

HOME MONITORING CHECKLIST 6-A

Rental Project Completion

Reviewer:		Date of Review:
Project Name:		Project Location:
GRANTEE INFORMATION		
Grantee:		Grant Award #:
Contact Name:		E-Mail Address:
Address:		Phone Number:
City, State Zip Code:		Fax or Cell:
LOCAL PROPERTY MANAGEMENT INFORMATION (Please Complete If Different From Grantee)		
Property Management Firm:		
Contact Name:		E-Mail Address:
Address:		Phone Number:
City, State Zip Code:		Fax or Cell Number:
ADDITIONAL CONTACT INFORMATION		
Property Management Firm:		
Contact Name:		E-Mail Address:
Address:		Phone Number:
City, State Zip Code:		Fax or Cell Number:

I. BACKGROUND INFORMATION

1. Date Project Approved:
2. Project Owner:
3. Amount of HOME Allocation:
4. Total Number of Rental Units: _____ Number of Rental Units Leased to Date: _____
5. Number of HOME-Assisted Units: _____ Number of HOME Assisted Units Leased to Date: _____
Identify Number of: _____ High HOME Rent Units _____ Low HOME Rent Units
Select One: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating
6. Identify the Number of HOME-Assisted Units Rented to Households Below: 50 percent of the area median income: _____ 60 percent of the area median income: _____ (initial occupancy only) 80 percent of the area median income: _____
7. Period of Affordability:
8. Identify the Final Project Funding Amounts, Including Funding Source:
9. Is there project-based rental assistance attached to any HOME units? If yes which units?
Comments:

II. PROJECT DOCUMENTATION				
Are the following items in the project file?	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
A. Property Information				
1. Program application?				
2. Project description showing property location, type of property, and development plan				
3. In-place tenant profile (if applicable)				
4. Appropriate relocation notices?				
5. Environmental review, statutory checklist or other review as appropriate				
B. Legal and Financial Documents				
6. Documentation of all costs				
7. Project development and operating budgets showing eligible costs and activities				
8. Determination of HOME-assisted units; per unit subsidy level				
9. Layering analysis of project finances completed by PJ				
10. Project underwriting worksheet				
11. Loan documents and deed restrictions including HOME assisted units and long-term affordability				
12. Title Search and other closing documents				
13. Flood Insurance				
14. Owner's property Insurance				
15. Program Income or repayment records				
16. Owner/Developer HOME Written Agreement? (Agreement between the grantee and DED)				
17. Rent Disclosure Form? (Written notification to the tenant on the monthly rent payment, may be documented in marketing material)				
18. Appraisal/Market Analysis?				
19. Environmental clearance				
20. (Project) Activity set-up?				
C. Audits				
21. Did the grantee receive more than \$500,000 in federal funds in one year?				
22. Did the grantee use an in-house Auditor?				
23. Did the grantee procure for an outside Auditor?				
24. Are Notification of Single Audits (or other records) on file for each year which supports the grantee's determination whether an audit in				

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HOME Monitoring Checklist (This checklist is used to monitor HOME funded rental projects for the initial time.)

accordance with OMB A-133 was required?				
25. Are HOME /NAHTF funds utilized for payment of the Audit expense?				
26. If HOME/NAHTF funds are utilized does the amount paid by HOME/NAHTF funds exceed the proportion of HOME funds in relation to other funds included in the audit?				
27. Are copies of audits on file with any correspondence regarding audit findings?				
C. Project and Construction Management				
28. Relocation notices (if applicable)				
29. Initial inspection form				
30. Work write-up/cost estimate?				
31. Contractor bid documents?				
32. Contractor eligibility form? (ensure the contractor is not of the debarred list)				
33. Contractor's Certificate of Insurance?				
34. Evidence of contractor licensure?				
35. Pre-construction conference report?				
36. Lead-based paint compliance documentation? (not applicable for new construction projects)				
37. New construction or rehabilitation contract?				
38. Notice to proceed?				
39. Approved change orders? (if applicable)				
40. Progress inspections				
41. Contractor payment requests/authorization?				
42. Payment certifications?				
43. Documentation of final inspection?				
44. Waiver of liens from all contractors and suppliers?				
45. Receipt of final payment form?				
46. Project completion reports? (Reports submitted to NEDED)				
47. Warranties and guarantees				
48. Other federal requirements documentation				
Comments:				

