

The City of Yakima

Office of Neighborhood Development Services
Consolidated Annual Performance Evaluation Report

For Year of 2017



For further information, contact:

The Office of Neighborhood Development Services
112 S. Eighth Street
Yakima, WA 98901
509-575-6101

CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

Each year the City of Yakima receives funding from the Federal Government for two entitlement programs; Community Development Block Grant (CDBG) funds and HOME Investment (HOME)funds.

The City of Yakima continues to use the bulk of it's CDBG funding to address "Single Family Rehabilitation" in the form of a "Senior/Disabled Emergency Home Repair Program" that assists qualified low to moderate income senior and/or disabled homeowners with emergency type repairs. This program encompasses repairs such as, no heat, no power, no hot water, leaking pipes, leaking roof or other such emergency repairs. The Single Family Rehabilitation program also includes a Wheel Chair Ramp program for qualified low to moderate Senior/Disabled homeowners as well.

CDBG funds also assist four eligible activities in the Public Service category of National Objectives. The first is a funding of public service programs administered through the Henry Beauchamp Community Center (formerly known as the South East Community Center). The second is a Landlord Tenant Hotline administered through the Office of Neighborhood Development Services to provide landlord/tenant advice as well as information material for both Landlords and Tenants explaining the Washington States Landlord/Tenant regulations in order to provide "Affirmatively Furthering Fair Housing" as required by HUD. The third eligible activity supported by CDBG through the Public Service is provided directly to low to moderate income homeowners through the Paint Out Graffiti program in addressing graffiti which directly affects lower income residential areas of Yakima. The fourth activity is an emergency heating program that assists low to moderate income Senior/Disabled homeowners with a "Gap" heating assistance payment that brings them current with their heating bill in order to enable them to qualify for the local "LIHEP" program as administered through Opportunities Industrial Center of Washington (OIC).

The HOME Investment funds continues to support local Community Housing Development Organizations (CHDO) such as Habitat for Humanity and Next Step Housing as well as other certified organizations, in purchasing vacant lots and constructing either Single Family dwellings or Multi-family dwellings. The Single family dwellings are then sold to qualified low to moderate income first time homebuyers, while the rental units in the Multi-family residential units are tracked for a set affordability period, inspected regularly and required to be rented to qualified low to moderate income individuals or families.

HOME funds were used in 2016 and hereby reported within this CAPER, to rehabilitate twelve (12) existing Housing Authority multi-family apartment units that supply affordable housing to qualified low to moderate income tenants.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year
Administrative HOME costs	Affordable Housing	HOME: \$	Other	Other	1	1	100.00%	1
Code Compliance	Non-Housing Community Development	CDBG: \$	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit				
Community Development Block Grant Administration		CDBG: \$	Other	Other	1	1	100.00%	1
Community Housing Development Organization	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	2	6	300.00%	4
Economic Development	Non-Housing Community Development	CDBG: \$	Jobs created/retained	Jobs	7	7	100.00%	7
First Time Homeownership Program	Affordable Housing	HOME: \$	Direct Financial Assistance to Homebuyers	Households Assisted	1	2	200.00%	2
New Construction	Affordable Housing	HOME: \$	Rental units constructed	Household Housing Unit	1	0	0.00%	2
New Construction	Affordable Housing	HOME: \$	Rental units rehabilitated	Household Housing Unit	1	1	100.00%	2
New Construction	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	1	2	200.00%	
Public Facilities and Infrastructure	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1	0	0.00%	1
Public Facilities and Infrastructure	Non-Housing Community Development	CDBG: \$	Homeowner Housing Rehabilitated	Household Housing Unit	0	0		0
Public Services	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2500	3349	133.96%	6800

Public Services	Non-Housing Community Development	CDBG: \$	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	4	1	25.00%	4
Public Services	Non-Housing Community Development	CDBG: \$	Other	Other	7500	8752	116.69%	7500
Single Family Rehabilitation Program	Affordable Housing	CDBG: \$	Homeowner Housing Rehabilitated	Household Housing Unit	100	90	90.00%	90

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction’s use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

	CDBG	HOME
White	0	87
Black or African American	0	4
Asian	0	0
American Indian or American Native	0	0
Native Hawaiian or Other Pacific Islander	0	0
Total	0	91
Hispanic	0	37
Not Hispanic	0	91

Table 2 – Table of assistance to racial and ethnic populations by source of funds

Narrative

76 families were assisted through the Single Family rehabilitation programs at an average spent per household \$2,735.81 with an average income per month of \$1,617.93

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	CDBG	1,234,527	762,746
HOME	HOME	2,064,820	479,651
HOPWA	HOPWA		
ESG	ESG		
Other	Other		

Table 3 - Resources Made Available

Narrative

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
CITY OF YAKIMA	100	100	100% of the allocation was spent within the geographic location (Yakima City Limits)

Table 4 – Identify the geographic distribution and location of investments

Narrative

The city of Yakima does not limit either CDBG or HOME Investment funds to any limited target area, but uses these funds to the best of it's ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire City Limits of Yakima.

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

CDBG funds are leveraged with partnerships with non-profits such as OIC of Washington in the continued operation of the Henry Beauchamp Center (formerly known as the South East Community Center) to provide community service programs to low and moderate income citizens. CDBG funds are also leveraged through a partnership with Rural Community Development Resources in providing Microenterprise assistance to both new and existing small businesses in conjunction with private bank financing.

HOME Investment funds are used in partnership with local Community Housing Development Organizations such as Habitat for Humanity to construct new single family residential homes sold to qualified first time homebuyers and/or other qualified CHDO's, as well as other local affordable housing developers and owners.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	15,696,186
2. Match contributed during current Federal fiscal year	42,973
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	15,739,159
4. Match liability for current Federal fiscal year	0
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	15,739,159

Table 5 – Fiscal Year Summary - HOME Match Report

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
HOME CHDO construction projects	12/31/2017	0	0	0	0	42,973	0	42,973

Table 6 – Match Contribution for the Federal Fiscal Year

HOME MBE/WBE report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
0	0	0	0	0

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Dollar Amount	0	0	0	0	0	0
Number	0	0	0	0	0	0
Sub-Contracts						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
	Total	Women Business Enterprises	Male			
Contracts						
Dollar Amount	0	0	0			
Number	0	0	0			
Sub-Contracts						
Number	0	0	0			
Dollar Amount	0	0	0			

Table 8 - Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired		0		0		
Businesses Displaced		0		0		
Nonprofit Organizations Displaced		0		0		
Households Temporarily Relocated, not Displaced		0		0		
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	10	0
Number of Non-Homeless households to be provided affordable housing units	90	88
Number of Special-Needs households to be provided affordable housing units	10	0
Total	110	88

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	0
Number of households supported through The Production of New Units	30	0
Number of households supported through Rehab of Existing Units	90	88
Number of households supported through Acquisition of Existing Units	2	0
Total	122	88

Table 12 – Number of Households Supported

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

The difference between goals and outcomes and problems encountered in meeting these goals is the linear questions and reporting limitations set by HUD through its IDIS reporting modules; beginning at the Five Year Consolidated Plan stage and running through the Annual Action Plans and subsequent Consolidated Annual Performance Evaluation Reports.

"Goals" are set with the lack of knowledge by entitlements as to availability of future funding in both the Five Year Consolidated Plan and individual Annual Action Plans, thus making any kind of "Predictions" five years into the future, by design, a measure of either true clairvoyance, mere happenstance or a clear miss as one takes a "Shot in the dark". Thus the prediction of goals will never be realized unless enormously lucky, skewed or severely limited at the very outset during the reporting series at the Five Year Consolidated Plan and thus carried through the individual Annual Action Plans and ultimately appearing as "Failure" or "Short comings" in the resulting Consolidated Annual Performance Report. (which ultimately allows the Federal Government to argue that performances are not what is expected and therefore budgets are reduced further.)

Discuss how these outcomes will impact future annual action plans.

As reporting is skewed by the difference of "imaginary predictions in relation to Five Year Plans and One-Year Goals" and the real life occurrence of reduced funding as applied to local housing through the continual rising cost of the local economy in relation to the construction industry, a conservative will limit the imagination of actually being able to accomplish affordable housing with an unknown and totally unreliable funding source as supplied through HUD by the Federal Government. Thus, goals will be significantly limited in the hopes that future goals will be closer and not give the public the perception that the "predicting entitlement" did not perform. In turn, this will eventually severely limit the Federal Government in using the perception that goals were not reached and therefore a state of non-performance is suggested and budgets reduced even more.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	21	8
Low-income	26	4
Moderate-income	29	0
Total	76	12

Table 13 – Number of Households Served

Narrative Information

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

- The City of Yakima continues to struggle with dwindling federal entitlement funds and uses the majority of its severely limited CDBG funds in assisting low to moderate income Senior/Disabled homeowners with emergency repairs in order to keep them in their homes and thus keeping this fragile populace from becoming displaced and adding to the Homeless situation. The City of Yakima continues to work with the Continuum of Care and the Conference of Government in assessing the numbers and needs of the unsheltered homeless.

Addressing the emergency shelter and transitional housing needs of homeless persons

The City of Yakima continues to work with the Conference of Governments and Transform Yakima Together with temporary emergency shelters to assist the homeless through severe weather conditions, while more permanent solutions are sought.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

The City continues to work with Community Housing Development Organizations in Multi-family unit projects that include set aside units that are specifically made available to qualified homeless individuals

and families.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The City continues to work with Community Housing Development Organizations in Multi-family unit projects that include set aside units that are specifically made available to qualified homeless individuals and families.

