

New Hampshire Housing HOME Compliance Monitoring Report

Project Name: _____ Management Agent: _____ Owner: _____

Report Date _____ Reporting Period: from _____ to _____

Total # of Units in the project: ____ Total # of HOME Units in Project: ____ Total High Home: ____ Total Low HOME: ____

Report prepared by: _____ Phone #: _____ Page # ____ of ____

Subsidy Type: N/A=Not Applicable; RD=Rural Development; PBA=Project Based Assistance (Section 8); PBV= Project Based Voucher (Section 8); TBA=Tenant Based Assistance (Section 8)

Unit #	Low or High HOME unit	# of BRs	Resident Name	# in HH	Move In Date	Move In Gross Income	Date of Last Income Cert.	Gross Income at last Cert.	Subsidy Type	Max HOME rent	Contract Rent	UA	Gross Rent

Unit #	Low or High HOME unit	# of BRs	Resident Name	# in HH	Move In Date	Move In Gross Income	Date of Last Income Cert.	Gross Income at last Cert.	Subsidy Type	Max HOME rent	Contract Rent	UA	Gross Rent

CERTIFICATION OF COMPLIANCE

_____ hereby certifies to the New Hampshire Housing Finance Authority that each building and all HOME-assisted units in the property are suitable for occupancy, and in compliance with all State and local health, safety and other applicable codes, ordinances and requirements, and with the Uniform Physical Condition Standards (UPCS).

(Owner's Name)

(Owner's Signature or Duly Authorized Agent)