III. FILE REVIEW				
A. Project Documentation	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
1. Based on the checklist on the previous pages is the project case file complete?				
B. Property Eligibility	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
2. Is the property an eligible property type?				
3. Do the borrowers have 100% interest in the property and own the property fee simple? (Is the property owners name the only one recorded on the title?)				
4. Does the loan document state whether the HOME-assisted units are fixed or floating? (Agreement between the grantee and DED)				
5. If the floating designation was used, are the rental units comparable?				
Comments:				

C. Eligible Costs	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
6. Does the project's HOME subsidy exceed \$1,000 per unit?				
7. Is the project's HOME subsidy under the maximum per-unit subsidy limit?				
8. Was funding leveraged from non-HOME sources?				
9. 10. Does the project documentation-work write-ups, change orders, etc. – demonstrate that all costs were eligible under the HOME Program?				
D. Property Standards	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
10. Do work write-ups, change orders, and inspection documentation indicate that the following property standards were met? a. State Rehabilitation Standards? b. Local Codes and Standards? c. Section 8 HQS (if applicable)?				
E. Contractor Selection	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
11. Was the bid selected consistent with the work write-up/cost estimate?				
12. Was the bids selected cost reasonable-e.g., within 10 percent of the original cost estimate?				

Nebraska Department of Economic Development
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13. Was the contractor selected cleared from any debarment lists?				
14. Did the contractor selected have appropriate insurance and licensing?				
Comments:				
F. Construction Management	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
15. Does the project file demonstrate that inspections were performed prior to contractor payment?				
16. Do inspection and payment documentation show all work was satisfactorily performed prior to payment?				
17. Did the contractor payment requests include adequate documentation of costs and work performed?				
18. Were all changes to the scope of work in the construction contract documented with written change orders signed by the contractor and the owner?				
19. Was a Release of Liens granted before final contractor payment?				
20. Was a retainer fee withheld from each payment and paid after all work was completed?				
21. Was a final code inspection performed?				
G. On-Site Inspection	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
22. Does the project appear to meet applicable property standards?				
23. Was all work detailed in the rehabilitation contract completed satisfactorily?				
24. Was all work documented in the payment request completed?				
25. Are units designated as comparable similar in size, number of bedrooms, and amenities?				
Other Comments Regarding On-Site Inspection:				

HOME MONITORING CHECKLIST

Initial Rent and Occupancy

H. Rent Requirements	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
26. Did the project use the proper utility allowance to calculate maximum rent levels?				
27. In properties of 5 or more units, are at least 20 percent of the units rented at or below the Low HOME Rent level?				
28. Are the rent levels listed consistent with the rents listed in the application and approved by the PJ?				
29. If the tenants receive Section 8 assistance: a. Is the appropriate tenant payment (i.e., 30% of their adjusted income) charged to the tenant? b. Is the total rent charged for the unit below the HOME maximum rent?				
30. If any in-place tenants have incomes above 80 percent of the area median income, are they charge 30 percent of their adjusted monthly income for rent and utilities?				
31. Do the rents listed for HOME-assisted units in the Project Compliance Report demonstrate that High and Low HOME rent limits have been observed?				
Note: If the project has additional forms of assistance, review additional rent requirements as appropriate.				
I. Occupancy Requirements	YES	NO	N/A	COMMENTS/ACTIONS REQUIRED
32. At initial project lease-up: a. Do all tenants have incomes below 60 percent of the AMI or pay 30 percent of their adjusted income for rent?				
33. If units are floating, do HOME-assisted and unassisted units represent proportionate number of units by bedroom size? (e.g. if 50 percent of the units are HOME-assisted, 50 percent of units of each bedroom size are designated as HOME units.)				
34. If the units are floating, are HOME-assisted and unassisted units comparable in terms of amenities and size?				
35. As tenant vacate units: a. Are tenants in Low HOME Rent units				

