

EXHIBIT 10-B.3a

HOME Program Annual Certification for Rental Housing as of 1/1/2014

Grantee: _____

Project Name and Address :							
Name of GRANTEE :							
Name of OWNER (if not the Grantee):							
Name, Address, & Phone Number of Property Management Company, if applicable:							
	<i>Check box if Property Management Company changed since last Annual Certification</i>						
Name, Phone Number & E-mail of Person Completing Form:							
FACILITY INFORMATION							HOME Use Only
1. Rent Schedule: <i>Attach rent schedule(s) in effect during the time period covered by certification</i>							Matches Onsite File?
a. Check the Rent Standard(s) used for the project. Attach the applicable rent schedule(s), if other than HOME rents are used. <input type="checkbox"/> HOME Rents <input type="checkbox"/> HOME/LIHTC Blended Rents <input type="checkbox"/> Project Based Section 8 Rents <input type="checkbox"/> Rural Development 515 <input type="checkbox"/> Rural Development 538 <input type="checkbox"/> Other (specify) _____							<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: MDOC must approve all rent schedules. Exhibit 7-L must be submitted to MDOC at least 30-45 days before expected tenant notification date. Rent schedules may only be changed once a year.							
2. Unit Mix	0 BR	1 BR	2 BR	3 BR	4 BR	5 or more BR	Matches Onsite File?
a. # of HOME-assisted Units							<input type="checkbox"/> Yes <input type="checkbox"/> No
b. # of Non-HOME-assisted units							
c. For projects that are not 100% HOME-assisted, are the HOME units <input type="checkbox"/> Fixed or Floating <input type="checkbox"/>							
3. Utility Allowances:							
a. Does tenant pay any utilities? <input type="checkbox"/> No <input type="checkbox"/> Yes							
b. If YES, identify the source of the utility allowance used (e.g., Section 8, Rural Development, etc.)							
1) If other than Section 8, ATTACH copy(ies) of applicable utility allowance schedule used							

2) If Section 8 utility allowance used, circle the applicable Section 8 region and check the utilities the tenant pays for below and identify fuel type for each utility tenant pays for

Item	Specify Fuel Type	Section 8 Regions (Circle One)
<input type="checkbox"/> Heating.....	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal/Other	Region 1 Region 2 Region 2
<input type="checkbox"/> Cooking.....	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal/Other	Region 4 Region 5 Region 6
<input type="checkbox"/> Water Heating...	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal/Other	Region 7 Region 8 Region 9
<input type="checkbox"/> Other Electric	Date(s) of Section 8 Utility Schedule Used: 	Region 10 Region 11 Region 12
<input type="checkbox"/> Water		Region 13 Region 14 Region 15
<input type="checkbox"/> Sewer		Region 16 Region 17 Region 18
<input type="checkbox"/> Trash Collection		
<input type="checkbox"/> Air Conditioning		

4. Lease/Rental Agreements (REQUIRED for ALL HOME-assisted units)

a. Describe the term of the lease/rental agreement

b. When (date) was your lease or rental agreement last updated?

If lease/rental agreement has changed during the last year, attach a current copy to this annual certification.

NOTE: If the property management company has changed since the last certification, attach a copy of the current lease/rental agreement

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Does termination of tenancy by owner stipulate a 30-day written notice be given?

Yes

No

Are there any prohibited lease terms? (See HOME Admin Manual, Chapter 7)

Yes

No

5. Identify where the Fair Housing posters are displayed.

Requirements met?

Yes No

6. Have you updated your tenant selection criteria in the last 12 months? Yes No

If yes, attach the updated selection criteria / policy

NOTE: If the property management company has changed since the last certification, attach a copy of the current tenant selection criteria

Requirements met?

Yes No

7. How many:

a. Section 8 tenants are currently residing in the project?

Requirements met?

Yes No

b. Section 8 clients have applied for tenancy at the project in the last 12 months?

8. Projects with 5 or more HOME-assisted units are required to have an [Affirmative Fair Housing Marketing Plan](#) (AFHMP) in place.

a. If you have an AFHMP, what date was it last reviewed? _____

b. Are you maintaining a file that documents your Affirmative Fair Housing Marketing activities throughout the year?

Yes

No

Requirements met?

