

PLEASE RESPOND IMMEDIATELY

**Owner Certification of HOME Requirement
Check List**

Project Name: _____

Project Address: _____

Reviewer: _____

Date: _____

QUESTIONS	Y	N	NOTES
1. If tenants receive Section 8 assistance, a. Is the appropriate tenant payment (i.e. 30% of adjusted income) charged to the tenant? b. Is the total rent charged for the unit at or below the HOME maximum rent?			
2. If any in-place tenants have incomes above 80% of the area median income, are they charged 30% of their adjusted monthly income for rent and utilities?			
3. Do the rents listed for HOME-assisted units in the Project Compliance Report demonstrate that High and Low HOME Rent limits have been observed?			
4. At initial project lease-up, did existing tenants have income below 60% AMI, or pay 30% of adjusted income for rent?			
5. If units are floating, do HOME-assisted and unassisted units represent proportionate numbers of units by bedroom size (e.g. are 50% of units of each bedroom size designated as HOME units)?			
6. If the units are floating, are HOME-assisted and unassisted units comparable in terms of amenities and size?			
7. As tenants vacate units, are tenants in Low HOME Rent units replaced by other tenants with incomes at or below 50% AMI?			
8. Does owner/manager have copy of the Management Plan on file?			

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QUESTIONS	Y	N	NOTES
9. In projects where the HOME-assisted units float: a. When a tenant vacates a HOME unit, is the next available unit made available to a HOME-eligible tenant? b. When a tenant's income rises above 80% of AMI, is the next available comparable unit rented to a HOME-eligible tenant?			
10. Is each unit file complete with the following documentation: a. Tenant income certifications? b. Tenant income supporting documentation? c. Lease and lease mandatory addendum? d. Are tenant leases properly executed and free of all prohibited provisions?			
11. Are the tenant leases for a minimum of one year (unless otherwise agreed upon by tenant and owners)?			
12. Does the tenant lease support that the rents reported in project files and project documentation submitted to the PJ are accurate?			
13. Does the owner have tenant selection procedures that are non-discriminatory?			
14. Does the owner provide adequate information to program applicants about program rules and expectations?			
15. Does the owner affirmatively market units?			
16. Does the owner follow his/her tenant selection policy?			

OWNER/MANAGER'S CERTIFICATION

The Owner/Manager, by signing below, certifies that the information provided herein is true.

Owner/Manager Name: _____

Signature: _____ Date: _____