Nebraska Department of Economic Development
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replaced by other tenants with incomes at or below 50 percent AMI?				
36. 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 percent of the Area Median Income, is the next available unit rented to a HOME-eligible tenant?				
J. Tenant Eligibility and Leases	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
37. Are tenant selection policies on file?				
38. Is each unit file complete with the following documentation: a. Tenant income certifications b. Tenant income supporting documentation? c. Lease and lease addendum? d. Lead-based paint compliance documentation?				
39. Do the unit files that the project owner maintains adequately document income determinations?				
40. Do the unit files demonstrate that the tenants are income eligible?				
41. For Pre-78 properties, does each tenant file contain a signed receipt for the lead information pamphlet?				
K. Leases	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
42. Are tenant leases properly executed and free of all prohibited provisions?				
43. Are the tenant leases for a minimum of one year (unless otherwise agreed upon by tenant and owners)?				
44. Do the tenant leases support that the rents reported in project files and project documentation submitted to the PJ are accurate?				
L. Ongoing Property Standards	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS/ACTIONS REQUIRED</u>
45. Does the property have documentation that it meets ongoing property standard requirements: a. Local codes and standards? b. Written rehabilitation standards (<i>if applicable</i>)?				
Comments:				

HOME MONITORING**AFFIRMATIVE MARKETING****AFFIRMATIVE MARKETING - OUTREACH**

A. Outreach	Satisfactory	Concern	Finding	Notes
1. Has the Grantee/Awardee conducted public outreach and maintained evidence of such in file?				
a. Has the Grantee/Awardee informed the public and potential tenants of affirmative marketing policies and fair housing laws?				
b. Are policies communicated through media and other outlets?				
c. Are policies communicated to tenants in buildings that will be, or have been, HOME-assisted?				
d. Does the grantee advertise and conduct outreach for vacant units?				
e. Does the fair housing logo appear on marketing materials?				
B. Beneficiary Data	Satisfactory	Concern	Finding	Notes
2. Does the Grantee/Awardee maintain adequate beneficiary data regarding:				
a. The number, ethnicity and income level of persons responding to program marketing efforts?				
b. The number, ethnicity, and income level of persons residing in or planning to reside in HOME units who became aware of units through affirmative marketing efforts?				
3. Is a sufficient amount of eligible households applying to the program to rent the HOME-assisted units?				
4. Are the applicants typically eligible and able to participate in the program?				
5. Is the ratio of minority groups that apply for the program representative of the eligible population?				

C. <u>Owner Participation</u>	<u>Satisfactory</u>	<u>Concern</u>	<u>Finding</u>	<u>Notes</u>
6. Does the Grantee/Awardee ensure adequate owner participation?				
a. Are Affirmative Marketing Agreements signed by management agents or owners?				
b. Has the owner provided appropriate notification when units become vacant to ensure that population groups least likely to apply are being targeted?				
c. Does the Grantee/Awardee maintain documentation of the owner's participation in Affirmative Marketing efforts?				
d. If the owner has failed to comply with affirmative marketing requirements, has the Grantee/Awardee taken corrective action?				
D. <u>Complaints</u>	<u>Satisfactory</u>	<u>Concern</u>	<u>Finding</u>	<u>Notes</u>
7. Have any affirmative marketing complaints been filed against the Grantee/Awardee?				
a. If yes, have appropriate remedial steps been taken?				
Other Comments Regarding Affirmative Marketing Complaints:				

Tenant Properties Inspected:

(Monitor at least 15 to 20 percent of the HOME-assisted units in the project, and a minimum of one (1) unit in every building of eight units or more.)

