



State of Connecticut  
Department of Economic and  
Community Development

**Office of Housing Development and Finance**

**All Sponsors – HOME Program**

**Notice: 09-02**

**Distribution Date: January 21, 2009**

Effective: January 1, 2009

**SUBJECT: HOME PROGRAM ANNUAL REPORTS**

24 CFR 92.252(f)(2) requires an owner that received a HOME allocation to annually provide information on rents and to certify that the property is being managed in accordance with all applicable HOME Program Rules, DECD's contract for financial assistance, Restrictive Covenant, and any other applicable compliance requirements.

Enclosed are the HOME ANNUAL REPORT to DECD and ANNUAL RENTAL PROJECT CERTIFICATION REPORT. The Report and Certification relate to units that are income and rent restricted by the DECD's HOME contract for financial assistance.

Please complete and submit your reports as soon as possible but no later than March 31, 2009. If you have an electronic system that generates a similar report that provides the identical data with rents and incomes, it will be accepted. Send both HOME Program documents to:

Scott McNulty  
DECD Compliance Office Planning/Program Support  
505 Hudson Street  
Hartford, CT 06106

A staff person will contact you in the future to set up a monitoring visit based on your schedule determined by the number of HOME units in your property. The monitoring will include physical inspection of the units, tenant file review, and financial monitoring.

Should you have any questions about the reports or the program, please contact Scott McNulty at 860-270-8212.







## CERTIFICATION

The undersigned, (the "Owner"), hereby certifies that all information supplied in this Annual Rental Project Certification Report is accurate under penalty of perjury. The purpose of this certification is to document that the project is being operated in accordance with HOME Program Rules, DECD's contract for financial assistance, Restrictive Covenant and any other applicable compliance requirements. This certification relates to units that are income and rent restricted by the DECD's HOME contract for financial assistance. In a mixed-income project, this certification may also apply to non-restricted/market rate units if this is necessary to meet the "next available unit" rule of the HOME Program.

I, \_\_\_\_\_, the Owner certifies that for the preceding calendar year the following applies:

1. An annual income certification for each DECD's HOME Program resident was received, and the documentation supporting that certifications are on file. \_\_\_ HOME assisted units will provide housing for tenants with incomes below 50% of median income and rental charges including utilities shall not exceed the Low HOME Rents; and \_\_\_ HOME assisted units will provide housing for tenants with incomes below 60% of median income and rental charges including utilities shall not exceed the High HOME Rents: YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #1.
2. Each HOME restricted unit in the project was rent restricted as prescribed in the executed DECD's HOME Program contract for financial assistance. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #2.
3. If the annual income of a resident of a HOME restricted unit in the project increased above 80% of the area median income, their rent was adjusted to equal 30 percent of the family adjusted income (unless the Low-Income Housing Tax Credit Program rules apply to the unit). YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #3.
4. If the income of a resident of a HOME restricted unit in the project increased above the limit allowed under the DECD's HOME contract for financial assistance, the next available unit in the project was rented to residents having a qualifying income. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #4.
5. Each HOME restricted units in the development is suitable for occupancy and meets all Section 8 Housing Quality Standards or all applicable housing codes, whichever are more restrictive. YES  NO  If no, please attached written explanation clearly marked Question #5.
6. All HOME restricted units in the project were for use by the general public and used on a non-transient basis and the initial leases for all of the units in the project were for a term of at least one year. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #6.
7. The lease agreement used for each unit was the same lease as was originally put into effect at the start of the project. It does not include prohibited provisions. YES  NO

