HOME Affordable Housing
Compliance Report
Part A - Compliance Report Summary

(Due each month for the previous month by the 15)

Date:

Period: / / to / /

Contract # FC -

Property Name:

Street Address: Phone:

City, State, Zip: Phone:

Owner/Manager: Fax:

Preparer's Name:

Preparer's Email:

PROPERTY SUMMARY						AGENCY USE ONLY
UNIT TYPE	NUMBER OF UNITS					COMPLIANCE STATUS (Requirements Met)
	Occupied	Vacant	Over Income	Total	**Required**	
1. Lower Income Units- **H**				0		a.
2. Very Low Inc. Units- **L**				0		b.
Total Qualifying Units	0	0	0	0	0	c.
3. Unrestricted Units				0		d.
Total All Units	0	0	0	0	0	e.
Percent %					100%	f.

FOR OFFICE USE ONLY			
White	0	Hispanic/ Latino	0
Black/African American	0	Non Hispanic/Latino	0
Asian	0	30%	0
American Indian/Alaska Native	0	40%	0
Native Hawaiian/Other Pacific Islander	0	50%	0
American Indian/Alaska Native & White	0	60%	0
Asian & White	0	80%	0
Black/African American & White	0		
American Indian/Alaska Native & Black/African American	0		
Other Multi Racial	0		

I/We (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

Signature Date

Compliance Report

Part B - Unit Status Report

Project Name: _____ **Funding Type:** _____

Reporting Period _____ 20____ through _____ 20____.

(Columns C, L, and O will autopopulate)*

																DEMOGRAPHICS				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Unit No.	Tenant Name	Low or High Program units (H or L)	No. BR's	No. Pers	Date of Move In or Date of Moveout	Unit Designation 1 = 30% 2 = 40% 3 = 50% 4 = 60% 5 = 80% 6 = Unrestricted	Tenant Annual Gross Income	Max Annual Eligible Income	Housing Asst. Payments (if applicable)	Tenant Paid Portion	Actual Rent (J+K)	Max Program Rent	Local Utility Allow-ance	Maximum Actual Rent (M Minus N)	Date of Last Income Recertification	Hisp. Y / N	Household Race	Household Type	Assistance Type	Spec. Needs

House Hold Race (R)	Household Type - (S)	Assistance Type - (T)
11-White	1- Single, non-elderly	1- Section 8
12-Black or African American	2- Elderly	2- HOME TBRA (Tenant Based Rental Assistance)
13-Asian	3- Single parent	3- Other Federal, State, or Local Assistance
14-American Indian or Alaska Native	4- Two Parents	4- No Assistance
15-Native Hawaiian or Other Pacific Islander	5- Other	
16-American Indian or Alaska Native & White		
17-Asian & White		
18-Black or African American & White		
19-American Indian or Alaska Native & Black or African American		
20-Other Multi Racial		

Special Needs (U)
D - Disability
E - Elderly
F - Family Size
H - Homeless