	<u>Property Address</u> (Include Unit Number If Appropriate)	<u>Tenants Last Name</u>
Rental Property A:	_____	_____
Rental Property B:	_____	_____
Rental Property C:	_____	_____
Rental Property D:	_____	_____
Rental Property E:	_____	_____
Rental Property F:	_____	_____

KITCHEN				LIVING ROOM			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
Kitchen Present				Living Room Present			
Ceiling Condition				Ceiling Condition			
Floor Condition				Floor Condition			
Wall Condition				Wall Condition			
Window Condition				Window Condition			
Electricity				Electricity			
Electrical Hazards				Electrical Hazards			
Food Space				Security			
Refrigerator							
Security							
Sink							
Stove or Range with Oven							
Comments:							

UTILITY CLOSET				LAUNDRY			
	Pass	Fail	N/A		Pass	Fail	N/A
Is the Utility Closet free of any fire hazards?				Is the condition of the room housing the communal laundry equipment satisfactory?			
Is there any evidence that the water heater is leaking				Do all washers and dryers work?			
Does the water heater have a "pop-off" release valve connected to a pipe that runs to the floor to prevent overflow?				Are all dryers properly vented?			
Comments:							

BATHROOM (Main)				BATHROOM (2nd)			
	Pass	Fail	N/A		Pass	Fail	N/A
Bathroom Present				Bathroom Present			
Ceiling Condition				Ceiling Condition			
Floor Condition				Floor Condition			
Wall Condition				Wall Condition			
Window Condition				Window Condition			
Electricity				Electricity			
Electrical Hazards				Electrical Hazards			
Fixed Wash Basin or Lavatory In Unit				Fixed Wash Basin or Lavatory In Unit			
Flushed Toilet In Enclosed Room				Flushed Toilet In Enclosed Room			
Security				Security			
Tub or Shower In Unit				Tub or Shower In Unit			
Ventilation				Ventilation			
Comments:							

MASTER BEDROOM				BEDROOM #2			
Location:				Location:			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
Ceiling Condition				Ceiling Condition			
Floor Condition				Floor Condition			
Wall Condition				Wall Condition			
Window Condition				Window Condition			
Electrical Hazards				Electrical Hazards			
Electricity/Illumination				Electricity/Illumination			
Security				Security			
Smoke Detectors				Smoke Detectors			
Comments:							

BEDROOM #3				BEDROOM #4			
Location:				Location:			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>		<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
Ceiling Condition				Ceiling Condition			
Floor Condition				Floor Condition			
Wall Condition				Wall Condition			
Window Condition				Window Condition			
Electrical Hazards				Electrical Hazards			
Electricity/Illumination				Electricity/Illumination			
Security				Security			
Smoke Detectors				Smoke Detectors			
Comments:							

EXTERIOR OF THE BUILDING			
	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>
Does the exterior of the property meet all health and safety standards and/or local code?			

TENANT INTERVIEW

	<u>Tenant Interview</u> Rental Property: _____	<u>Tenant Interview</u> Rental Property: _____
Did the tenant indicate they have had any problems getting general maintenance items taken care of by the management?		
To the tenants knowledge are all rules and regulations being implemented as specified in the lease?		
Did the tenant have any concerns?		
Other Comments Regarding the Tenant Interviews:		

HOME MONITORING

WORKSHEET FOR TENANT FILE REVIEW FOR RENTAL PROPERTIES

Unit #	# of BR	L or H	Name	# in Hshld	Gross Income	Move In Date	Cert Date	Tenant Rent	Subsidy	UA	Total	Max Income	Max Rent	Income Compliant	Rent Compliant	AMI
											\$ -					
											\$ -					
											\$ -					
											\$ -					
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Notes:																

Comments:

Financial Management Review

Draw-Down Table
 Please complete the draw-down table below for 20% of the draws processed to-date.

Draw-Down Number	Invoice Number(s) Claimed on Draw	Payee/Contractor	Invoice Amount	Date Funds were Received (In General Account)	Date Funds were Received (In Specific Account)	Payment Date	Check Number	Date Check Cleared Account	Breakdown of Funds	
									Local \$	HOME/NAHTF \$