CR-30 - Public Housing 91.220(h); 91.320(j)

Actions taken to address the needs of public housing

The Yakima Housing Authority (YHA) offers affordable housing through a variety of programs. Each program is designed to meet the need of our community.

- Housing for families; YHA offers two housing programs for low income families. The first is the Family Housing/Low Rent Program which has 150 units at scattered sites across Yakima. Rent is determined based on family income.
- The Housing Choice Vouchers-Section 8 program; Eligible families will receive rental assistance and can rent from any landlord that accepts Section 8 vouchers. Unit size and maximum rent limits apply.
- Housing for the Homeless; YHA offers a Section 8 Voucher program specifically for Veterans who also qualify as homeless under the Veterans Affairs Supportive Housing Program (VASH).
- Housing for Farmworkers; YHA owns and manages 173 units throughout Yakima County which are set aside for Farmworkers and their families. Reduced rents and rental assistance may be available.
- Housing for the Elderly; YHA owns and manages a 38-unit apartment building in Yakima for the elderly. In order to qualify for the one-bedroom units, the individual and his or her spouse must be 62 or older.
- Housing for the Disabled; YHA offers a Section 8 Voucher Program specifically for Non-Elderly Disabled Individuals through the NED Voucher Program.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The Yakima Housing Authority encourages resident involvement with programs like the Resident Advisory Board (RAB). The (RAB) provides the YHA and residents with a forum for sharing information about the Agency's Annual Plan. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and in making any significant amendment or modification to the Plan. In addition, Yakima Housing Authority is an active participant in crime free rental housing which allows our residents to be a part of the local block watch and we participate every year, inviting our residents and local organizations, in the National Night Out.

The YHA also participates in the Yakima County Asset Building coalition and they are establishing a partnership with YV-CAN for the Union Gap and Yakima area. YHA is also in the process of collaboration with the AmeriCorps VISTA Educational Project with the goal of every eligible resident signing up for the college bound scholarship.

Lastly, YHA is administering the Family Self-Sufficiency (FSS) Program. This program enables families assisted through the HCV program to increase their earned income and reduce their dependency on welfare assistance and rental subsidies.

Actions taken to provide assistance to troubled PHAs

The Yakima Housing Authority is not designated as “Troubled”.

CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The Yakima City Council is an elected body chosen by the citizens of Yakima and as the governing body is able to direct the Yakima City Manager as to managing changes, negative or otherwise concerning public policies that serve as barriers to affordable housing within the cities control concerning land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations and policies affecting the return on residential investment.

Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

Due to the continued reduction of federal entitlements, the ability to take action to address ever growing obstacles to meet the need of underserved citizens continues to grow. The City of Yakima continues to assist its citizens to the best of it's ability as directed by the Yakima City Council as the elected and governing body representing the citizens of Yakima through the programs described throughout this document. The Cities Annual Action Plan and Five Year Consolidated Plan as approved by HUD.

Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The Office of Neighborhood Development Services addresses Lead-Based paint hazards as required and outlined by HUD within it's individual programs.

Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City of Yakima continues to stride to increase it's Economic Development avenues to increase available local jobs that pay reasonable living wages. The City continues to seek to establish new businesses as well as commercial manufacturing and agricultural opportunities to broaden the employment avenues available to it's poverty-level families.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

Institutional structure is expanded as needed and as funding allows.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

The City continues to partner with both public and private housing agencies, such as the Yakima Valley Habitat for Humanity, The Yakima Catholic Diocese Housing Services and the local Yakima Housing Authority to address affordable housing issues within the city limits of Yakima. The City also communicates with a large variety of social service agencies through several committees in which both City council member and/or staff attend.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

Any impediments identified by the City of Yakima are addressed on an individual basis and then addressed by either the individual city department with the expertise to do so, or assigned by the Yakima City Manager as directed by the elected governing body, the Yakima City Council.

CR-40 - Monitoring 91.220 and 91.230

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The City of Yakima's Office of Neighborhood Development Services is regularly monitored by both Region 10 HUD monitors and the Washington State Auditors Office as to program compliance and comprehensive planning requirements per mandated Federal HUD regulations. Both of these monitoring reports are available through HUD and the Washington State Auditors office through the "Public Disclosure Act".

Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

As outlined in the City of Yakima's adopted "Citizen Participation Plan", a Fifteen day written comment period is conducted as advertised in both the Yakima Herald newspaper and the El Sol newspaper, along with two public meetings which are advertised at least 15 days prior to the scheduled meetings that are held before the Yakima City Council and held in order to provide the public the opportunity to comment on the Consolidated Annual Performance Evaluation Report, as mandated by HUD. The City also posts the CAPER on the city's website so that it can be easily downloaded and reviewed.

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

Due to the limited Community Development Block Grant (CDBG) funds the City of Yakima has received in the past several years of significantly reduced allocations a number of long term worthwhile programs have been eliminated. The City of Ykaima continues to use the bulk of it's CDBG funds to assist to keep low to moderate Senior and/or Disabled homeowners in their homes and from becoming displaced and/or homeless due to the deterioration of their residences. Due to the limited funding and continued rising requests for assistance in these programs, the City is unable to assist in other areas of growing concern, such as expanding and assisting the homeless. It is the Cities objecting to continue to assist at risk elderly and disabled homeowners to remain in their homes and not become displaced and further add to the rising homeless numbers.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

- The City of Yakima's Office of Neighborhood Development Services has a number of HOME assisted projects that are on a revolving inspection schedule. In 2017 Summerset Apartments at 711 W. Walnut Street as a federally HOME- assisted property funded through the city of Yakima, Office of Neighborhood Development Services is still in the affordability period (2003 thru 2018). As per HOME rules a on-site Housing Quality Standards inspection of two units is required every three (3) years. Two units were inspected and passed inspection with no listed deficiencies.
- Rose of Mary located at 5301 Tieton Drive, had nine HOME assisted units inspected with no deficiencies listed. The affordability period for Rose of Mary is 2009 through 2029 with inspections scheduled every two (2) years.

Each unit is inspected using "Housing Quality Standards, Code Requirements and Deteriorated Paint Visual Assessment Inspection Checklists.

Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

The Following actions are taken by the City of Yakima to evaluate the success of its Affirmative Fair Housing Marketing Policy and that of its Grantees:

- The City of Yakima Assess the results of its affirmative Fair Housing Marketing Plan annually with a summary of "Good Faith efforts" taken by its Grantees in the CAPER.
- The City of Yakima assesses the information compiled in the manner described under Section V and Section VII above and evaluates the degree to which statutory and policy objectives were met. If the required steps were taken, the City of Ykaima will determine that good faith efforts

have, in fact, been made.

- To determine results, the city may examine whether specific groups in the city's service area applied for or own HOME-or-CHDO-funded units that were affirmatively marketed. If the city finds that specific groups are represented, particularly Hispanics, African Americans, Asians, American Indians, persons with disabilities, and women, the City will assume that the Marketing plan procedures were effective. If one or more groups are not represented within the context of existing neighborhood composition, the City will review its procedures to determine what changes, if any, might be made to make the affirmative marketing efforts more effective.
- The City of Yakima will take corrective action if it is determined that a Grantee has failed to carry out Affirmative Marketing efforts as required. If a Grantee continues to neglect responsibilities made incumbent by the terms of the HOME or CHDO Agreement, the City will consider taking action to rectify the problem with the Grantee.

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics;

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

The City of Yakima partnered with the Yakima Housing Authority to rehabilitate ten (10) units of existing affordable multi-family housing. This partnership included the city's portion of HOME Investment program income in the amount of \$364,000 and resulted in assisting the following units and families with the following statistical make-up.

Unit 1

- Bedrooms – 4
- Median Income – 38%
- Hispanic/Latino
- Family Size - 7
- Family Type – 2 parent household

Unit 2

- Bedrooms – 5
- Median Income – 45%
- Hispanic/Latino
- Family Size - 6

- Family Type – 2 parent household

Unit 3

- Bedrooms – 3
- Median Income – 10%
- Hispanic/Latino
- Family Size – 7
- Family Type – 1 parent household

Unit 4

- Bedrooms – 2
- Median Income – 58%
- Hispanic/Latino
- Family Size – 3
- Family Type – 1 parent household

Unit 5

- Bedrooms – 2
- Median Income – 29%
- Hispanic/Latino
- Family Size – 4
- Family Type – 2 parent household

Unit 6

- Bedrooms – 2
- Median Income – 62%
- Hispanic/Latino
- Family Size - 4

- Family Type – 2 parent household

Unit 7

- Bedrooms – 2
- Median Income – 77%
- Hispanic/Latino
- Family Size - 4
- Family Type – 2 parent household

Unit 8

- Bedrooms – 3
- Median Income – 79%
- Hispanic/Latino
- Family Size – 5
- Family Type – 2 parent household

Unit 9

- Bedrooms – 2
- Median Income – 65%
- Family Size – 4
- Family Type – 2 parent household

Unit 10

- Bedrooms – 3
- Median Income – 28%
- Hispanic/Latino
- Family Size – 1
- Family Type – single non-elderly

Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)

The City of Yakima continues to work with the local Yakima Housing Authority, as well as qualified Community Housing Development Organizations (CHDO) in reviewing affordable housing needs in Yakima. The City of Yakima Partners with qualified CHDO's to construct affordable housing and sets aside the HUD required 15% of it's HOME entitlement for that endeavor, yet every year the need increases as does the amount of the cities monetary participation oftentimes far exceeding the 15% . Although HOME entitlement funds continue to shrink as the Federal Regulation of the program expands and administration costs associated with meeting those federal regulations continues to expand and grow.

