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**Release of Information Request**

Proposed HOME Activity \_\_\_\_\_

Please prepare a separate form for each State/ Agency in which the Owner/Sponsor/  
Developer /Manager listed below has an interest in a Federal affordable housing project.

Include all names under which you or your parent organization have conducted business  
with the State/Agency

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Date:

Dear Compliance Administrator,

The above referenced owner/developer/management company has applied for federal HOME funds to develop a multi-family rental project in Idaho. Your agency was listed as having being responsible for Compliance/Monitoring in your state for a project that is owned/ developed/managed by them.

Therefore, IHFA is requesting information from your agency to help us assess the capacity of the proposed project owner/ developer/management own, develop, and/or manage a federally funded rental project in Idaho.

The specific information IHFA would like is in regard to the success/failure or lack of timeliness in resolving any statutory, regulatory, or monetary compliance concerns and issues, including formal/informal action(s) taken by your agency. Please answer the questions in Sections 1& 2 below.

Sincerely

HOME Program  
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 \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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

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

Exhibit X- Release of Information

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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, please explain (additional documentation may be requested by IHFA)

Entity (s) involved
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