Yes No

NOTE: If the property management company has changed since the last certification, attach a copy of the new Affirmative Fair Housing Marketing Plan

9. Attach copies of the Project's

Requirements met?

a. Financial statements for the past year, including a Statement of Financial Position,  Statement of Activities, and Statement of Cash Flows

Yes Yes

b. Operating budget for the current year

RENT AND OCCUPANCY REPORT

<p>* Low (L) or High (H) HOME Rent Unit Designation: Low HOME Rent Unit—Rented at or below the low HOME rent limit to a household with income at below 50% of median income (very low-income household) High HOME Rent Unit—Rented at or below the high HOME rent limit to a household with income at or below 80% of median income (low-income household) NOTE: For projects with five (5) or more HOME-assisted units: Low HOME Rents apply to at least 20% of the units, and those units must be occupied by households with incomes at 50% or less of median income HUD-published HOME rent limits are available online at: http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/rent/2012/mt.pdf</p>	<p>** Annual (Gross) Income Annual Gross Income is used to determine a tenant's eligibility for HOME-assisted housing. See the <i>Technical Guide for Determining Income and Allowances for the HOME Program, 3rd Edition</i> for more information, which is available from the HOME program upon request, or online at: http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2005/1780.pdf</p>	<p>*** Percent of Area Median Income Code Must use HUD-published HOME income limits to determine percent of area median income, available online at: http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income</p> <p>10 to 30% 231 to 50% 351 to 60% 461 to 80% 5Vacant Unit</p>
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TENANT INFORMATION

If **group home**, complete **one line per individual/bedroom (ensure vacant rooms are reported on the form)**
 If the project is **not** 100% HOME-assisted, identify the HOME-designated units with a “Y” (yes) in the “*HOME-Designated Units*” column.

Unit Number	HOME-designated Unit (Y/N)	Low (L) or High (H) HOME Rent Unit Designation *	Tenant Last Name	Size of Household	Disabled Household, if identified by tenant) (Y/N)	Annual (Gross) Income **	Percent of Area Median Income Code ***	Date of Initial Income Certification	Date of Last Income Recertification	Tenant Rent	Subsidy Amount (if any)	Utility Allowance (for tenant-paid utilities)	Total Rent	Number of Bedrooms	Date of Last HQS or UPCS Inspection	Date of Move-In	Date of Move-out (if applicable)	Project Based Unit (Y/N)
										A	B	C						
										+	+	=						

STOP

Before you send the completed Rental Certification - check for the following to ensure the form is complete:

- Did you use the most current form? (*Dated January 2014*)
- Did you attach the current rent schedule? You can use [Exhibit 7L](#) to provide a rent schedule
- If you have 5 or more HOME-assisted units, did you include the date your Affirmative Fair Housing Marketing Plan was reviewed?
- If you have changed your Lease in the last 12 months, did you attach a copy?
- If you have changed your Tenant Selection Policy in the last 12 months did you attach a copy?
- Did you attach the following:
 - Statement of Financial Position for the project
 - Statement of Activities for the project
 - Statement of Cash Flows for the project
 - Operating Budget for the current year for the project
- Is the Tenant Information Section complete?
- Is the form signed? (*The authorized signature must be the Executive Director/CEO/Chief Elected Official of the original grantee.*)

Tenant Income must be re-examined annually. Owners/property managers must review full source documentation for all tenants every sixth year of the affordability period of the project. Other years, each tenant's income may be verified through self-certification by the tenant (signed and dated). HOME rent/income limits are at: <http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/>

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1. How many units are occupied by tenants whose incomes are:				Are Income targeting levels being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
0 to 30% of AMI?	31 to 50% of AMI?	51 to 60% of AMI?	61 to 80% of AMI?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do rents meet the selected rent standard?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. For projects with 5 or more HOME units, do 20% of the tenants have incomes at or below 50% of AMI and rents not greater than the Low HOME Rent or 30% of monthly income?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Call (406) 841-2820 with any questions regarding the referenced HOME requirements.

Grantee: _____
 Project Year: _____
 Project Name: _____

I certify that the information included in this report represents a true and complete statement of the facts.

SIGNATURE of Person Completing Report

Date

 Print/Type Name and Title of the **Executive Director / CEO / Chief Elected Official**

SIGNATURE of Executive Director / CEO / Chief Elected Official

Date

Form reviewed by HOME Program Officer: _____

Date: _____

Return completed, signed forms to:
HOUSING DIVISION – HOME PROGRAM
MT DEPARTMENT OF COMMERCE
P.O. BOX 200545
HELENA, MT 59620-0545