

ANNUAL CERTIFICATION OF SERVICE COORDINATION

Property Name: _____ Reporting Period: _____

Service Coordinator: _____

Phone: _____ Email: _____

The number of hours per week that service coordination is provided for this property:

Service coordination is provided: Onsite Remotely Both

During this reporting period did the service coordinator:

- 1. Collect rent, inspect units, make determinations on requests for reasonable accommodation, investigate lease violations, or issue eviction notices? Yes No
- 2. Have a private space to meet with residents or meets with residents in their homes? Yes No
- 3. Have access to a telephone and internet when meeting with residents? Yes No
- 4. Assess resident’s service needs within 60 days of move-in? Yes No
- 5. Follow up with residents to address needs identified in their service plans? Yes No
- 6. Maintain documentation of resident service needs assessments and follow-up in a secure location? Yes No

Coordinated Service #1

Service provider contact person: _____

Phone: _____ Email: _____

The dates the service was provided during this reporting period: _____

The number of residents served:

Provide a brief description of the service:

Coordinated Service #2

Service provider contact person: _____

Phone: _____ Email: _____

The dates the service was provided during this reporting period:

The number of residents served:

Provide a brief description of the service:

Are agreements for services on file (if any) and evidence that the services are being provided (e.g. sign-in sheets, letters/memos to tenants advertising the event/service, service logbook and/or activity reports) maintained at the property? Yes No

Was an annual survey conducted of all residents regarding their need for and satisfaction with the service coordination, including coordinated services (not required for first year of occupancy)? Yes No

Are any changes to Service Coordination or Coordinated Services being proposed for the next reporting period? (If yes, prior approval is required. Submit change request to the Asset Manager for the property.) Yes No

Who conducted the survey? _____

Phone: _____ Email: _____

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

I hereby certify that the above information is complete and true.

Name

Title

Company

Signature

Date