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 the having the responsibility for Compliance/Monitoring 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 _______________________
E-Mail: ___________________________
Section 2- To be completed by the State/Agency Compliance Monitoring 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?
Yes ☐  No ☐

If yes, was that issue or finding 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