

*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.*

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:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Use additional pages as necessary to complete

Contact Information for State/Agency Compliance Administrator

Agency: _____

Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Email: _____

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 of involved:

In you answered ‘No’ to any of the above questions, please explain: