HOME
COMPLIANCE SUMMARY
Rental Project

Grant Year: _____ **Date:** _____

Grantee: _____

Person completing form: _____

Title of person completing form: _____

Number of HOME-assisted units in the property: _____

HOME property address(es): _____

_____

_____

_____

Property manager: _____

Phone: _____

Address: _____

_____

Is this property a group home or other type of congregate housing? _____

Do you require leases on this property? _____

Does your lease meet the required tenant lease protections ? _____

Do you use affirmative marketing efforts to attract residents? _____

Does this property continue to meet Housing Quality Standards? _____

Was any property funded by this HOME grant sold during this year? _____

If yes, identify address(es) of property sold: _____

_____

_____

Indicate enclosed materials (or NA if not applicable):

_____ **Resident/Unit Information (CHM2)**
_____ **Compliance Summary CHDO (CHM3)**
_____ **Copies of affirmative marketing efforts**
_____ **Copy of the grantee's standard lease or copies of any exceptions used**

HOME COMPLIANCE SUMMARY
Rental Resident Profile

Property Address/Unit Number	Total No. of Bedrooms	Resident's Last Name	Move-in Date	Move-out Date	Move-in Income	Recert. Income	Lower Income Percentage			Maximum Monthly HOME Rents Less UA		Monthly Resident Paid Rent	Utility Allowance	Total No. of Occupants	Actual rent
							50%	60%	80%	High	Low				

GRANTEE _____

OWNER _____

DATE PREPARED _____

PREPARER'S NAME _____

PREPARER'S PHONE NO. _____

PLEASE SUBMIT A CURRENT UTILITY ALLOWANCE SCHEDULE ALONG WITH THE RESIDENT PROFILE.

HOME
COMPLIANCE SUMMARY
Community Housing Development Organization (CHDO)

Grant Year: _____ **Date:** _____

Grantee: _____

Person completing form: _____

Title of person completing form: _____

1. Provide a list of names and addresses of the CHDOs governing board. Next to each name, make the applicable indications: FP (appointed by a For-Profit), PB (appointed by a Public Body), and/or LI (resident of a low income neighborhood or otherwise eligible under 24 CFR 92.2 CHDO Definition (8)).

2. Please provide a copy of the last annual report form filed with the Secretary of State. If this is not available, the CHDO must provide a Certificate of Existence from the Secretary of State's Office dated within the last three month.

3. Has the CHDO revised its charter language regarding the provision of affordable housing since the last compliance monitoring?
   YES _____ NO _____ If yes, enclose a copy of the new charter.

4. Does any individual profit from the organization? (This does not include salaries or pay for work carried out or reimbursement for direct expenses.)
   YES _____ NO _____

5. Does the CHDO have any legal connection or affiliation with a for-profit entity?
   YES _____ NO _____

   If yes, has this relationship been altered since the CHDO last submitted a Compliance Summary?
   YES _____ NO _____ If yes, explain on an attached sheet.

6. Does the CHDO have any connection or affiliation with a public entity?
   YES _____ NO _____

   If yes, has this relationship been altered since the CHDO last submitted a Compliance Summary?
   YES _____ NO _____ If yes, explain on an attached sheet.

THIS FORM SHOULD ONLY BE COMPLETED BY COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS.

CHM3