

HTF ANNUAL REPORT & OWNER'S CERTIFICATION – INSTRUCTIONS

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
<i>*Provide a copy of the approval and rent schedule with this report</i>	
COUNTY:	Enter County in which property is located
HTF REQUIREMENTS:	
Total Number of HTF units:	Number of HTF units required by HTF Declaration
Fixed/Floating:	HTF units fixed or floating per HTF Declaration
Total units:	Total number of units in the <u>project</u>
PROJECT STATUS AS OF END OF REPORT PERIOD (current means as of 6/30 of the reporting year)	
Total Number of HTF units:	Number of <u>actual</u> HTF units on 6/30
Vacant Units:	Number of vacant units in the <u>project</u> on 6/30
Over Income (OI) units:	Number of HTF units where household is now over income for HTF
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 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– Annual (Gross) Income	What is the gross annual income shown on that certification?
Column 8 – Unit Set-Aside %	What is the current HTF required unit set-aside % (30% - Pre-filled)
Column 9 – Current HTF Max Income Limit	What is the current maximum allowable income for the unit based on its set aside? (30%)
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 9, 10, and 11 automatically – DO NOT EDIT or the formula will be lost
Column 15 – Current HTF Program Rent	What is the current maximum allowable <u>gross</u> rent that can be charged for this unit based on its set aside (30%) (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? *This report is to include all activity for each unit from 7/1 last year to and including 6/30 of the current year.*

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 HTF-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