**RENTAL REHABILITATION PROGRAM**

**ANNUAL AFFORDABILITY REPORT**

**INSTRUCTIONS**

Complete one section for each unit. Submit to Program Specialist by December 31 of each year for 5 years.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Rental Rehab Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Unit/Apt #  | Unit/Apt #  |
| # of Bedrooms  | # of Bedrooms  |
| Tenant Name | Tenant Name |
| Current Tenant is [ ]  the Initial LMI Tenant OR [ ]  a NEW Tenant | Current Tenant is [ ]  the Initial LMI Tenant OR [ ]  a NEW Tenant |
| Initial Lease Begin Date ORNEW Tenant Lease Begin Date | Initial Lease Begin Date ORNEW Tenant Lease Begin Date |
| Affordability End Date for Unit(always 5 years from initial LMI tenant) | Affordability End Date for Unit(always 5 years from initial LMI tenant) |
| Monthly Rent Amount $ | Monthly Rent Amount $ |
| Rent is [ ]  LMI or [ ]  Fair Market Rent | Rent is [ ]  LMI or [ ]  Fair Market Rent |
| Utilities are [ ]  included [ ]  NOT included in rent | Utilities are [ ]  included [ ]  NOT included in rent |
| **REQUIRED FOR NEW TENANTS**Tenant Lease provided to UGLG? [ ]  YesFederal Income Tax return for all household membersage 18 and over have been provided to UGLG? [ ]  Yes | **REQUIRED FOR NEW TENANTS**Tenant Lease provided to UGLG? [ ]  YesFederal Income Tax return for all household membersage 18 and over have been provided to UGLG? [ ]  Yes |
|  |  |
| Unit/Apt #  | Unit/Apt #  |
| # of Bedrooms  | # of Bedrooms  |
| Tenant Name | Tenant Name |
| Current Tenant is [ ]  the Initial LMI Tenant OR [ ]  a NEW Tenant | Current Tenant is [ ]  the Initial LMI Tenant OR [ ]  a NEW Tenant |
| Initial Lease Begin Date ORNEW Tenant Lease Begin Date | Initial Lease Begin Date ORNEW Tenant Lease Begin Date |
| Affordability End Date for Unit(always 5 years from initial LMI tenant) | Affordability End Date for Unit(always 5 years from initial LMI tenant) |
| Monthly Rent Amount $ | Monthly Rent Amount $ |
| Rent is [ ]  LMI or [ ]  Fair Market Rent | Rent is [ ]  LMI or [ ]  Fair Market Rent |
| Utilities are [ ]  included [ ]  NOT included in rent | Utilities are [ ]  included [ ]  NOT included in rent |
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Number of ALL Units \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of LMI Units \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Market Rate \_\_\_\_\_\_\_\_\_\_\_\_\_

% of LMI Units \_\_\_\_\_\_\_\_\_\_\_\_\_ (must be 51% or greater)

I, the property owner, certify the information in this Annual Affordability Report is true to the best of my knowledge.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Owner Name: Date

Remit to: UGLG Name and Title