

VHFA Annual LIHTC Questionnaire

Property Name: _____

Full Property Address: _____

1. Number of buildings in project? _____

Number of total units in project? _____ Number of tax credit units in project? _____

Number of units (if any) set-aside for Supportive Housing? _____

Location of Supportive Housing unit: _____

Have you identified your Supportive Housing Units in the [Directory of Affordable Rental Housing \(DOARH\)](#)? Yes No

2. List the bedroom sizes along with the **current contract rents being charged:**

Number of 0 Bedroom Units	_____	@	\$	_____	Contract rent
Number of 1 Bedroom Units	_____	@	\$	_____	Contract rent
Number of 2 Bedroom Units	_____	@	\$	_____	Contract rent
Number of 3 Bedroom Units	_____	@	\$	_____	Contract rent
Number of 4 Bedroom Units	_____	@	\$	_____	Contract rent
Number of 5 Bedroom Units	_____	@	\$	_____	Contract rent

3. Does the property have a utility allowance? Yes _____ No _____

If yes, check off type of units and specify the utility allowance amount per bedroom size.

Please provide copies of schedules and or estimates used in determining the UA.

0 br \$ _____	0 br \$ _____
1 br \$ _____	1 br \$ _____
2 br \$ _____	2 br \$ _____
3 br \$ _____	3 br \$ _____
4 br \$ _____	4 br \$ _____

Rental Subsidy Units:

_____ Rural Development (RD) units, use the RD utility allowance schedule
_____ Section 8 project-based units; use the HUD utility allowance schedule
_____ Section 8 certificate or vouchers units; use the local PHA utility allowance schedule

Other Units:

_____ Local PHA utility allowance schedule
_____ Utility Company estimate
_____ Housing Credit Agency utility cost estimate provided the agency agrees to provide the estimate (this option may be obtained anytime during the extended use period)
_____ Utility estimate using HUD's Utility Schedule Model
_____ Unrelated Qualified Professional (approved by the VHFA) to calculate utility estimates using an energy consumption model

4. Are you using the **Common Rental Application? Yes _____ No _____**
If no, are you accepting the **Common Rental Application? Yes _____ No _____**

5. Vermont law requires owners or managers of pre-1978 rental housing to complete Essential Maintenance Practices (EMP's) to reduce the risk of lead poisoning to children. Have you submitted your annual submission Compliance Statements to the Department of Health?
 Yes _____ No _____ N/A _____
If yes, when did you submit your last Compliance Statements? _____
6. Do you have management occupied units? Yes _____ No _____
If yes, please answer the following questions. If no go to #7
- a. Is (are) the management personnel full-time employees? Yes ___ No ___
 b. Is (are) the management unit(s) low income qualified? Yes ___ No ___
 c. Is (are) the management unit(s) below the maximum rent? Yes ___ No ___
7. Are all **first year records** for this property kept for at least 21 years, in accordance with 1.42-5 (b)?
 Yes _____ No _____
- Are all **records of other years** of compliance kept at least 6 years beyond due date of filing the federal income tax return, in accordance with 1.42-5 (b)?
 Yes ___ No ___
8. What other fees are tenants required to pay (e.g. cable. parking. usage fees, etc.)
Please List:

9. What other services are optional that a tenant may choose to pay for?
Please List:

10. Is there any commercial space in the project? (Space rented for business purposes or rented to produce income).
Please List:

11. Are you aware of any fair housing issues that have occurred in this project in the last three years?
If yes, explain:

12. Who will VHFA staff be meeting at this property?
 Name: _____ Phone # _____ Email: _____
13. Will files be reviewed at the property? Yes ___ No ___ **If no**, where?

The undersigned hereby represents and certifies that the foregoing information, to the best of his/her knowledge is materially complete and accurate.

Signature: _____ **Date:** _____

Printed Name: _____