

Release of Information Request

Name of Proposed HOME Activity

HOME Applicant:

Please prepare one form for each project administrator in which the [your organization name here] _____ has an current interest in an affordable housing project.

Include all names under which you or your parent organization have conducted business with the following state/local Federal (including LIHTC) agency/allocator.

Date:

Dear Compliance Administrator,

Idaho Housing and Finance Association is the State of Idaho's HOME Program administrator. We are requesting information from you to help us assess the development/management capacity of the owner/ developer/management company to own, develop, and manage multifamily rental properties.

The above referenced applicant has applied for federal HOME funds to help develop a multi-family rental project in Idaho. You were identified as having oversight/involvement in in a previous multifamily rental project, as either the funder or are responsible for the compliance monitoring.

Specifically, IHFA is looking for information regarding the ability to meet established timelines and goals, ability to comply with codes, Federal regulations, standards, ordinances, property standards and general program rules, including monetary issues. If possible, include formal/informal action taken by your agency.

These questions are found Sections 1& 2 on the attached form.

Thank you in advance for your assistance in this matter. If you have any questions or concerns regarding this request, please feel free to contact me at your earliest convenience.

Sincerely,

James M. Gruber
Grant Programs Manager
Idaho Housing and Finance Association
208-331-4760
jamesg@ihfa.org

Section 1- To be completed by HOME funding applicant

I hereby authorize the following agency/allocator to release any information related to the multifamily rental project(s) the agency is/was involved.

Owner Authorized Signatory _____ Dated _____
Developer Authorized Signatory _____ Dated _____
Management Company Authorized Signatory _____ Dated _____

Below are the rental projects the referenced agency is/was involved with, in a funding, administrative, or compliance capacity

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

Please use additional pages as necessary

Contact Information for State/Agency Administrator

Name _____
Contact Person _____
Street Address _____
City, State, Zip _____
E-Mail: _____

Section 2- To be completed by the state/local/ federal administrator

Please answer the following questions

Has the above referenced entity(s) identified in Section 1 had issue/findings regarding funding, development, or compliance monitoring?

Yes__ No__

If yes, were the issue(s) resolved as required? Yes____ No____

If you answered 'No', please provide circumstances.

Name of entity (s) involved

Comments

May we contact you? Yes____ No____

Signature

Agency Name

Date

Name

Title
