



Annual Property Report

Reporting Period: January 1– December 31

1. Sponsor Name	2. Sponsor Address	3. Date
4. Project Name	5. Project Address	6. Period of Affordability End Date:

Unit information

Space is limited. Attach additional sheet if necessary

7. Total number of units and total number of HOME assisted units.	
8. Date of last physical inspection of units. Describe the outcome.	
9. Type of units (See HOME agreement).	Fixed Floating
10. Vacancy rate. If units are vacant please provide a reason for the vacancy.	
11. Average number of vacant days.	
12. Have units been kept "off-line"? If so, provide a reason.	
13. Date of last rent increase. Attach a notice of rents (increases or remaining the same) for approval with this report.	
14. Amount or percentage of last rent increase.	
15. Date Tenant Income Certification Forms updated annually?	
16. Date you will be receiving tenant source documentation?	
17. Do all tenants in the HOME-funded units meet the income restrictions for the funding sources in the units?	
18. Are signed leases for one year or a signed agreement for less in each file?	Yes No
19. Is there a signed HOME Addendum in each file?	
20. Have there been any changes/modifications to leases and/or policies (i.e. a non-smoking policy, grounds maintenance, etc.) If so please submit these changes/modifications for approval.	
21. Amount in replacement reserve account for this property during this reporting period. Attach reports listed in instructions.	
22. Attach a current rent roll (identify the HOME units (low or high), bedroom sizes of the HOME units, other funding sources in the unit (if any), unit numbers, the move in dates, amount of rent charged, any overdue rent, and utility allowances) and submit it with this report.	Attached

23. When was the last physical inspection conducted by the Property Owner/Property Management Completed?	
24. Did all units meet property standards and housekeeping standards set forth in the lease? If not, please provide a report indicating the deficiencies and how the deficiencies were addressed.	
25. Does this property have a Maintenance Plan (including treatment for moss, major systems surveyed, etc.)? If so, please provide a copy of this plan. If not, please provide a timeline for completion of a Maintenance Plan.	Has Plan Plan Attached
26. Has a Capital Needs Assessment (CNA) been conducted on this property? If so, please provide the most recent CNA.	Does not have Maintenance Plan Timeline for completion: No
27. Are there any major issues/changes/upcoming improvements? If yes, please explain.	

Management information

28. Name of property manager and/or Property Management Company. If contracted with a Property Management Company, please provide a copy of the agreement.	
29. Number of years managing this property	
30. Name of local manager (if different)	
31. Is there an on-site office? If so, are office hours posted?	
32. Date of last financial audit? Please provide a copy.	
33. Provide a Budget vs. Actual for this property for the year being reviewed.	Attached

Other Federal requirements

34. Where is equal opportunity information posted?	
35. Where is the fair housing logo posted?	
36. Where are the HUD posters located?	

The submittal of this form certifies the above information is accurate to the best of my knowledge.

Signature of Executive Director or Appointee

Date

Email address

Phone #

If there are administrative changes please contact the City as soon as possible to insure information is received by your organization. For questions, please contact: Laura Walker, lwalker@cityofsalem.net, 503.540.2405 or Rena Peck, rpeck@cityofsalem.net, 503.540.2446.

Reports are due by January 29, 2016

Please send completed reports and all attachments to:
City of Salem, Urban Development Department
Attn: Laura Walker
350 Commercial St NE
Salem, OR 97301



Annual Property Report Instructions

1. Sponsor name: Name of agency or nonprofit recipient receiving federal funds
2. Sponsor address: Administration address
3. Date: Date report is completed
4. Project Name: Name of property/project funded. Subsequent answers in this report should apply to just this property. Additional reports are needed for other property that is still being monitored.
5. Project address: Address of property
6. Period of affordability end date: This information can be obtained from the HOME agreement or by contacting Federal Programs staff. Affordability periods are the length of time the units must be occupied by income eligible households.
7. Total number of units: Number should include all units in the project.

