EDIT or the formula will be lost
Column 15 – Current HOME Program Rent	What is the current maximum allowable <u>gross</u> rent that can be charged for this unit based on its set aside (regardless of approved rent)?
Column 16 – Move-out Date	If this household vacated between 7/1 last year and 6/30 of the reporting year, on what date did they vacate? <i>This report is to include all activity for each unit from 7/1 last year to and including 6/30 of the current year.</i>
Column 17 - Female HH	Is head of household Female? Answer Yes or No
Column 18 - HH Race/Ethnicity Code	What is the Race/ethnicity of the Head of Household (chart in upper right corner of report?)

OWNER CERTIFICATION: Owner must certify that all HOME-ARP-assisted units in the project are suitable for occupancy, taking into account State and local health, safety, and other applicable codes, ordinances, and requirements, and the ongoing property standards established by the County to meet the requirements of CFR 92.251

HOME-ARP ANNUAL RPEORT REQUIREMENTS Part II:

PROJECT NAME: Self-explanatory PROJECT
OWNER: Owner partnership name
MANAGING AGENT: Management company name

DATE OF ANNUAL RENT APPROVAL*: Enter date of rent schedule approval
APPROVAL GRANTED BY: Enter approving county or agency
*Provide a copy of the approved rent schedule and utility allowances with this report

COUNTY: Enter County in which property is located
Total Number of HOME-ARP units: Number of HOME-ARP units required by HOME-ARP Declaration
HOME-ARP Units – Qualifying Populations: Number of HOME-ARP units occupied by Qualifying Populations required by HOME-ARP Declaration
HOME-ARP Units – Low Income (LI): Number of Low-Income HOME-ARP units required by HOME-ARP Declaration
Fixed/Floating: Number of HOME-ARP units fixed or floating per HOME-ARP Declaration
Total Project Units: Total number of units in the project

PROJECT STATUS AS OF END OF REPORT PERIOD (current means as of 6/30 of the reporting year)
Total Number of HOME-ARP units: Number of actual HOME-ARP units on 6/30
HOME-ARP Units – Qualifying Populations: Number of HOME-ARP units occupied by Qualifying Populations
HOME-ARP Units - Low Income (LI): Number of HOME-ARP units occupied by Low-Income Households on 6/30
Over Income (OI) Units: Number of HOME-ARP units where household is now over income
Fixed/Floating: Are the HOME-ARP units currently fixed or floating?
Vacant HOME-ARP Units: Number of vacant HOME-ARP units in the project on 6/30

Utility Allowance Method used: Indicate UA method

- 1) Provide the statement of activity and balance of operating cost assistance or operating cost assistance reserve, if applicable.

Did the County provide HOME-ARP funding for operating cost assistance or to establish an operating cost assistance reserve?

- 2) Provide a summary of the annual project monitoring visits conducted by the County.

Was the project monitored by the County during the past year? If yes, on what date, which units were inspected, and what was the outcome of the monitoring visit?

- 3) Provide a description of any cases of noncompliance with HOME-ARP requirements and what measures have been taken or will be taken to achieve compliance.

Report instances of noncompliance with HOME-ARP requirements and how the project will ensure compliance in the future. How did the project resolve instances of noncompliance?

- 4) For rental projects with floating HOME-ARP units, provide information regarding substitution and filling vacancies so that the project remains in compliance with the HOME-ARP occupancy requirements.

Describe the project procedures for floating unit designations to ensure compliance with HOME-ARP occupancy requirements.

- 5) Provide the project financial audit for rental projects with 10 or more HOME-ARP assisted units.

If your project has 10 or more HOME-ARP assisted units, the financial condition of the project must be examined annually to determine continued financial viability of the housing.

Qualifying Populations

Qualifying Populations, as described in [Notice CPD-21-10](#), include the following:

- (1) Homeless, as defined in [24 CFR 91.5 Homeless](#) (1), (2), or (3).
- (2) At risk of homelessness, as defined in [24 CFR 91.5 At risk of homelessness](#).
- (3) Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, and
- (4) Other Populations as described in [Notice CPD-21-10](#).