Attachment

2017 HOME Match Report

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OLRB Approval No. 2506-0171
(exp. 12/31/2012)

1. Participant No. (assigned by HUD)	2. Name of the Participating Jurisdiction
M414-JAC530202	

M11-MC530203

CITY OF YAKIMA

112 S 8TH STREET

6. City

YAKIMA

7. Stahl
VVA8. Zip Code
98801

Part II Fiscal Year Summary

1. Excess match from prior Federal fiscal year

2. Match contributed during current Federal fiscal year (see Part III.S.)

3. Total match available for current Federal fiscal year (line 1 + line 2)

4. Match liability for current Federal fiscal year

5. Excess match carried over to next Federal fiscal year (line 3 minus line 4)

Part III Match Contribution for the Federal Fiscal Year

[illegible]

STUDY ID	CONTRIBUTION
(mm/dd/yyyy)	

Non-Federal Sources

4. Foreign Taxes,
Fees, Charges5. Appraised
Land / Real Property

6. Required Infrastructure

Construction Materials
Donated labor

8. Bond Financing

9. Total Match

page 1 of 4 pages

Form HUD-40107-A (12/94)

Form HUD-40107-A (12/94)

Public reporting burden for this collection of information is estimated to average 46 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Instructions for the HOME Match Report

Applicability:

The HOME Match Report is part of the HOME APR, and must be filled out by every participating jurisdiction that incurred a match liability. Match liability occurs when FY 1993 funds (or subsequent year funds) are drawn down from the U.S. Treasury for HOME projects. A Participating Jurisdiction (PJ) may start counting match contributions as of the beginning of Federal Fiscal Year 1993 (October 1, 1992). A jurisdiction not required to submit this report, either because it did not incur any match or because it had a full match reduction, may submit a HOME Match Report if it wishes. The match would count as excess match that is carried over to subsequent years. The match reported on this form must have been contributed during the reporting period (between October 1 and September 30).

Timing:

This form is to be submitted as part of the HOME APR on or before December 31. The original is sent to the HUD Field Office. One copy is sent to the

Office of Affordable Housing Programs, CGHF
Room 7176, HUD, 451 7th Street, S.W.
Washington, D.C. 20410.

The participating jurisdiction also keeps a copy.

Instructions for Part III:

1. **Excess match from prior Federal fiscal year:** Excess match carried over from prior Federal fiscal year.
2. **Match contributed during current Federal fiscal year:** The total amount of match contributions for all projects listed under Part III in column 9 for the Federal fiscal year.

3. **Total match available for current Federal fiscal year:** The sum of excess match carried over from the prior Federal fiscal year (Part II, line 1) and the total match contribution for the current Federal fiscal year (Part II, line 2). This sum is the total match available for the Federal fiscal year.
4. **Match liability for current Federal fiscal year:** The amount of match liability is available from HUD and is provided periodically to PJs. The match must be provided in the current year. The amount of match that must be provided is based on the amount of HOME funds drawn from the U.S. Treasury for HOME projects. The amount of match required equals 25% of the amount drawn down for HOME projects during the Federal fiscal year. Excess match may be carried over and used to meet match liability for subsequent years (see Part II line 5). Funds drawn down for administrative costs, CHDO operating expenses, and CHDO capacity building do not have to be matched. Funds drawn down for CHDO seed money and/or technical assistance loans do not have to be matched if the project does not go forward. A jurisdiction is allowed to get a partial reduction (50%) of match if it meets one of two statutory distress criteria, indicating "fiscal distress," or else a full reduction (100%) of match if it meets both criteria, indicating "severe fiscal distress."

The two criteria are poverty rate (must be equal to or greater than 125% of the average national family poverty rate to qualify for a reduction) and per capita income (must be less than 75% of the national average per capita income to qualify for a reduction). In addition, a jurisdiction can get a full reduction if it is declared a disaster area under the Robert T. Stafford Disaster Relief and Emergency Act.

5. **Excess match carried over to next Federal fiscal year:** The total match available for the current Federal fiscal year (Part II, line 3) minus the match liability for the current Federal fiscal year (Part II, line 4). Excess match may be carried over and applied to future HOME project match liability.

Instructions for Part III:

1. **Project No. or Other ID:** "Project number" is assigned by the C/M System when the PJ makes a project setup call. These projects involve at least some Treasury funds. If the HOME project does not involve Treasury funds, it must be identified with "Other ID" as follows: the fiscal year (last two digits only), followed by a number (starting from "01" for the first non-Treasury-funded project of the fiscal year), and then at least one of the following abbreviations: "SF" for project using shortfall funds, "PJ" for projects using program income, and "NON" for non-HOME-assisted affordable housing. Example: 93.01.SF, 93.02.PJ, 93.03.NON, etc.

Shortfall funds are non-HOME funds used to make up the difference between the participation threshold and the amount of HOME funds allocated to the PJ; the participation threshold requirement applies only in the PJ's first year of eligibility. [§92.102]

Program income (also called "repayment income") is any return on the investment of HOME funds. This income must be deposited in the jurisdiction's HOME account to be used for HOME projects. [§92.503(b)]

Non-HOME-assisted affordable housing is investment in housing not assisted by HOME funds that would qualify as "affordable housing" under the HOME Program definitions. "NON" funds must be contributed to a specific project; it is not sufficient to make a contribution to an entity engaged in developing affordable housing. [§92.219(b)]

2. **Date of Contribution:** Enter the date of contribution. Multiple entries may be made on a single line as long as the contributions were made during the current fiscal year. In such cases, if the contributions were made at different dates during the year, enter the date of the last contribution.

3. **Cash:** Cash contributions from non-Federal resources. This means the funds are contributed permanently to the HOME Program regardless of the form of investment; the jurisdiction provides to a project. Therefore all repayment, interest, or other return on investment of the contribution must be deposited in the PI's HOME account to be used for HOME projects. The PI, non-Federal public entities (State/local governments), private entities, and individuals can make contributions. The grant equivalent of a below-market interest rate loan to the project is eligible when the loan is not repayable to the PI's HOME account. [§92.220(a)(1)] In addition, a cash contribution can count as match if it is used for eligible costs defined under §92.206 (except administrative costs and CHDO operating expenses) or under §92.209, or for the following non-eligible costs: the value of non-Federal funds used to remove and relocate BCHO units to accommodate eligible tenants; a project reserve account for replacements; a project reserve account for anticipated increases in operating costs, operating subsidies, or costs relating to the portion of a mixed-income or mixed-use project not related to the affordable housing units. [§92.219(c)]

4. **Forgone Taxes, Fees, Charges:** Taxes, fees, and charges that are normally and customarily charged but have been waived, forgone, or deferred in a manner that achieves affordability of the HOME-assisted housing. This includes State tax credits for low-income housing development. The amount of real estate taxes may be based on the

post-improvement property value. For those taxes, fees, or charges given for future years, the value is the present discounted cash value. [§92.220(a)(2)]

5. **Appraised Land/Real Property:** The appraised value, before the HOME assistance is provided and minus any debt burden, lien, or other encumbrance, of land or other real property, not acquired with Federal resources. The appraisal must be made by an independent, certified appraiser. [§92.220(a)(3)]

6. **Required Infrastructure:** The cost of investment, not made with Federal resources, in on-site and off-site infrastructure directly required for HOME-assisted affordable housing. The infrastructure must have been completed no earlier than 12 months before HOME funds were committed. [§92.220(a)(4)]

7. **Site preparation, Construction materials, Donated labor:** The reasonable value of any site-preparation and construction materials, not acquired with Federal resources, and any donated or voluntary labor (see §92.254(b)) in connection with the site-preparation for, or construction or rehabilitation of, affordable housing. The value of site-preparation and construction materials is determined in accordance with the PI's cost estimate procedures. The value of donated or voluntary labor is determined by a single rate ("labor rate") to be published annually in the Notice Of Funding Availability (NOFA) for the HOME Program. [§92.220(b)]

8. **Bond Financing:** Multifamily and single-family project bond financing must be validly issued by a State or local government (or an agency, instrumentality, or political subdivision thereof). 50% of a loan from bond proceeds made to a multifamily affordable housing project owner can count as match. 25% of a loan from bond proceeds made to a single-family affordable housing project owner can count as match. Loans from all bond proceeds, including excess bond match from prior years, may not exceed 25% of a PI's total annual match contribution. [§92.220(a)(5)] The amount in excess of the 25% cap for bonds may carry over, and the excess will count as part of the statutory limit of up to 25% per year. Requirements regarding

bond financing as an eligible source of match will be available upon publication of the implementing regulation early in FY 1994.

9. **Total Match:** Total of items 3 through 8. This is the total match contribution for each project identified in item 1.

Invalid forms of match include:

1. Contributions made with or derived from Federal resources e.g. CDBG funds. [§92.220(b)(1)]
2. Interest rate subsidy attributable to the Federal tax-exemption on financing or the value attributable to Federal tax credits. [§92.220(b)(2)]
3. Contributions from builders, contractors or investors, including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]
4. Sweat equity. [§92.220(b)(4)]
5. Contributions from applicants/recipients of HOME assistance. [§92.220(b)(5)]
6. Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects. [§92.220(a)(2)]
7. Administrative costs

31

CAPER

Volunteer Job
608 S Naches Ave

Edit Delete Clone

RELATED DETAILS

Volunteer Job Name
608 S Naches Ave

Number of Shifts
90

Record Type
Construction Job

Number of Volunteers
340

Campaign
[Construction Volunteers](#)

of Volunteers Still Needed
587

Display on Website

Number of Completed Hours
2,503.00

Ages Permitted
16 & up

Volunteer Website Time Zone
America/Los_Angeles

Job URL
[Link \(http://www.yekimahabitat.org/volunteer-listings?jobid=a050H00000Kst-K0g\)](http://www.yekimahabitat.org/volunteer-listings?jobid=a050H00000Kst-K0g)

Description
We build Wed-Sat 8-4 pm.
No experience needed, just a willing attitude and eagerness to learn!
75% of volunteers build out homes to enable our Partner Families with a no or low-interest loan.
Thank you for helping to build homes, relationships, and a better community.
If you have any questions or would like to schedule a group of 4 or more people email Niklas Barde MacNamora at nbarde@yekimahabitat.org (<mailto:nbarde@yekimahabitat.org>) or call 509-453-8077.
Thank you so much
Bruce Hunter
Project Manager
208-661-0982

Location

Location Information
From S 1st Street go east on E Beech Street and proceed down past 4th Street to Naches Ave. Turn South on Naches Ave Property is on the east side of Naches street.