Number of HOME assisted units: Number should include only the HOME assisted units. That information is in the HOME agreement or can be obtained by contacting Federal Programs staff.
8. Date of Physical Inspection Date should be the last date that Federal Programs inspected the units. Outcome should indicate if all findings and/or concerns have been addressed to date.
9. Type of units: Indicate if units are fixed or floating (see HOME agreement).
10. Vacancy Rate: List the vacancy rate during this reporting period. If units are currently vacant provide a reason for the vacancies.
11. Average number of vacant days: List the average number of days the vacant units reported in #10 were vacant during the reporting period.
12. Off-line units: If units have been kept "off-line" provide a justification.
13. Date of last rent increase: Provide the date of the last rent increase. Additionally provide a memo indicating the anticipated increase for the next year (or if it is staying the same) for approval by Federal Programs.

14. Amount or percentage of last rent increase: List monthly amount of increase for each type of unit (1 bedroom, 2 bedroom etc.) or the percent of increase.
15. Date Tenant Income Certification Forms TIC forms should be updated annually and must list all income received and be signed by all tenants over the age of 18 years. Staff must complete the utility allowance and other rental information on the second page of the TIC form. Indicate if TIC forms are updated at one time or if they are updated annually when leases expire.
16. Date receiving source documentation: Source documentation is required, at a minimum, every six years from the date the project closed and must be verified by wage earning statements or other third party verification. Indicate a date you will obtain source documentation or if it is obtained annually. If unclear, contact Federal Programs Staff
17. Income Qualification Indicate if all tenants meet the units' income requirements based on the funding sources.
18. Signed Leases: Indicate if each tenant file contains a signed one year lease or a signed agreement for a term less than one year.
19. HOME Addendum Indicate if each tenant file contains a signed HOME Addendum including rent increases when incomes exceed the HOME restrictions.
20. Lease/Policy Changes Indicate if there have been any changes to the lease and/or policies and provide a list of those changes.
21. Reserve replacement account: Indicate the annual amount budgeted and reserved to do improvements to this property during this reporting period. Also include a year-end balance for the replacement reserve account.
22. Attach a current rent roll: Identify the HOME units (whether they are Low HOME or High HOME units), other funding sources in the units (if any), unit numbers, the move in dates, amount of rent charged, any overdue rent, and utility allowances.
23. Date of last Physical Inspection Provide the date of the last physical inspection of units conducted by the Property Owner/Property Management. Also indicate the frequency that these physical inspections are conducted.
24. Physical Inspection Compliance Indicate whether all units met property standards (Salem Revised Code (SRC) and Uniform Physical Conditions Standards (UPCS)) including housekeeping standards indicated in the lease. If not you will need to provide a report indicating what deficiencies were found and how they were addressed.
25. Property Maintenance Plan Indicate whether or not there is a property maintenance plan. If so, provide a copy, if not a timeline for completion of a Property Maintenance Plan must be provided.
26. Capital Needs Assessment (CNA) If there is a CNA for the property, provide a copy of the report.

27. Changes/Upcoming Improvements Indicate if there are any major issues with the property(such as water infiltration, roof leaks, HVAC, etc.), changes in the property (how it is utilized, unit distribution, change in property management, etc.), or upcoming improvements (new roof, new windows, new HVAC, rehabilitation, etc.).
28. Name of Property Manager/Company: Indicate the name of the Property Manager and/or Property Management Company utilized to lease and maintain the property. If a Property Management Company is involved, provide a copy of the agreement between the agency and the Property Management Company (including any amendments to the agreement).
29. Number of years managing this property: List the months or years the person/entity identified in #28 has spent managing this property
30. Name of local manager (if different): List the name of the person that tenants contact if there is a problem. If it is the same as #28, please indicate. Include the name of the person responsible for obtaining the TIC forms, completing the second page of the TIC forms, obtaining leases etc.
31. On-Site Office: Indicate if there is an office on-site at the Property. If so, state if the hours when the office is open are posted and where are they posted.
32. Date of last financial audit: List the public accountant or company performing the audit and the dates the audit covers. Be sure to attach a copy of the last audit including the management letter.
33. Financials: Attach a Budget vs. Actual financial statement for the property for the reporting year. The budget would show what was projected and the actual would show what was expended.
34. Where is equal opportunity posted? List locations and/or publications
35. Where is the fair housing logo posted? List locations and/or publications
36. Where are HUD posters located? List general locations and if they are posted in both English and Spanish.
37. Signature Signature of the Executive Director or Appointee certifies the information submitted is accurate
38. Email address: Email of the person signing the form