

## **2016 Checklist of Required Documents and Project Summary Information for the Owner's Certificate of Continuing Program Compliance Form**

Documents listed below in the checklist must be submitted to ADFA separate from the submission of the Owner's Certificate of Continuing Program Compliance Form. This documentation will support the submission of the 2015 Annual Owner's Certification. If ADFA does not receive all the documents listed below, the project will be out of compliance and will warrant Issuance of an IRS 8823 Report of Non-Compliance.

<b>Checklist Documents: (Please check the documents that are attached and/or confirm statement)</b>
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- Copy of the current year utility allowance calculation worksheet (Housing Authority, HUD/Rural Development approved Rent Schedule or other approved source)
- Copy of current paid tax receipt
- Copy of hazard insurance declaration page, (1 page) identifying the following: (policy term, coverage amount and address of the property insured and insurance carrier) entire policy is not required
- Copy of all marketing/advertising that was completed in 2015
- Provide a copy of the Certificate of Good Standing for the Limited Partnership and General Partnership from the Arkansas Secretary of State. This can be obtained by going to [www.sos.arkansas.gov/corps/](http://www.sos.arkansas.gov/corps/)
- Copy of blank waiting list form used to track all completed tenant applications
- Copy of waiting list instructions that describe how management will maintain the waiting list and tenant selection procedures from the waiting list
- 2015 Audited Financials for the project will be completed by:   /  /   (A copy will be forwarded to ADFA upon completion)
- WCMS tenant data is current and accurate. It is understood late or inaccurate tenant data will not provide the tenant history required to support the Owners Annual Certification.

**Required for projects that placed in service in 2001 thru 2014**

- Copy of IRS Form 8609 Housing Credit Allocation and Certification with part II completed and executed by the owner. Please provide an explanation if the form is not available.

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**Project Funding Sources**

Please check the funding programs below that are in this project:

<b>Program Type</b>	<b>Number of Units</b>
<input type="checkbox"/> HOME Program	
<input type="checkbox"/> Financing Adjustment Factor, (FAF)	
<input type="checkbox"/> Tax Exempt Bonds	
<input type="checkbox"/> CDBG, Supplemental Disaster Funding	
<input type="checkbox"/> Assisted Living Incentive Fund, (ALIF)	
<input type="checkbox"/> Arkansas Housing Trust Fund	
<input type="checkbox"/> Below Market Interest Rate, (BMIR)	
<input type="checkbox"/> Rural Development Project Based Rental Assistance	
<input type="checkbox"/> HUD Project Based Rental Assistance	
<input type="checkbox"/> Other Project Based Rental Assistance	

**Projects with HOME Program Funds only:**

HOME units are

Fixed

Floating

HOME designated units have rent limits that comply with the current HOME Rent Limits:

Yes

No

If No, please provide an explanation:

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**This Form was completed and verified for accuracy by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**This Checklist Form with supporting documentation must be sent to ADFA no later than February 1, 2016. Via email to: [compliancecerts@adfa.arkansas.gov](mailto:compliancecerts@adfa.arkansas.gov) or by mail**