

OWNER'S QUESTIONNAIRE OF CONTINUING PROGRAM COMPLIANCE

To: Alaska Housing Finance Corporation P.O. Box 101020 Anchorage, AK 99510-1020

Alaska Housing Finance Corporation (AHFC) serves as the state monitoring agency for funding programs monitored under the Greater Opportunities for Affordable Living (GOAL) program. As part of that role, AHFC's Internal Audit Department (IAD) is responsible for determining and verifying Owner's compliance with the AHFC's GOAL program, grant(s), and recorded agreements.

	s year's monitoring review, AHFC IAD will need you to provide a response to each item listed along with your initial submission through the Secure Document Request.								
1.	Prior Noncompliance								
pelow a	Was last year's compliance review closed 'Out of Compliance' with any of the programs monitored under AHFC's GOAL program or the recorded agreement(s) (Land Use Restrictive Covenants (LURA), Declaration of Covenants, Conditions, and Restrictions (DCCR) or Grant Agreement)?								
	\Box YES $\;\Box$ NO $\;$ If yes, please attach documentation substantiating corrective action if applicable.								
2.	Owner/Management Training Certification(s)								
	Has the Owner or Owner's Representative completed any training pertaining to the GOAL program applicable to this development within the compliance period?								
	\square YES \square NO If yes, please provide a copy of the training certificates received for review or a detailed list of the training obtained by staff.								
3.	Marketing and Tenant Selection:								
	Has the Owner/Manager marketed the development during the compliance period?								
	\square YES \square NO If yes, please provide a copy of the marketing samples for review.								
	Does the development Owner/Manager have a written tenant selection procedure?								
	☐ YES ☐ NO If yes, please provide a copy for review								



Are the tenant selection procedures clear and easy to understand?									
□ YES □ NO									
Do the tenant selection procedures explain the development's program rent and occupancy requirements and affirmative marketing requirements?									
□ YES □ NO									
Does the development maintain a wait list allowing tenants to be selected in the order they applied?									
☐ YES ☐ NO If yes, please provide a copy for review.									
Is the development's wait list maintained accurately and updated continuously? Note: that records to document compliance include tenant applications, including those applications that have been rejected and applicable correspondence related to tenant selection and rejection.									
□ YES □ NO									
Does the development's recorded agreement(s) require that the Owner/Manager maintain an occupancy preference for persons meeting the Agency's definition of the term "homeless", veterans and/or persons on the Agency's Public Housing Waiting List?									
\square YES \square NO If yes, please provide a statement detailing how this preference is administered and what additional steps are taken to market the development to these demographics.									
Does the development's recorded agreement(s) require that the Owner/Manager establish a referral relationship with those organizations that operate subsidized housing programs and require that rent levels be maintained so that a Section 8 Voucher Program Household's rent does not exceed Fair Market Rent as defined by HUD?									
\square YES \square NO If yes, please provide a statement detailing the development's referral relationship.									



Deve	lopment's Lease:
	there been any modifications, edits, deletions, or additions to the development's leas the prior year's review?
□ YE detai	IS \square NO If yes, please provide a copy of the amended lease for review and led list of the modifications made to the Lease.
	e development was funded with HOME, HOME ARP, NSP or NHTF please provide onse to the following questions:
Does	the development's lease require a twelve-month term or greater?
□ YE taker	IS \square NO \square N/A If no, please provide clarification and identify steps being to correct this issue.



Were any assisted units of the development leased to the development's Owner or Develope (including an officer, employee, elected agent, appointed official, or consultant of the Owne Developer or Sponsor) during the compliance period?								
\square YES \square NO \square N/A If yes, please provide clarification and identify what step are being taken to correct this issue.								
Annual Recertifications								
Has the Owner elected to conduct self-certifications? □ YES □ NO If yes, please provide a brief summary of the Owner's/Management's procedures regarding self-certifications.								
Applicable Fraction:								
Is the development a 'mixed-use' LIHTC Development?								
☐ YES ☐ NO If yes, please submit an 'Applicable Fraction Worksheet' (AHFC Form TC-0007). Developments with more than one building will also need to complete th 'Applicable Fraction Worksheet – Additional Buildings' (AHFC Form TC-0007a) as the Applicable Fraction is a building issue								



Development Team Characteristics

Does the development's recorded agreement(s) require that the Owner provide substantive social services to the tenant population?
\Box YES $\;\Box$ NO $\;$ If yes, provide a description of the social services being provide to the tenants of the Development.
Does the development's recorded agreement(s) require that the Owner collaborate with a tax-exempt organization or Regional Housing Authority?
\square YES \square NO If yes, advise how the associated tax-exempt organization or Regional Housing Authority participates on a <i>regular, continuous</i> , and <i>substantial</i> basis in the operation of the Development.



Is the de 469(h) (evelopmen 1)?	t subject to	o a nonp	rofit set	-aside	unde	er IRC 42	(h) (5), and s	pecifically	IRC
this topi	□ NO ates on a <i>r</i> ic requires wner's Cer	<i>regular, col</i> a respons	<i>ntinuous</i> se of the	; and <i>su</i> e Owner	<i>ubstant</i> at ite	<i>tial</i> ba m XI	asis in op V of the	oerati	on. Not		that
Ontional	and Non-C	Ontional Ch	narges								
Does the	e developn d/or non-op	nent have	any opti	-	-		_				
☐ YES optional	□ NO charges.	If yes, p	lease pr	ovide a	state	ment	identifyi	ng ar	ny optio	onal and r	non-
Senior H	louseholds										
Housing	levelopmer Developm C during th	ent Fund	(SCHDF)	progran	n or th	e de	velopmer	-			
□ YES	□ NO										

7.

8.



Were there any new move-in's during the compliance period? □ YES □ NO If yes, please provide proof of age for review. Common Area Does the development have any common areas that were included in the Eligible Basis of the development? (This would include the manager's unit if you have elected to treat it as a common space.) □ YES □ NO If yes, please provide a detailed description applicable. Were any of the units or common areas converted to another use during the compliance period? □ YES □ NO If yes, please provide a copy of the approval received from AHFC's Planning Program Development Department. Student Households Were all student certifications, as applicable, completed timely on or before the Tenant Income Certificate (TIC) effective date? □ YES □ NO □ N/A If no, please provide clarification and identify steps being taken to correct this issue.	□ YES	□ NO If yes, please provide clarification and identify steps being taken to correct
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to correct tills issue.		, , , ,



11.	Replacement Re	serv	es								
	Does the develop (RRF) be established.										
	☐ YES ☐ NO statement for the during the compa <i>HFC</i>).	e RF	RF with	a compl	ete and d	etai	led descrip		burser	ments made	
12.	Protection of Ter	ant	Rights	;							
	Has the Owner/I cause?	Man	ager e	victed an	y resident	or i	efused to r	enew any leas	se, exc	ept for good	
	☐ YES ☐ NO documentation.	lf	yes,	please	provide	а	detailed	explanation	and	supporting	
PRINTED NAME				TITLE				OWNER ENTITY			
Sig	SIGNATURE										