



City of Santa Cruz
Economic Development and Housing Department
337 Locust Street Santa Cruz, CA 95060 | 831-420-5150

HOME RENTAL PROPERTY ANNUAL COMPLIANCE REPORT

Report Period:	Owner:
Project Address:	
HOME-Assisted Units:	

The following information is contained within this report:

- Exhibit "A" Certification of Payment of Property Taxes and Insurance.
- Exhibit "B" Proof of Participation Rent Subsidy Program.
- Exhibit "C" Designation of HOME-Assisted Units.
- Exhibit "D" Owner Certification of Household Income and Composition.
- Exhibit "E" Owner Certification of Rent.
- Exhibit "F" Owner Statement Regarding Condition of HOME-Assisted Units.
- Exhibit "G" Owner Certification of Management Plan, Tenant Selection Criteria and Lease Conditions.
- Exhibit "H" Tenant Certification of Projected Annual Income.
- Exhibit "I" Owner Certification of Tenant Incomes
- Exhibit "J" Owner Assessment of Affirmative Marketing for HOME-Assisted Units

Owner certifies that the information contained herein is correct.

Owner certifies that all HOME-Assisted Units are managed and regulated in accordance with the terms and conditions of the HOME Regulatory Agreement and Grant of Interest in Real Property.

Owner/Agent Signature

Date

Owner/Agent Printed Name

Owner/Agent Email

Owner/Agent Phone

EXHIBIT "A"
CERTIFICATION OF PAYMENT OF PROPERTY TAXES AND INSURANCE

Owner certifies that all past and current property taxes are paid in full and all fire insurance and flood insurance policies are in effect as of the date of this report.

Owner

Date

Attach copies of the following:

1. Proof of payment of property taxes.
2. Current fire and flood insurance declaration pages.

EXHIBIT "B"
PROOF OF PARTICIPATION IN RENT SUBSIDY PROGRAM

Owner certifies that during the reporting period, rents for HOME-Assisted Units

are are not subsidized by a state or federal project-based or voucher rent subsidy program.

Owner

Date

If any of the rents for HOME-Assisted Units are subsidized by a state or federal project-based or voucher subsidy program, the following documentation is provided:

1. Identification of subsidized units.
2. Copy of contract or agreement with agency providing the subsidy.

EXHIBIT "C"
DESIGNATION OF HOME-ASSISTED UNITS

Owner certifies that the location and identification of all HOME-Assisted Units remain as designated in the HOME Regulatory Agreement and Grant of Interest in Real Property.

Owner

Date

EXHIBIT "D"
OWNER CERTIFICATION OF TENANT HOUSEHOLD INCOME AND COMPOSITION

Project Name/Address:

HOME Grant Recipient:

Reporting Period:

UNIT ADDRESS	A. TENANT HOUSEHOLD GROSS ANNUAL INCOME ¹			TENANT HOUSEHOLD NAME	TENANT HOUSEHOLD SIZE	HEAD OF TENANT HOUSEHOLD SOCIAL SECURITY NUMBER	HEAD OF TENANT HOUSEHOLD ETHNICITY/RACE		HEAD OF TENANT HOUSEHOLD
	B. TENANT INITIAL OCCUPANCY DATE						(ENTER APPROPRIATE CATEGORY NUMBERS FROM LAST PAGE OF EXHIBIT "D")		
	C. DATE TENANT INCOME LAST VERIFIED BY OWNER						Ethnicity	Race	
	A	B	C						

¹ Gross annual income of all tenant household adult members.
 Owner certifies that source documentation verifying the above information has been collected and reviewed by Owner and is available for inspection by City upon request.

