

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? _____

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. Do you have management occupied units? Yes _____ No _____
If **yes**, please answer the following questions. If no go to #5

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? Yes ___
No ___

5. 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 _____

6. What other fees are tenants required to pay (e.g. cable. parking. usage fees, etc.)

Please List:

7. What other services are optional that a tenant may choose to pay for?

Please List:

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

Please List:

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

10. Who will VHFA staff be meeting at this property?

Name: _____ Phone # _____

11. 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: _____

Title: _____