

Hawaii Housing Finance & Development Corporation
Rental Housing Trust Fund (RHTF)
Annual Report for Preceding 12-Month Period

Report Period: From _____ to 12/31/_____
 Fee Enclosed: _____
 (\$0/unit/year)

PROJECT INFORMATION	
Project Name	Type of RHTF Project Award <input type="checkbox"/> Loan <input type="checkbox"/> Grant <input type="checkbox"/> Loan & Grant
Site Contact	RHTF Loan/Grant Amount
Physical Address	RHTF Current Outstanding Balance
	RHTF Declaration Effective Date
Phone	Placed in Service Date(s) 1 st Building: _____ Last Building: _____
	Fax

CURRENT OWNER INFORMATION	MONITORING INFORMATION
Owner Name	Management Company
General Partner	Agent Contact
Mailing Address	Address
Phone	Phone
E-Mail	E-Mail
Fax	Preferred for Record Review Location

OCCUPANCY INFORMATION	
RHTF SET-ASIDE:	SET-ASIDE AS OF END OF REPORT PERIOD:
_____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ units as non-RHTF units (Market rate) _____ unit(s) as manager's and/or staff unit(s)	_____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ units at _____% of median (AMI) _____ units as non-RHTF units (Market rate) _____ unit(s) as manager's and/or staff unit(s) _____ number of vacant units
<input checked="" type="checkbox"/> The above set-aside requirements are consistent with information in the project RHTF Declaration of Restrictive Covenants	<input checked="" type="checkbox"/> The attached Compliance Monitoring Status Report supports the above occupancy information.
Has the number of RHTF units changed from last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total applications on waiting list:	
Indicate number of new applicants placed during the year:	

RENTAL INFORMATION	
Utilities	Type of Utilities Paid by Tenants:
	Utility Allowances (UA) Schedule Effective Date:
	Utility Allowance Schedule source/method used: (attached current UA schedule) <input type="checkbox"/> UA Schedule obtained from HPHA/County <input type="checkbox"/> Indicate other method:
Indicate Project Subsidy and/or Other Program(s):	
Is the rent restricted beyond the AMI based rent? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate program(s):	

RENT SCHEDULE						
Effective date						
Unit Type	Maximum Rent	Unit Count	Contract Rent	Utility Allowance	Subsidy *	Tenant Portion *
Studio						
1 Bedroom						
2 Bedroom						
3 Bedroom						
4 Bedroom						
* Indicate low and high end of range if it varies.						

PROJECT AMENITIES
Indicate facilities, such as swimming pools, other recreational facilities, and parking areas:
What are the charges to the tenant for amenities:

- Attachments:**
- 1) **Completed Owner’s Certificate of Continuing Program Compliance Form**
 - 2) **Completed Compliance Monitoring Status Report**

Submit Annual Report with attachments and monitoring fee payment to:
 HHFDC Planning & Compliance Office
 677 Queen Street, Suite 300
 Honolulu, Hawaii 96813

Send copy to:
 SPECTRUM Enterprises, Inc.
 545 Shore Road
 Cape Elizabeth, Maine 04107

Should you have any questions, please contact SPECTRUM Enterprises, Inc. at (207) 767-8000 or email lchurchill@spectrumlihtc.com

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: Hawaii Housing Finance & Development Corporation
 677 Queen Street, Suite 300
 Honolulu, Hawaii 96813

Certification Dates:	From: January 1, 20	To: December 31, 20	
Project Name:		Project No:	
Project Address:		City:	Zip:

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies to the

Agency that:

1. The project met the minimum requirements of the Rental Housing Trust Fund as stipulated in the Regulatory Agreement (Declaration of Restrictive Covenants).
 YES **NO**

2. The owner has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority;
 YES **NO**

3. Each low-income unit in the project has been rent-restricted as set forth in the Regulatory Agreement;
 YES **NO**

4. All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court;
 YES **NO**

5. The buildings and low-income units in the project were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards).
 YES **NO**

The State or local government unit responsible for making local health, safety, or building code inspections did not issue a violation report for any building or low-income unit in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Agency. In addition, the owner must state whether the violation has been corrected;

YES **NO**

6. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units in the project were or will be rented to tenants not having a qualifying income;
 YES **NO**

7. The owner received its RHTF Project Award from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42 (h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code; and
 YES **NO** **N/A**

8. There has been no change in the ownership or management of the project:
 NO CHANGE **CHANGE**

If "**Change**", complete page 5 detailing the changes in ownership or management of the project.

9. The project is operating as a family project:
 YES **NO**

If "No," continue to answer the following: Project operating as an elderly project (housing for older persons) as defined in Act 249, Session Laws of Hawaii 2007 and Fair Housing Act as Amended (Title 8), 42 United States Code section 3607(b)(2). Identify which of the following definitions applies to the project:

A. Provided under any State or Federal program that the Secretary determines is specifically designed and operated to assist elderly persons (as defined in the State or Federal program); or

B. Intended for, and solely occupied by, persons 62 years of age or older; or

C. Intended and operated for occupancy by persons 55 years of age or older, and--(i) at least 80 percent of the occupied units are occupied by at least one person who is 55 years of age or older; (ii) the housing facility or community publishes and adheres to policies and procedures that demonstrate the intent required under this subparagraph; and (iii) the housing facility or community complies with rules issued by the Secretary for verification of occupancy.

If following "Item C" above, indicate:

YES if your tenant selection criteria is following "Item C" exactly as specified, or

NO if any additional tenant selection criteria restrictions are placed on applicants/tenants. Please specify and explain on page 5.

10. There were no changes to the tenant selection criteria in the past year.
 NO CHANGE **CHANGE**

If "Change," provide a brief description of the change on page 5.

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Regulatory Agreement, Hawaii Revised Statute, Hawaii Administrative Rules and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

By: _____

Title: _____

Date: _____

Signed sealed and delivered in the presence of:

Notary: _____

Witness: _____ My commission expires: _____

Date of Execution: _____ (NOTARY PUBLIC SEAL)

