

*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**

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**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: