

*Prepare a separate form for each State/ Agency in which the Owner/Developer/Applicant/Property Management listed below that has an interest in a Federally assisted housing project.  
Include all names under which you or your parent organization have conducted business with the State Agency*

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Project Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Developer Name: \_\_\_\_\_  
Applicant/Sponsor Name: \_\_\_\_\_  
Property Management: \_\_\_\_\_

Date:

Dear Compliance/Administrator;

The above referenced owner/developer/management company has applied for Federal funds to develop a multifamily rental project in Idaho. Your agency was identified as having the responsibility for Compliance, Monitoring, or Management in your state for a project that is owned, developed, or managed by them.

Idaho Housing and Finance Association is requesting information to help assess their capacity to own, develop, and/or manage a Federally assisted rental project.

The specific information IHFA requests is in regard to the success/failure of the project and/or lack of timeliness in resolving any statutory, regulatory, or monetary compliance concerns and issues, and any formal/informal action(s) taken by your agency.

Please answer the questions in Sections 1& 2 in the attached form below.

Sincerely

HOME Programs Department  
Idaho Housing and Finance Association

Section 1- To be completed by proposed owner, developer, and management of the proposed HOME Project

I, hereby authorize the agency identified below to release all information as requested related to the federally funded rental project(s) this agency monitors, including laws, regulations, and other requirements.

Owner Authorized Signatory \_\_\_\_\_ Dated \_\_\_\_\_
Developer Authorized Signatory \_\_\_\_\_ Dated \_\_\_\_\_
Management Company Authorized Signatory \_\_\_\_\_ Dated \_\_\_\_\_

Below is a list of the federally funded projects/activities within the agency's jurisdiction or authority, in which I am involved with as an owner and/or developer and/or management company

Table with 8 rows and 2 columns. The first column contains numbers 1 through 8. The second column is empty for data entry.

Use additional pages as necessary to complete

Contact Information for State/Agency Compliance Administrator Agency

Name \_\_\_\_\_
Contact Person \_\_\_\_\_
Street Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
E-Mail: \_\_\_\_\_

Section 2- To be completed by the State/Agency Compliance Monitoring or Management Administrator

**Agency Compliance Administrator- Please answer the following questions**

Has the entity(s) identified in Section 1 ever had a monitoring or compliance issue/finding, or monetary past due payments?

Yes  \_ No

If yes, was that issue(s), finding(s), or past due payment(s) resolved in a timely manner, as required? Yes  \_\_ No  \_\_

Name of entity involved: \_\_\_\_\_

If you answered 'No' to any of the above questions, please explain