Location Street
608 S Naches Ave

Location City

ACTIVITY

Activity Timeline Expand All

Next Steps More Steps

No next steps. To get things moving, add a task or set up a meeting.

Past Activity

No past activity. Past meetings and tasks marked as done show up here.

More Past Activity

<https://na46.lightning.force.com/one/one.app#/sObject/a050H00000Kst-K0g/UAF/view>

2/1/2018

505 East R Street | Salesforce



Search Volunteer Jobs and more...



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Campaigns

Recurring Donations

Volunteer Job
505 East R Street

Edit Delete Clone

RELATED

DETAILS

Volunteer Job Name

505 East R Street

Number of Shifts

81

Record Type

Construction Job

Number of Volunteers

241

Campaign

[Construction Volunteers](#)

of Volunteers Still Needed

362

Display on Website

Number of Completed Hours

1,686.25

Ages Permitted

16 & up

Volunteer Website Time Zone

America/Los_Angeles

Job URL

[Link \(http://www.yakimahabitat.org/volunteer-listings?jobid=a0S0H00000KWB2xU\)](http://www.yakimahabitat.org/volunteer-listings?jobid=a0S0H00000KWB2xU)

Description

We Build TUE-FRI 8:00 - 3:00 pm in the city of Yakima
Site Supervisor is David Reader 509-654-2624
Please arrive 5 minutes early to check in and be ready for the safety meeting.
No experience necessary, just need a willing heart and an eagerness to learn!
Our homes are built 85% by volunteers to minimize cost to our homeowners. Your time with us is a huge contribution to the families, neighborhoods, and communities we build in.
If you would like to schedule a group of 4 or more people email Niklas Barde MacNamara at nbarde@yakimahabitat.org or call 509-453-8077.
Thank you so much for your help.

David Reader

Site Supervisor

509-833-8486

Location

Location Information

Location Street

505 East R Street

Location City

ACTIVITY

Activity Timeline

Expand All

Next Steps

More Steps

No next steps. To get things moving, add a task or set up a meeting.

Past Activity

No past activity. Past meetings and tasks marked as done show up here.

More Past Activity

<https://na16.lightning.force.com/one/one.app#?sObject=s0S0H00000KWB2xUAH/view>

1/2

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2017 HOME Performance Report



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 1/11/2018
Time: 10:00 PM
Realtor: Sylvia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 110, 206, 209, 210, 211, 307, 310, 309 & 314 (1 Bedroom) _____

PROPERTY ADDRESS: 5401 W. Walnut, Rose of Mary

PROPERTY AGE: 10 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

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2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	X	

INSPECTOR SIGNATURE

1/11/2018

DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:

City of Yakima
Office of Neighborhood Development Services

Project Compliance Report: Rental Housing

PROJECT: Rose of Mary
ADDRESS: 5401 TIETON DRIVE

Date: 12/7/17

NO. OF UNITS: 40 NO. OF HOME UNITS: 9 REPORTING PERIOD: JANUARY 2017 TO DECEMBER 2017

Unit No.	Tenant Name	# Persons	# of Bedrooms	Date of Last Income Cert.	Rent Allowance	Utility Allowance	Max Rent	Monthly Unit Rent	Tenant's Annual Gross Income	Compliance Y/N?	Unit Status (P Only)
110	Reeder, S	1	1	10/1/17	\$205	\$30	\$628	\$123	\$12,876	Y	Y
206	Alvord, M	1	1	3/1/17	\$244	\$30	\$628	\$194	\$13,056	Y	Y
209	Cummins, M	1	1	9/1/17	\$229	\$30	\$628	\$199	\$17,178	Y	Y
210	Wells, S	1	1	11/1/17	\$187	\$30	\$628	\$241	\$9,068	Y	Y
211	Boyle, T	1	1	8/26/17	\$319	\$30	\$628	\$19	\$16,385	Y	Y
307	St. George, M	1	1	10/1/17	\$243	\$30	\$628	\$145	\$18,392	Y	Y
309	Payne, D	1	1	4/1/17	\$310	\$30	\$628	\$118	\$18,198	Y	Y
310	Hagarty, L	1	1	3/1/17	\$293	\$30	\$628	\$155	\$19,652	Y	Y
314	Olse, U	1	1	2/1/17	\$193	\$30	\$628	\$235	\$9,300	Y	Y
315	Pelton, J	1	1	9/1/17	\$361	\$30	\$628	\$107	\$16,036	Y	Y

Project Representative: B. Sorensen

Date: 12/7/17

ONDS Reviewer: [Signature]

Date: 12/18/17

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner		NOT for submission to the Federal Government Lender's Official Record of Certification OMB Approval Number 2502-0204	
Section A - Acknowledgments Read this before you complete and sign this form HUD-50059. Public Reporting Burden. The reporting burden for this collection of information is estimated to average 56 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to make the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, will use and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory, not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.			
Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et seq.), the Housing and Urban-Rural Recovery Act of 1983 (PL 98-18), the Housing and Community Development Technical Amendments of 1984 (PL 98-479), and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).			
Tenant(s) Certification. - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.			
Owner's Certification. - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.			
Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.			
False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim, or who knowingly makes, or causes to be used, a false record or statement, or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.			
Certification Summary from Page 2			
Name of Project ROSE OF MARY TERRACE	Effective Date 10/1/2017	Certification Type Annual Recertification	Anticipated Weather Date 10/01/2017
Head of Household Sandra Reese	Total Tenant Payment 235	Assistance Payment 223	Tenand Rent 206
Unit Number 110 (110)	Evaluating Circumstances Code		
Tenant Signatures			
Head of Household Sandra Reese	Date 8-24-17	Other Adult Date	Date
Spouse / Co-Head	Date	Other Adult Date	Date
Other Adult	Date	Other Adult Date	Date
Other Adult	Date	Other Adult Date	Date
Other Adult	Date	Other Adult Date	Date
Other Adult	Date	Other Adult Date	Date
Other Adult	Date	Other Adult Date	Date
Owner/Agent Signature			
Owner/Agent Dyane B. B. B.	Date 8-29-17	Date	

Form HUD-50059 (02/2014)
HB 0360.3 Rev. 1

Page 1 of 2

Previous version of this form are obsolete.
This form also replaces HUD-50059-D, E, F, & G.

Previous versions of this form

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner		NOT for submission to the Federal Government Lender's Official Record of Certification OMB Approval Number 2502-0204	
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Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-470); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).			
Tenant(s) Certification: - I/we certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. We understand that we can be fined up to \$10,000, or imprisoned up to five years, or both the subsidy HUD pays and have my/our rent increased, if we furnish false or incomplete information.			
Owner's Certification: - I certify that the Tenant's eligibility, rent and assistance payments have been completed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.			
Warning to Owners and Tenants: By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.			
False Claim Statement: Violating U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim or who knowingly makes, or causes to be used, a false record or statement, or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.			
Certification Summary from Page 2			
Name of Project	Effective Date	Certification Type	Anticipated Voucher Date
HOUSE OF MARY TERRACE	03/07/2017	Annual Recertification	04/1/2017
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent
Maria A. Abing	274	154	244
Unit Number	Estimating Circumstances Code		
204 (228)			
Tenant Signatures			
Head of Household	Date: 3-10-17	Other Adult	Date:
Maria A. Abing	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Owner/Agent Signature			
Owner/Agent	Date:	Date: 3-10-17	
Maria A. Abing			

Previous versions of this form are obsolete.
 This form also replaces HUD-50059-D, E, F, & G.

