

DEVELOPMENT 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 Program (GOAL). As part of that role, AHFC's Internal Audit Department (IAD) has been designated to verify Owner's compliance with the AHFC's GOAL program, and recorded agreements (Land Use Restrictive Covenants (LURA), Declaration of Covenants, Conditions, and Restrictions (DCCR) or Grant Agreement).

For this year's monitoring review, you'll need you to provide a response to each item listed below along with your initial submission through the Secure Document Request (SDR).

1. **Prior Noncompliance**

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)?

YES NO If yes, please attach documentation substantiating corrective action if applicable.

2. **Training Certification(s)**

Has any training pertaining to the GOAL program been completed within the compliance period?

YES 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 development been marketed during the compliance period?

YES NO If no, please provide a detailed explanation as to why marketing activities were no completed.

Does the development have a written tenant selection policies and procedures?

YES NO **If yes, please provide a copy for review**

Are the tenant selection policies and procedures clear and easy to understand?

YES NO

Does the tenant selection policies and 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 an occupancy preference for persons meeting the Agency's definition of "homeless", veterans and/or persons on the Agency's Public Housing Waiting List?

YES 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 a referral relationship be established 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?

YES NO If yes, please provide a statement detailing the development's referral relationship.

4. **Special Needs**

Does the development's recorded agreement(s) require housing of special needs populations (tenants with disabilities, homeless, and households with extremely low income)?

YES NO If yes, please provide detail which units meet the special needs populations below.

Homeless	Veterans	Persons with Disabilities	Elderly	Extremely Low Income

If the development is required to house special needs households, please clarify how the development is marketing to the special need's population.

5. Development's Lease

Have there been any modifications, edits, deletions, or additions to the development's lease from the prior year's review?

YES NO If yes, please provide a copy of the amended lease for review and a detailed list of the modifications made to the Lease.

If the development was funded with HOME, HOME ARP, NSP or NHTF please provide a response to the following questions:

Does the development's lease require a twelve-month term or greater?

YES NO N/A If no, please provide clarification and identify steps being taken to correct this issue.

Does the development's lease contain any prohibited lease provisions?

YES NO N/A If yes, please provide clarification and identify what steps are being taken to correct this issue(s).

Were any assisted units in the development leased to the Owner or Developer (including an officer, employee, elected agent, appointed official, or consultant of the Owner, Developer or Sponsor) during the compliance period?

YES NO N/A If yes, please provide clarification and identify what steps are being taken to correct this issue.

6. Annual Recertifications (HOME, HOME ARP and NHTF developments)

Has the Owner / Manager elected to conduct self-certifications?

YES NO N/A If yes, please provide a brief summary of the Owner's/Management's procedures regarding self-certifications.

7. **Applicable Fraction (LIHTC developments)**

Is the development a 'mixed-use' LIHTC Development?

YES NO N/A If yes, please submit an 'Applicable Fraction Worksheet' (AHFC Form TC-0007). Developments with more than one building will also need to complete the 'Applicable Fraction Worksheet - Additional Buildings' (AHFC Form TC-0007a) as the Applicable Fraction is a building issue.

8. **Development Team Characteristics**

Does the development's recorded agreement(s) require that substantive social services be provided to the tenant population?

YES 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 collaboration with a tax-exempt organization or Regional Housing Authority?

YES NO If yes, advise how the associated tax-exempt organization or Regional Housing Authority participates on a *regular, continuous, and substantial* basis in the operation of the Development.

Is the development subject to a nonprofit set-aside under IRC 42(h) (5), and specifically IRC 469(h) (1)?

YES NO If yes, please advise how the associated nonprofit organization participates on a *regular, continuous, and substantial* basis in operation. Note: as well that this topic requires a response of the Owner at item XIV of the '*Low Income Housing Tax Credit Owner's Certification of Continuing Program Compliance*'.

9. **Optional and Non-Optional Charges**

Does the development have any optional (vehicle parking, meals, use of facilities, services etc.) and/or non-optional (i.e., unit tax, renters' insurance, services etc.) charges that tenants may incur?

YES NO If yes, please provide a statement identifying any optional and non-optional charges.

10. **Senior Households**

Is the development required to have age restrictions as required by the Senior Citizen's Housing Development Fund (SCHDF) program or the development's recorded agreement(s) with AHFC during the specified certification period for this review?

YES NO

If yes, were any households not in compliance with the age restriction(s)?

YES NO N/A **If yes, please provide clarification and identify steps being taken to correct this issue.**

Were there any new move-in's during the compliance period?

YES NO N/A **If yes, please provide proof of age for review.**

11. **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 N/A If yes, please provide a copy of the approval received from AHFC's Planning Program Development Department.

12. Replacement Reserves

Does the development's recorded agreement(s) require that a Repair and Replacement Fund (RRF) be established in a specific general ledger account or bank account and identified as such.

YES NO If yes, please provide a copy of a current bank account statement for the RRF with a complete and detailed description of any disbursements made during the compliance period. (Please disregard if the development has a loan through AHFC).

13. Protection of Tenant Rights

Has any resident been evicted or refused to renew any lease, except for good cause?

YES NO If yes, please provide a detailed explanation and supporting documentation.

14. Violence Against Women Act

Have all residents received the 'Notification of Occupancy Rights under the Violence Against Women Act (Form HUD-5380)'?

YES NO N/A If no, please provide clarification and identify steps being taken to correct this issue.

Were denied applicants and residents that received a termination notice provided with a copy of the 'Notification of Occupancy Rights under the Violence Against Women Act (Form HUD-5380)'?

YES NO N/A If no, please provide clarification and identify steps being taken to correct this issue.

PRINTED NAME	TITLE	OWNER ENTITY
SIGNATURE	DATE	