- N/A  If no or N/A, please attached written explanation clearly marked Question #7.
8. The Resident Grievance Procedure was in effect throughout the entire reporting period. YES  NO  If no, please attached written explanation clearly marked Question #8.
  9. **CHDOs only**, the Resident Participation Program has demonstrated continuous compliance throughout the year. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #9.
  10. All HOME restricted units were leased to residents without regard to their status as holders of rental vouchers or certificates that are available under 24 CFR 882,887, or 92.211. YES  NO  If no, please attached written explanation clearly marked Question #10.
  11. An up-to-date Affirmative Fair Housing Marketing Plan is in the project files, and a copy of this AFHMP has been submitted to DECD: YES  NO
  12. The AFHMP has been reviewed by the Owner and has been found to be a success. YES  NO
  13. If the affirmative marketing is not deemed a success, whereby the affirmative marketing requirements are not met, the Owner has attached a plan of corrective actions to be taken to make the AFHMP a success. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #13.
  14. The Equal Housing Opportunity slogan, logo, or statement was used in all advertisements, public service announcement, press releases, and information mailings. YES  NO  If no or N/A, please attached written explanation clearly marked Question #14.
  15. Residents were permitted to make handicapped accessibility adaptations to the units at the residents' expense. YES  NO  N/A  If no or N/A, please attached written explanation clearly marked Question #15.
  16. Were one of the following methods used to outreach low income residents for project related employment and contracting opportunities?  YES  NO
    - Attempt to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or non-metropolitan county) in which the project is located, or similar methods.
    - Participate in a HUD program or other program which promotes the training or employment of low-income residents.
    - Participate in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
    - Coordinate with Youthbuild Programs administered in the metropolitan area in which the project is located.
    - Other (Please explain)
    - If no or N/A, please attached written explanation clearly marked Question #16.

17. An Affirmative Action Plan is maintained, along with all of the following records that support this Plan:
- Applicants for employment by race, color, religion, sex, national origin, ancestry, age, handicap; and sources of applicants, e.g., response to vacancy announcement, word of-mouth, advertising in journals, etc.
  - Test scores and rankings on employment eligibility lists by race, color, religion, sex, national origin, ancestry, age, and handicap.
  - Employees (existing and new) hired by race, color, religion, sex, national origin, ancestry, age, and handicap.
  - Initial placement of employee after hire, office/location to which the employee was assigned, and position by race, color, religion, sex, national origin, ancestry, age, and handicap.
  - Employee transfers and promotions by race, color, religion, sex, national origin, ancestry, age, and handicap; position and office/location from which transferred or promoted; and position and office/location to which transferred or promoted.
  - Voluntary and involuntary employment terminations by race, color, religion, sex, national origin, ancestry, age, and handicap; type of termination and reason.
  - YES  NO  NA If no or N/A, please attached written explanation clearly marked Question #17.
18. Have adhered to the requirements of 24 CFR 92.351. The Affirmative Action Officer (AAO) has reviewed all of the above records to assure compliance with all aspects of the Plan. The Executive Director, AAO, or other appropriate person, will seek explanations for the deficiencies and offer assistance in overcoming them where appropriate.  YES  NO  N/A If no or N/A, please attached written explanation clearly marked Question #18.
19. Have adhered to the requirements of the DECD's HOME Program to obtain accurate utility allowances for use in the calculation of rents for this project. I have: (1) obtained the PHA utility allowances or (2a.) incorporated into the lease a provision granting the Owner access to the tenant utility cost records, and (2b.) obtained signed release forms from each tenant granting the Owner authorization to obtain the utility cost records from the appropriate utility companies, and (2c.) obtained the necessary utility cost records from the appropriate utility companies, and (2d.) reviewed the individual tenant cost as applies to each unit size, i.e. 1-BR, 2-BR, 3-BR, 4-BR, etc., to determine the appropriate utility allowance, and (3) I have attached hereto the completed Utility Data Sheet with supporting documentation. I acknowledge this process to be an annual requirement of the DECD's HOME Program and certify to the adherence of this requirement for year 199\_\_ .
20. Have inspected the property and all the HOME-assisted units therein, in accordance with the Section 8 Housing Quality Standards or all applicable housing codes, whichever are more restrictive; and have remedied any non-compliance.
21. Have paid all taxes owed.  YES  NO  N/A If no or N/A, please attached written explanation clearly marked Question #21.

***THIS CERTIFICATION IS MADE UNDER PENALTY OF PERJURY. IF, AT ANYTIME, THE DECD DETERMINES THAT THE OWNER OF THE PROJECT IS NOT IN COMPLIANCE WITH DECD's CONTRACT FOR FINANCIAL ASSISTANCE AND/OR THE HOME PROGRAM AND RELATED RULES, THE DECD SHALL PURSUE ALL RIGHTS AND REMEDIES THAT THE IT MAY HAVE PURSUANT TO THESE DOCUMENTS OR AS PROVIDED BY LAW.***

**Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**F.E.I.N. # Or SSI #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_