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

______________________________________________________________________________