NHTF
COMPLIANCE SUMMARY
Rental Project

Grant Year: _____ **Date:** _____

Grantee: _____

Person completing form: _____

Title of person completing form: _____

Number of NHTF-assisted units in the property: _____

NHTF property address(es): _____

_____

_____

_____

Property Manager: _____

Phone: _____

Address: _____

_____

Is this property a group home or other type of congregate housing? _____

Do you require leases on this property? _____

Does your lease meet the required tenant lease protections? _____

Do you use affirmative marketing efforts to attract residents? _____

Does this property continue to meet Housing Quality Standards? _____

Was any property funded by this NHTF grant sold during this year? _____

If yes, identify address(es) of property sold: _____

_____

_____

NHTF COMPLIANCE SUMMARY
Rental Resident Profile

Property Address/Unit Number	Total No. of Bedrooms	Resident's Last Name	Move-in Date	Move-in Income	Recert. Income	Maximum Monthly NHTF Rents Less UA		Resident Paid Rent	Utility Allowance	No. of Occupants Occupants	Actual rent

GRANTEE _____

OWNER _____

DATE PREPARED _____

PREPARER'S NAME _____

PREPARER'S PHONE NO. _____

PLEASE SUBMIT A CURRENT UTILITY ALLOWANCE SCHEDULE ALONG WITH THE RESIDENT PROFILE.