Page 1 of 2

form HUD-50059 (06/2014)
 HB 4350.3 Rev 1

Previous versions of this form are obsolete.
This form also replaces HUD-5059-D-E-F & -G

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures	U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner	NOT for submission to the Federal Government Lender's Official Record of Certification HUD Approval Number: 2506-0204																													
<p>Section A - Acknowledgements</p> <p>Read this before you complete and sign this form HUD-50069. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory, not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.</p> <p>Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).</p> <p>Tenant(s) Certification. - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or both the HUD pays and have my/our rent increased if I/we furnish false or incomplete information.</p> <p>Owner's Certification. - I certify that this tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.</p> <p>Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.</p> <p>False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement, or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.</p>																															
<p align="center">Certification Summary from Page 2</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name of Project ROSE OF MARY TERRACE</td> <td>Effective Date 09/01/2017</td> <td>Certification Type Annual Recertification</td> <td>Anticipated Voucher Date 09/01/2017</td> </tr> <tr> <td>Head of Household Minnie Cummings</td> <td>Total Tenant Payment 236</td> <td>Assistance Payment 169</td> <td>Tenant Rent 236</td> </tr> <tr> <td>Unit Number 209 / 201</td> <td colspan="3">Excluding Circumstance Code</td> </tr> </table>			Name of Project ROSE OF MARY TERRACE	Effective Date 09/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 09/01/2017	Head of Household Minnie Cummings	Total Tenant Payment 236	Assistance Payment 169	Tenant Rent 236	Unit Number 209 / 201	Excluding Circumstance Code																			
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Owner/Agent Signature	Date																														

Previous versions of this form are obsolete.
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Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures		U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner		For Persons Records ONLY - not for Submission to the Federal Government Record for Landlords												
Section A. - Summary Information																
1. Project Name	ROSE OF MARY TERRACE															
2. Subsidy Type	Section 202 PRAC	12. Effective Date	09/01/2017	21. Unit Number	209 (209)											
3. Secondary Subsidy Type		13. Anticipated Voucher Date	09/01/2017	22. No. of Beds/Rooms	1											
4. Property ID		14. Next Reassessment Date	09/01/2018	23. Building ID												
5. Project Number	171 BE028	15. Project Move-In Date	09/04/2018	24. Unit Transfer Code												
6. Contract Number	VAH18/051001	16. Certification Type	Annual Recertification	25. Previous Unit No.												
7. Project NAME ID	TRACW00055	17. Action Processed		26. Security Deposit	285											
8. Plan of Action Code		18. Correction Type		27. 209 Basis/MIR Rent	0											
9. HUD Owned Project?		19. BIR Indicator		28. Market Rent	4218											
10. Previous Housing Code		20. Prev. Subsidy Type		29. Contract Fund	30											
11. Displacement Status Code				30. UBR/Alternative	488											
				31. Gross Rent												
				32. TTP INRAD Conversion	0											
Section C. Household Information																
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Social Sec. Status	43. SSN	44. SSN Excp Code	45. SSN Excp Code	46. SSN Excp Code	47. SSN Excp Code	48. SSN Excp Code	49. SSN Excp Code
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Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures	U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner	NOT for submission to the Federal Government Lender's Office Record of Certification OMB Approval Number 2502-0204
Section A - Acknowledgments Read this before you complete and sign this form HUD-60088		
<p>Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer matching agreement (CMA) between the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.716, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.716, is mandatory not providing the SSNs will effect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.</p>		
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Certification Summary from Page 2			
Name of Project ROSE OF MARY TUBBOGE	Effective Date 11/01/2017	Certification Type Annual Recertification	Assigned Voucher Date 11/01/2017
Household Sarah Wells	Total Tenant Payment 217	Assistance Payment 251	Tenant Rent 167
Unit Number 210 (210)	Excluding Circumstance Code		

Tenant Signatures	
Head of Household <i>Sarah Wells</i> Spouse / Co-Head	Date: <i>9-14-17</i> Other Adult Other Adult Other Adult Other Adult Other Adult Other Adult
Other Adult	Date: _____
Other Adult	Date: _____
Other Adult	Date: _____
Other Adult	Date: _____
Other Adult	Date: _____
Other Adult	Date: _____
Other Adult	Date: _____

Owner/Agent Signature	
Owner/Agent <i>Sylvia Ruiz</i>	Date: <i>9-14-17</i>

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures										U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner										For Personal Records ONLY - Not for Submission to the Federal Government Record for Landlords																																																																																																																																																																																																							
Section B - Summary Information										Section C - Household Information										Section D - Income Information										Section E - Asset Information										Section F - Allowances & Rent Calculations																																																																																																																																																																																			
1. Project Name: ROSE OF MARY TERRACE										2. Subsidy Type: Section 202 PROCD										3. Section 202 Project ID: 11012017 21 Unit Number: 2710 2100										4. Project ID: 11012017 22 No. of Bedrooms: 1										5. Project ID: 11012017 23 Building ID: 1										6. Project ID: 11012017 24 Unit Number: 2710 2100										7. Project ID: 11012017 25 Previous Unit No.:										8. Project ID: 11012017 26 Security Deposit: 1500										9. Project ID: 11012017 27 20% Rent/Market Rent: 0										10. Project ID: 11012017 28 Market Rent: 4200										11. Project ID: 11012017 29 Utility Allowance: 300										12. Project ID: 11012017 30 Gross Rent: 4500										13. Project ID: 11012017 31 TTP at RAO Conversion: 0																																																																																																			
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32. No. 33. Last Name: Smith										34. First Name: Sarah										35. DOB: 01/01/1980										36. Sex: F										37. Race: E4										38. SSN: 123-45-6789										39. SSN: 123-45-6789										40. SSN: 123-45-6789										41. SSN: 123-45-6789										42. SSN: 123-45-6789										43. SSN: 123-45-6789										44. SSN: 123-45-6789										45. SSN: 123-45-6789										46. SSN: 123-45-6789										47. SSN: 123-45-6789										48. SSN: 123-45-6789										49. SSN: 123-45-6789																																																											
50. Family has Mobility Disability?										51. Family has Hearing Disability?										52. Family has Visual Disability?										53. Number of Family Members: 1										54. Number of Non-Family Members: 0										55. Number of Dependents: 0										56. Number of Children: 0										57. Expected Family Addition - Adoption: 0										58. Expected Family Addition - Pregnancy: 0										59. Expected Family Addition - Foster Child: 0										60. Expected Family Addition - Other: 0																																																																																																																							
61. Previous Head of Household: 0										62. Previous Head of Household: 0										63. Active Full Cert. Expiration Date: 0										64. Previous Head ID: 0										65. Previous Head ID: 0										66. Previous Head ID: 0										67. Previous Head ID: 0										68. Previous Head ID: 0										69. Previous Head ID: 0										70. Previous Head ID: 0										71. Previous Head ID: 0										72. Previous Head ID: 0										73. Previous Head ID: 0										74. Previous Head ID: 0										75. Previous Head ID: 0										76. Previous Head ID: 0										77. Previous Head ID: 0										78. Previous Head ID: 0										79. Previous Head ID: 0										80. Previous Head ID: 0																													
81. Total Annual Income: 0										82. Total Annual Income: 0										83. Total Annual Income: 0										84. Total Annual Income: 0										85. Total Annual Income: 0										86. Total Annual Income: 0										87. Total Annual Income: 0										88. Total Annual Income: 0										89. Total Annual Income: 0										90. Total Annual Income: 0										91. Total Annual Income: 0										92. Total Annual Income: 0										93. Total Annual Income: 0										94. Total Annual Income: 0										95. Total Annual Income: 0										96. Total Annual Income: 0										97. Total Annual Income: 0										98. Total Annual Income: 0										99. Total Annual Income: 0										100. Total Annual Income: 0																													
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Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures	U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner	NOI for submission to the Federal Government Landmark Official Record of Certification OMB Approval Number 2506-0004
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Certification Summary from Page 2		
Name of Project ROSE OF MARY TERRACE Head of Household Theresa O'Brien Unit Number 321 (211)	Effective Date 08/20/2017 Total Tenant Payment 375 Assistance Payment 75 Tenant Rent 345 Estimated Circumstances Code	Anticipated Voucher Date 10/01/2017 Tenant Rent 345
Tenant Signatures		
Head of Household <i>Theresa O'Brien</i> Spouse / Co-Head	Date: 8-26-17 Date:	Date:
Other Adult	Date:	Date:
Other Adult	Date:	Date:
Other Adult	Date:	Date:
Other Adult	Date:	Date:
Other Adult	Date:	Date:
Owner/Agent Signature Date: 8-26-17		

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval Number 2502-0204

Section A - Acknowledgements

Public Reporting Burden. Read this before you complete and sign this form HUD-50059. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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Certification Summary from Page 2

Name of Project ROSE OF MARY TERRACE	Effective Date 10/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 10/01/2017
Head of Household Margaret St George	Total Tenant Payment 313	Assistance Payment 145	Tenant Rent 283
Unit Number 307 (307)	Extenuating Circumstances Code		

Tenant Signatures

Head of Household <i>Margaret St George</i>	Date: 9-8-17	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

Owner/Agent Signature

Owner/Agent <i>Sylvia Reichs</i>	Date 9-8-17
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

For Personal Records ONLY - not for
Submission to the Federal Government
Record for Landlords

