

Louisville Metro Department of Community Services & Revitalization Compliance Unit Annual Compliance Report for HOME & NSP funded projects

E-Mail

Print

Project Name: _____

Total # of rental units in project? : _____

Project Address: _____

Total # of HOME or NSP assisted units in project? : _____

Investor/Owner Name: _____

HOME funded projects ONLY - # of High HOME rent units? : _____

Investor/Owner Telephone #: _____

HOME funded projects ONLY - # of Low HOME rent units? : _____

Email Address Contact: _____

Is this a Tax Credit Project? : _____

Are assisted units Fixed or Floating? : _____

Prepared by _____ Title _____ Date _____

Report covers period: _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Unit No.	Bedroom size	Unit type (low or high HOME)	Tenant Name	Household Size	Income at Move In	Annual gross income	Date of last income certification	Household AMI Percentage (<50% or <80%)	Maximum HOME rent	Utility allowance	Maximum Net Rent (J-K)	Actual Lease Rent	Race
101	2	Low	Sample	4	\$18,000	\$20,000	7/1/12	<50%	\$698	\$33	\$665	\$620	

Race: White, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, Black or African American & White, Asian & White, American Indian or Alaska Native, Other Multi Racial, American Indian/Alaska Native & White, American Indiana/Alaska Native & Black or African American

Continued from Page 1 (please complete only if additional space is needed)

Owner/Property Manager Information

Please complete and return:

Project Name: _____
Owner Information

Name: _____
Contact Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Mobile Number: _____
Email Address: _____

Management Agent Information

Name: _____
Contact Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Mobile Number: _____
Email Address: _____

Site Information

On-Site Manager

Name: _____
Address: _____
Phone Number: _____

Project Address(s):

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.