 Owner

 Date

EXHIBIT "D"
(con't)

ETHNICITY AND RACE CATEGORIES

Category Number	Ethnic Categories
	<i>This information is confidential and is only used for governmental reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.</i>
0	Declined to Answer
1	Hispanic or Latino
2	Not Hispanic or Latino

Category Number	Racial Categories
	<i>This information is confidential and is only used for governmental reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.</i>
0	Declined to Answer
1	American Indian or Alaska Native
2	Asian
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White
6	Other

EXHIBIT "E"
OWNER DECLARATION OF RENTS

INSTRUCTIONS TO OWNER: *Please fill out table below.*

Unit No.	Tenant Paid Share of Monthly Rent	Amount of Section 8 Subsidy	Utility Allowance

Owner pays the following utilities: electricity gas water, sewer and garbage
 Tenant pays the following utilities: gas electricity water, sewer and garbage

Cooking appliances powered by: electricity gas
 Space heating powered by: electricity gas
 Water heating powered by: electricity gas

Owner certifies that the above information is correct.

Owner

Date

EXHIBIT "F"
OWNER STATEMENT REGARDING CONDITION OF HOME-ASSISTED UNITS

Owner certifies that the HOME-Assisted Units are are not in substantially the same condition as they were upon completion of the rehabilitation work.

Owner certifies that the HOME-Assisted units identified below have undergone the following repairs:

Unit No.	Repairs Completed During Reporting Period

Please use additional sheets if necessary.

If no repairs or maintenance were required, please check box here .

Owner

Date

EXHIBIT "G"

**OWNER CERTIFICATION OF
MANAGEMENT PLAN, TENANT SELECTION CRITERIA
AND
LEASE CONDITIONS**

MANAGEMENT PLAN

Owner hereby certifies on-going compliance with the Management Plan for the project.

The Management Plan has has not been modified since the last annual report (*provide copy of Management Plan if revised*).

TENANT SELECTION POLICIES

Owner hereby certifies on-going compliance with the following requirements:

Owner maintains a written tenant selection policy:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Owner has followed the policy during the reporting period:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Owner has properly determined tenant income eligibility:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Owner did not refuse to rent to Section 8 tenants:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

Tenant Selection Policy has has not been modified since the last annual report (*provide copy Tenant Selection Policy if revised*).

LEASE CONDITIONS

Owner certifies as to the following:

Initial lease is for one-year term:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Leases do not contain provisions prohibited at 24CFR92.253:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Termination of tenancy or refusal to renew leases preceded by 30-day notice.	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

(check here if no terminations or refusals to renew occurred during reporting period)

Owner

EXHIBIT "H"
TENANT CERTIFICATION OF PROJECTED ANNUAL INCOME

(To be completed by each tenant residing in a HOME-Assisted Unit)

Tenant hereby certifies, under penalty of perjury in the State of California, that Tenant has provided the owner of the HOME-assisted unit in which Tenant resides a true and accurate accounting of Tenant's income for the 12 month period identified in Owner's Annual Compliance of which this Certification is part of.

Tenant further certifies, under penalty of perjury in the State of California, that Tenant's projected income for the 12 month period following the date written below is not expected to increase such to cause Tenant's income to exceed the maximum amount allowable under the HOME Regulatory Agreement and Grant of Interest in Real Property associated with the HOME-assisted unit.

Tenant agrees to notify Owner of the HOME-assisted unit in which Tenant resides of any change in Tenant's income.

Signature of Tenant

Date

Print Tenant Name

Tenant's Unit No.

EXHIBIT "I"
OWNER CERTIFICATION OF TENANT INCOMES

Owner hereby certifies, under penalty of perjury in the State of California, that Owner has reviewed the incomes of all tenants occupying a HOME-Assisted Unit during the reporting period and determined that the incomes of tenants occupying HOME-Assisted Units are less than the HOME income limits as adjusted for household size.

Owner/Agent Signature

Date

Owner/Agent Printed Name

EXHIBIT "J"
OWNER ASSESSMENT OF AFFIRMATIVE MARKETING FOR HOME-ASSISTED UNITS

1. Were any HOME-Assisted Units vacant during the reporting period?

Yes No *(if "no" stop here and sign below; if "yes" continue)*

2. Describe the steps you took to affirmatively market vacant HOME-Assisted Units.

Owner/Agent Signature

Date

Owner/Agent Printed Name