Section B. - Summary Information																
1. Project Name ROSE OF MARY TERRACE				12. Effective Date 10/01/2017				21. Unit Number 307 (307)								
2. Subsidy Type Section 202 PRAC				13. Anticipated Voucher Date 10/01/2017				22. No. of Bedrooms 1								
3. Secondary Subsidy Type				14. Next Recertification Date 10/01/2018				23. Building ID								
4. Property ID				15. Project Move-In Date 10/07/2011				24. Unit Transfer Code								
5. Project Number 171EE023				16. Certification Type Annual Recertification				25. Previous Unit No.								
6. Contract Number WA19S051004				17. Action Processed				26. Security Deposit 432								
7. Project IMAX ID TRACN08055				18. Correction Type				27. 230 Basic/BMIR Rent 0								
8. Plan of Action Code				19. EIV Indicator				28. Market Rent								
9. HUD-Owned Project?				20. Prev. Subsidy Type				29. Contract Rent 428								
10. Previous Housing Code								30. Utility Allowance 30								
11. Displacement Status Code								31. Gross Rent 458								
								32. TTP at RAD Conversion 0								
Section C. Household Information																
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Student Stat.	44. ID Code (SSN)	45. SSN Excp	46. Czrn Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	St George	Margaret	I	H-Head	F	W	2	02/12/1926	EH		502199053		EC		91	
02																
03																
04																
05																
06																
07																
08																
50. Family has Mobility Disability?				N				53. Number of Family Members 1				57. Expected Family Addition - Adoption 0				
51. Family has Hearing Disability?				N				54. Number of Non-Family Members 0				58. Expected Family Addition - Pregnancy 0				
52. Family has Visual Disability?				N				55. Number of Dependents 0				59. Expected Family Addition - Foster Children 0				
56. Number of Eligible Members 1																
60. Previous Head Last Name								63. Active Full Cert. Effective Date								
61. Previous Head First Name								64. Previous Head ID								
62. Previous Head Middle Initial								65. Previous Head Birth Date								
Section D. Income Information				Section E. Asset Information												
66. Mar. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	70. Mar. No.	71. Description	72. Status	73. Cash Value	74. Actual Yearly Income	75. Date Divested							
01	Social Security Pensions	17,172	1,156	01	Life Insurance - Arms	C	7,051	0								
				01	Checking - Solarity	C	3,240	0								
				01	Savings - Solarity C	C	25	0								
				01	Money Market - Solar	C	96,028	48								
70. Total Employment Income 0				81. Total Cash Value of Assets 108,344												
71. Total Pension Income 18,328				82. Actual Income from Assets 48												
72. Total Public Assistance Income 0				83. HUD Passbook Rate 0.0005												
73. Total Other Income 0				84. Imputed Income from Assets 64												
74. Total Non-Asset Income 18,328				85. Asset Income 64												
Section F. Allowances & Rent Calculations																
86. Total Annual Income 18,328		97. Deduction for Dependents 0		108. Total Tenant Payment 313												
87. Low Income Limit 33,250		98. Child Care Expense (work) 0		109. TTP Before Override												
88. Very Low Income Limit 20,800		99. Child Care Expense (school) 0		110. Tenant Rent 283												
89. Extremely Low Income Limit		100. 3% of Income 552		111. Utility Reimbursement 0												
90. Current Income Status		101. Disability Expense 0		112. Assistance Payment 145												
91. Eligibility Universe Code		102. Disability Deduction 0		113. Welfare Rent 0												
92. Sec. 8 Assist. 1984 Indicator		103. Medical Expense 6,023		114. Rent Override												
93. Income Exception Code		104. Medical Deduction 5,471		115. Hardship Exemption												
94. Police/Security Tenant?		105. Elderly Family Deduction 400		116. Waiver Type Code												
95. Survivor of Qualifier?		106. Total Deductions 5,871		117. Eligibility Check Not Required N												
96. Household Citizenship Eligibility N		107. Adjusted Annual Income 12,521		118. Exonerating Circumstances Code												

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

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and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval Number 2502-0204

Section A - Acknowledgements

Public Reporting Burden. Read this before you complete and sign this form HUD-50059. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/we certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project ROSE OF MARY TERRACE	Effective Date 04/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 04/01/2017
Head of Household Doreen Payne	Total Tenant Payment 340	Assistance Payment 118	Tenant Rent 310
Unit Number 309 (309)	Extenuating Circumstances Code		

Tenant Signatures

Head of Household <i>Doreen Payne</i>	Date: 2/23/17	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

Owner/Agent Signature

Owner/Agent <i>Sylvia Richs</i>	Date 2-23-17
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D,-E,-F, & -G.

Page 1 of 2

form HUD-50059 (06/2014)
HB 4350.3 Rev 1

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And Urban Development**
Office of Housing
Federal Housing Commissioner

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Section B. - Summary Information																
1. Project Name ROSE OF MARY TERRACE				12. Effective Date 04/01/2017				21. Unit Number 309 (309)								
2. Subsidy Type Section 202 PRAC				13. Anticipated Voucher Date 04/01/2017				22. No. of Bedrooms 1								
3. Secondary Subsidy Type				14. Next Recertification Date 04/01/2018				23. Building ID								
4. Property ID				15. Project Move-In Date 04/08/2016				24. Unit Transfer Code								
5. Project Number 171EE023				16. Certification Type Annual Recertification				25. Previous Unit No.								
6. Contract Number WA19S051004				17. Action Processed				26. Security Deposit 354								
7. Project MAX ID TRACM08055				18. Correction Type				27. 236 Basic/BMR Rent 0								
8. Plan of Action Code				19. EIV Indicator				28. Market Rent								
9. HUD-Owned Project?				20. Prev. Subsidy Type				29. Contract Rent 428								
10. Previous Housing Code								30. Utility Allowance 30								
11. Displacement Status Code								31. Gross Rent 458								
								32. TTP at RAD Conversion								
Section C. Household Information																
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Strnt Stat.	44. ID Code (SSN)	45. SSN Excp Code	46. Ctrn Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	Payne	Doreen	L	H-Head	F	W	2	06/07/1945	E		631440371		EC		71	
02																
03																
04																
05																
06																
07																
08																
50. Family has Mobility Disability?				N				53. Number of Family Members 1				57. Expected Family Addition - Adoption 0				
51. Family has Hearing Disability?				N				54. Number of Non-Family Members 0				58. Expected Family Addition - Pregnancy 0				
52. Family has Visual Disability?				N				55. Number of Dependents 0				59. Expected Family Addition - Foster Child/en 0				
56. Number of Eligible Members 1																
60. Previous Head Last Name								63. Active Full Cert. Effective Date								
61. Previous Head First Name								64. Previous Head ID								
62. Previous Head Middle Initial								65. Previous Head Birth Date								
Section D. Income Information												Section E. Asset Information				
66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	70. Mbr. No.	71. Description	72. Status	73. Cash Value	74. Actual Yearly Income	75. Date Divested							
01	Social Security	18,084		01	Checking - Columbia	C	813	0								
				01	Annuity - Waddell an	C	6,093	114								
70. Total Employment Income 0				81. Total Cash Value of Assets 6,906												
71. Total Pension Income 18,084				82. Actual Income from Assets 114												
72. Total Public Assistance Income 0				83. HUD Passbook Rate 0.0006												
73. Total Other Income 0				84. Imputed Income from Assets 4												
74. Total Non-Asset Income 18,084				85. Asset Income 114												
Section F. Allowances & Rent Calculations																
86. Total Annual Income 18,198				97. Deduction for Dependents 0				106. Total Tenant Payment 340								
87. Low Income Limit 81,150				98. Child Care Expense(work) 0				107. TTP Before Override								
88. Very Low Income Limit 16,500				99. Child Care Expense(school) 0				110. Tenant Rent 310								
89. Extremely Low Income Limit				100. 3% of Income 546				111. Utility Reimbursement 0								
90. Current Income Status				101. Disability Expense 0				112. Assistance Payment 118								
91. Eligibility Universe Code				102. Disability Deduction 0				113. Welfare Rent 0								
92. Sec. 8 Assist. 1984 Indicator				103. Medical Expense 4,750				114. Rent Override								
93. Income Exception Code				104. Medical Deduction 4,204				115. Hardship Exemption								
94. Police/Security Tenant?				105. Elderly Family Deduction 400				116. Waiver Type Code								
95. Survivor of Qualifier?				106. Total Deductions 4,804				117. Eligibility Check Not Required N								
96. Household Citizenship Eligibility N				107. Adjusted Annual Income 13,394				118. Extenuating Circumstances Code								

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D,-E,-F, & -G.

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and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval Number 2502-0204

Section A - Acknowledgements

Read this before you complete and sign this form HUD-50059

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Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

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Certification Summary from Page 2

Name of Project ROSE OF MARY TERRACE	Effective Date 03/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 04/01/2017
Head of Household LaVonne Hagarty	Total Tenant Payment 323	Assistance Payment 135	Tenant Rent 283
Unit Number 310 (310)	Exhausting Circumstances Code		

Tenant Signatures

Head of Household <i>LaVonne Hagarty</i>	Date: 2/23/17	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

Owner/Agent Signature

Owner/Agent <i>Stephen Beck</i>	Date 2-23-17
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

Page 1 of 3

form HUD-50059 (08/2014)
HB 4360.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

For Personal Records ONLY - not for Submission to the Federal Government

Record for Landlords

Section B. - Summary Information			
1. Project Name	ROSE OF MARY TERRACE		
2. Subsidy Type	Section 202 PRAC	12. Effective Date	03/01/2017
3. Secondary Subsidy Type		13. Anticipated Voucher Date	04/01/2017
4. Property ID		14. Next Recertification Date	03/01/2018
5. Project Number	171EE023	15. Project Move-In Date	03/18/2010
6. Contract Number	WA19S051004	16. Certification Type	Annual Recertification
7. Project MAX ID	TRACM08055	17. Action Processed	
8. Plan of Action Code		18. Correction Type	
9. HUD-Owned Project?		19. EIV Indicator	
10. Previous Housing Code		20. Prev. Subsidy Type	
11. Displacement Status Code		21. Unit Number	310 (310)
		22. No. of Bedrooms	1
		23. Building ID	
		24. Unit Transfer Code	
		25. Previous Unit No.	
		26. Security Deposit	237
		27. 238 Basic/BMR Rent	0
		28. Market Rent	
		29. Contract Rent	428
		30. Utility Allowance	30
		31. Gross Rent	458
		32. TTP at RAD Conversion	0

Section C. Household Information																
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Student Stat.	44. ID Code (SSN)	45. SSN Excp.	46. Cizm Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	Hagarty	LeVonne	R	H-Head	F	W	2	04/08/1943	EH		503508955		EC		73	
02																
03																
04																
05																
06																
07																
08																
50. Family has Mobility Disability?	N	53. Number of Family Members	1	57. Expected Family Addition - Adoption	0											
51. Family has Hearing Disability?	N	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0											
52. Family has Visual Disability?	N	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0											
		56. Number of Eligible Members	1													
60. Previous Head Last Name											63. Active Full Cert. Effective Date					
61. Previous Head First Name											64. Previous Head ID					
62. Previous Head Middle Initial											65. Previous Head Birth Date					

Section D. Income Information				Section E. Asset Information					
66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	Social Security	14,148		01	Checking - Banner Ba	C	322	0	
01	Annuity Income	3,539		01	CD - Bank of America	C	3,101	0	
				01	Savings - Bank of Am	C	79	0	
				01	Savings - Banner Ban	C	295	0	
70. Total Employment Income	0		81. Total Cash Value of Assets	111,518					
71. Total Pension Income	14,148		82. Actual Income from Assets	1,895					
72. Total Public Assistance Income	0		83. HUD Passbook Rate	0.0008					
73. Total Other Income	3,539		84. Imputed Income from Assets	87					
74. Total Non-Asset Income	17,687		85. Asset Income	1,895					

Section F. Allowances & Rent Calculations			
86. Total Annual Income	19,552	87. Deduction for Dependents	0
87. Low Income Limit	31,150	88. Child Care Expense(work)	0
88. Very Low Income Limit	19,500	89. Child Care Expense(school)	0
89. Extremely Low Income Limit		90. 3% of Income	567
90. Current Income Status		101. Disability Expense	0
91. Eligibility Universe Code		102. Disability Deduction	0
92. Sec. 8 Assist. 1994 Indicator		103. Medical Expense	6,839
93. Income Exception Code		104. Medical Deduction	6,262
94. Police/Security Tenant?		105. Elderly Family Deduction	400
95. Survivor of Qualifier?		106. Total Deductions	6,652
96. Household Citizenship Eligibility	N	107. Adjusted Annual Income	12,900
		108. Total Tenant Payment	323
		109. TTP Before Override	0
		110. Tenant Rent	293
		111. Utility Reimbursement	0
		112. Assistance Payment	135
		113. Welfare Rent	0
		114. Rent Override	
		115. Hardship Exemption	
		116. Waiver Type Code	
		117. Eligibility Check Not Required	N
		118. Extenuating Circumstances Code	

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form HUD-50059 (06/2014)
HB 4350.3 Rev 1

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Certification Summary from Page 2

Name of Project ROSE OF MARY TERRACE	Effective Date 02/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 03/01/2017
Head of Household Ulrike Close	Total Tenant Payment 223	Assistance Payment 235	Tenant Rent 193
Unit Number 314 (314)	Exonerating Circumstances Code		

Tenant Signatures

Head of Household <i>Ulrike A. Close</i>	Date: <i>2-3-17</i>	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

Owner/Agent Signature

Owner/Agent <i>Julia Reits</i>	Date <i>2-3-17</i>
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Page 1 of 2

form HUD-50059 (06/2014)
HB 4350.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U.S. Department of Housing And Urban Development

Office of Housing
Federal Housing Commissioner

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Record for Landlords

Section B. - Summary Information			
1. Project Name	ROSE OF MARY TERRACE		
2. Subsidy Type	Section 202 PRAC	12. Effective Date	02/01/2017
3. Secondary Subsidy Type		13. Anticipated Voucher Date	03/01/2017
4. Property ID		14. Next Recertification Date	02/01/2018
5. Project Number	171EE023	15. Project Move-In Date	02/10/2015
6. Contract Number	WA19S051004	16. Certification Type	Annual Recertification
7. Project I/MAX ID	TRACMD08055	17. Action Processed	
8. Plan of Action Code		18. Correction Type	
9. HUD-Owned Project?		19. EIV Indicator	
10. Previous Housing Code		20. Prev. Subsidy Type	
11. Displacement Status Code		21. Unit Number	314 (314)
		22. No. of Bedrooms	1
		23. Building ID	
		24. Unit Transfer Code	
		25. Previous Unit No.	
		26. Security Deposit	210
		27. 235 Basis/BMIR Rent	0
		28. Market Rent	
		29. Contract Rent	425
		30. Utility Allowance	30
		31. Gross Rent	455
		32. TTP at RAD Conversion	0

Section C. Household Information																
33. No.	34. Last Name	35. First Name	36. M	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Saint Stat.	44. ID Code (SSN)	45. SSN Excp.	46. Czn Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	Cloze	Ulrika	A	H-Head	F	W	2	04/28/1951	EH		635544425				66	
02																
03																
04																
05																
06																
07																
08																
50. Family has Mobility Disability?	N		53. Number of Family Members		1		57. Expected Family Addition - Adoption		0							
51. Family has Hearing Disability?	N		54. Number of Non-Family Members		0		58. Expected Family Addition - Pregnancy		0							
52. Family has Visual Disability?	N		55. Number of Dependents		0		59. Expected Family Addition - Foster Children		0							
		56. Number of Eligible Members		1												
60. Previous Head Last Name																
61. Previous Head First Name																
62. Previous Head Middle Initial																
		63. Active Full Cert. Effective Date														
		64. Previous Head ID														
		65. Previous Head Birth Date														

Section D. Income Information				Section E. Asset Information					
66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	General Assistance	480		01	Savings - Solarity C	C	12	0	
01	Supplemental Securit	5,620		01	Life Insurance - Ger	C	34	0	
				01	Checking - Solarity	C	0	0	
70. Total Employment Income				81. Total Cash Value of Assets				46	
71. Total Pension Income				82. Actual Income from Assets				0	
72. Total Public Assistance Income				83. HUD Passbook Rate				0.0006	
73. Total Other Income				84. Imputed Income from Assets				0	
74. Total Non-Asset Income				85. Asset Income				0	

Section F. Allowances & Rent Calculations			
86. Total Annual Income	9,300	87. Deduction for Dependents	0
88. Low Income Limit	31,150	88. Child Care Expense (work)	0
89. Very Low Income Limit	19,500	89. Child Care Expense (school)	0
90. Extremely Low Income Limit		90. 3% of Income	279
91. Current Income Status		101. Disability Expense	0
92. Eligibility Universe Code		102. Disability Deduction	0
93. Sec. 8 Assist. 1994 Indicator		103. Medical Expense	122
94. Income Exception Code		104. Medical Deduction	0
95. Police/Security Tenant?		105. Elderly Family Deduction	400
96. Survivor of Qualifier?		106. Total Deductions	400
97. Household Citizenship Eligibility	N	107. Adjusted Annual Income	8,900
		108. Total Tenant Payment	223
		109. TTP Before Override	0
		110. Tenant Rent	193
		111. Utility Reimbursement	0
		112. Assistance Payment	235
		113. Welfare Rent	0
		114. Rent Override	
		115. Hardship Exemption	
		116. Waiver Type Code	
		117. Eligibility Check Not Required	N
		118. Extenuating Circumstances Code	

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval Number 2502-0204

Section A - Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project	Effective Date	Certification Type	Anticipated Voucher Date
ROSE OF MARY TERRACE	09/01/2017	Annual Recertification	09/01/2017
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent
Jannie Pelson	381	67	381
Unit Number	Extenuating Circumstances Code		
315 (315)			

Tenant Signatures

Head of Household <i>J. Pelson</i>	Date: 7-10-17	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

Owner/Agent Signature

Owner/Agent <i>Dishara Rutch</i>	Date 7-10-17
-------------------------------------	-----------------

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

Page 1 of 2

form HUD-50059 (06/2014)
HB 4350.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures			U.S. Department of Housing And Urban Development Office of Housing Federal Housing Commissioner			For Personal Records ONLY - not for Submission to the Federal Government Record for Landlords											
Section B. - Summary Information																	
1. Project Name ROSE OF MARY TERRACE			12. Effective Date 09/01/2017			21. Unit Number 315 (315)											
2. Subsidy Type Section 202 PRAC			13. Anticipated Voucher Date 09/01/2017			22. No. of Bedrooms 1											
3. Secondary Subsidy Type			14. Next Recertification Date 09/01/2018			23. Building ID											
4. Property ID			15. Project Move-In Date 09/06/2016			24. Unit Transfer Code											
5. Project Number 171EE022			16. Certification Type Annual Recertification			25. Previous Unit No.											
6. Contract Number WA198051004			17. Action Processed			26. Security Deposit 390											
7. Project IMAAX ID TRACM08066			18. Correction Type			27. 236 Basic/BMR Rent 0											
8. Plan of Action Code			19. EIV Indicator			28. Market Rent 428											
9. HUD-Owned Project?			20. Prev. Subsidy Type			29. Contract Rent 30											
10. Previous Housing Code						30. Utility Allowance 458											
11. Displacement Status Code						31. Gross Rent											
						32. TTP at RAD Conversion											
Section C. Household Information																	
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Ident. Stat.	44. ID Code (SSN)	45. SSN Exp.	46. Cit. Code	47. Alien Reg. Number	48. Age	49. Work Codes	
01	Pelton	Jannie	L	H-Head	F	W	Z	08/18/1945	E		541443646		EC		71		
02																	
03																	
04																	
05																	
06																	
07																	
08																	
60. Family has Mobility Disability?			N			63. Number of Family Members			1			67. Expected Family Addition - Adoption			0		
61. Family has Hearing Disability?			N			64. Number of Non-Family Members			0			68. Expected Family Addition - Pregnancy			0		
62. Family has Visual Disability?			N			65. Number of Dependents			0			69. Expected Family Addition - Foster Children			0		
66. Number of Eligible Members			1			63. Active Full Cert. Effective Date						64. Previous Head ID					
60. Previous Head Last Name						65. Previous Head Birth Date											
61. Previous Head First Name																	
62. Previous Head Middle Initial																	
Section D. Income Information									Section E. Asset Information								
66. Mor. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	70. Mor. No.	71. Description	72. Status	73. Cash Value	74. Actual Yearly Income	75. Date Divested								
01	Pensions	6,281		01	Checking - Wells Far	C	475	0									
01	Social Security	9,786															
70. Total Employment Income			0			81. Total Cash Value of Assets			475								
71. Total Pension Income			16,066			82. Actual Income from Assets			0								
72. Total Public Assistance Income			0			83. HUD Passbook Rate			0.0006								
73. Total Other Income			0			84. Imputed Income from Assets			0								
74. Total Non-Asset Income			16,066			85. Asset Income			0								
Section F. Allowances & Rent Calculations																	
86. Total Annual Income			16,066			97. Deduction for Dependents			0								
87. Low Income Limit			33,250			98. Child Care Expense(work)			0								
88. Very Low Income Limit			20,600			99. Child Care Expense(school)			0								
89. Extremely Low Income Limit						100. 3% of Income			481								
90. Current Income Status						101. Disability Expense			0								
91. Eligibility Universe Code						102. Disability Deduction			0								
92. Sec. 8 Assist. 1984 Indicator						103. Medical Expense			177								
93. Income Exemption Code						104. Medical Deduction			0								
94. Police/Security Tenant?						105. Elderly Family Deduction			400								
95. Survivor of Qualifier?						106. Total Deductions			400								
96. Household Citizenship Eligibility			N			107. Adjusted Annual Income			15,666								
						108. Total Tenant Payment			391								
						109. TTP Before Override											
						110. Tenant Rent			361								
						111. Utility Reimbursement			0								
						112. Assistance Payment			67								
						113. Welfare Rent			0								
						114. Rent Override											
						115. Hardship Exemption											
						116. Waiver Type Code											
						117. Eligibility Check Not Required			N								
						118. Exonerating Circumstances Code											

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

Page 2 of 2

form HUD-50059 (06/2014)
HS 4360.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures		U.S. Department of Housing and Urban Development Office of Housing Federal Housing Administration		NOT FOR SUBMISSION BY FEDERAL GOVERNMENT OFFICE OF MANAGEMENT AND BUDGET PAPERWORK REDUCTION PROJECT (25020204), Washington, DC 20503	
<p>Public Reporting Burden. Read the before you complete and sign this form HUD-50058. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.</p>					
<p>Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-161); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).</p>					
<p>Tenant(s) Certification. - I/we certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.</p>					
<p>Owner's Certification. - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.</p>					
<p>Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.</p>					
<p>False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.</p>					
Name of Project ROSE OF MARY TERRACE		Effective Date 10/01/2016	Certification Type Annual Re-certification	Amended Voucher Date 01/01/2017	
Head of Household Karen Conner		Total Tenant Payment 150	Assistance Payment 542	Tenant Rent 60	
Unit Number 211 (211)		Exonerating Circumstances Code			
Head of Household Karen Conner	Date 11/21/16	Other Adult	Date		
Spouse / Co-Head	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Other Adult	Date	Other Adult	Date		
Owner's Signature Sylvia Beebe		Owner's Signature		Date 11-22-16	

Previous versions of this form are obsolete.
This form also replaces HUD-50058-D-E-F, & -G.

Page 1 of 2
3

Form HUD-50058 (06/2014)
HB 4380 3 Rev 1

11/22/2016 3:42 PM FAX

RECEIVED 11/22/2016 83:39PM 5099653873

ROSE OF MARY

0002/0004

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures										U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner										For Public Housing Only Substantive Review Only										For Section 8 Landlords									
Section A - General Information																																							
1. Project Name ROSE OF MARY TERRACE										12. Effective Date 10/01/2016										21. Unit Number 211 (211)																			
2. Subsidy Type Section 803 PRAC										13. Antiseparation Voucher Date 01/01/2017										22. No. of Bedrooms 1																			
3. Secondary Subsidy Type										14. Next Recertification Date 10/01/2017										23. Budget ID																			
4. Property ID										15. Project Move-In Date 10/03/2008										24. Unit Transfer Code																			
5. Project Number 1712828										16. Certification Type Annual Recertification										25. Previous Unit No.																			
6. Contract Number WA18005100a										17. Action Processed										26. Security Deposit 410																			
7. Project MAX ID TRACM08055										18. Correction Type										27. 234 Base/SHR Rent 0																			
8. Rent of Action Code										19. HUD-Owned Project										28. Market Rent 626																			
9. HUD-Owned Project										20. Pgm. Subsidy Type										29. Contract Rent 50																			
10. Previous Housing Code										21. TTP at RAD Conversion										30. Utility Allowance 458																			
11. Displacement Status Code																																							
Section B - Household Information																																							
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Status	44. ID Code (SSN)	45. SSN Excl. Code	46. SSN Code	47. Alien Reg. Number	48. Age	49. Work Codes																							
01	Corner	Karen	F	H-Head	F	W	2	10/26/1963	E		580427619	BC			72																								
02																																							
03																																							
04																																							
05																																							
06																																							
07																																							
08																																							
50. Family has Mobility Disability?										51. Family has Hearing Disability?										52. Family has Visual Disability?																			
N										N										N																			
53. Number of Family Members										54. Number of Non-Family Members										55. Expected Family Addition - Adoption																			
1										0										0																			
56. Number of Dependents										57. Expected Family Addition - Pregnancy										58. Expected Family Addition - Foster Children																			
0										0										0																			
59. Number of Eligible Members										60. Asses Full Cert. Effective Date										61. Previous Head ID																			
1																																							
62. Previous Head Last Name										63. Previous Head First Name										64. Previous Head Birth Date																			
65. Previous Head Middle Name																																							
Section C - Income Information										Section D - Assets Information																													
66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefit Claim No.	70. Mbr. No.	71. Description	72. Status	73. Cash Value	74. Actual Yearly Income	75. Gross Dividend																														
01	Social Security	8,514	24	01	Checking - Salary	C	808	0																															
	Social Security			01	Savings - Security C	C	5	0																															
				01	IRA - Rollover	C	3,138	0																															
76. Total Employment Income										77. Total Cash Value of Assets																													
0										2,801																													
78. Total Public Assistance Income										79. Actual Income from Assets																													
0										1																													
80. Total Other Income										81. HUD Passbook Rate																													
0										0.26%																													
82. Total Non-Asset Income										83. Imputed Income from Assets																													
8,514										0																													
84. Total Annual Income										85. Asset Income																													
8,514										0																													
86. Low Income Limit										87. Total Tenant Payment																													
21,159										119																													
88. Very Low Income Limit										89. TTP Before Charges																													
19,550										0																													
90. Extremely Low Income Limit										91. Tenant Rent																													
0										58																													
92. Current Income Status										93. Utility Reimbursement																													
100. 2% of Income										0																													
94. Eligibility Universe Code										95. Assistance Payment																													
01										0																													
96. Sec. 8 Asset 1984 Indicator										97. Waiver Rent																													
0										0																													
98. Income Exception Code										99. Rent Overlap																													
0										0																													
100. Medical Deduction										101. Hardship Exemption																													
4,381										0																													
102. Elderly Family Deduction										103. Waiver Type Code																													
0										0																													
104. Total Deductions										105. Eligibility Check Not Required																													
4,381										N																													
106. Adjusted Annual Income										107. Exempting Circumstances Code																													
4,138										0																													

Previous versions of this form are obsolete.

This form also replaces HUD-50058-C, E, F, & G.

Page 2 of 3

Form HUD-50058 (08/2014)

HB-4354.3 Rev 1

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
And Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval Number 2502-0204

Section A - Acknowledgements

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Certification Summary from Page 2

Name of Project ROSE OF MARY TERRACE	Effective Date 08/06/2017	Certification Type Move-In	Anticipated Voucher Date 08/01/2017
Head of Household Reynaldo Mondaca	Total Tenant Payment 229	Assistance Payment 229	Tenant Rent 199
Unit Number 211 (211)	Extenuating Circumstances Code		

Tenant Signatures

Head of Household <i>Reynaldo Mondaca</i>	Date 6/8/17	Other Adult	Date
Spouse / Co-Head <i>[Signature]</i>	Date 6/8/17	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Owner/Agent Signature

Owner/Agent <i>Sylvia Reits</i>	Date 6-8-17
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G

Page 1 of 2

form HUD-50059 (06/2014)
HB 4350.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures			U.S. Department of Housing And Urban Development Office of Housing Federal Housing Commissioner			For Personal Records ONLY - not for Submission to the Federal Government Record for Landlords											
Section B. - Summary Information																	
1. Project Name ROSE OF MARY TERRACE			12. Effective Date 06/08/2017			21. Unit Number 211 (211)											
2. Subsidy Type Section 202 PRAC			13. Anticipated Voucher Date 08/01/2017			22. No. of Bedrooms 1											
3. Secondary Subsidy Type			14. Next Recertification Date 08/01/2018			23. Building ID											
4. Property ID						24. Unit Transfer Code											
5. Project Number 171EE023			15. Project Move-In Date 06/08/2017			25. Previous Unit No.											
6. Contract Number WA16S051004			16. Certification Type Move-In			26. Security Deposit 228											
7. Project MAX ID TRACM08056			17. Action Processed			27. 236 Basic/BMIR Rent 0											
8. Plan of Action Code			18. Connection Type			28. Market Rent											
9. HUD-Owned Project?			19. EIV Indicator			29. Contract Rent 426											
10. Previous Housing Code Standard			20. Prev. Subsidy Type			30. Utility Allowance 30											
11. Displacement Status Code Not Displaced						31. Gross Rent 458											
						32. TTP at RAD Conversion											
Section C. Household Information																	
33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Short Stat.	44. ID Code (SSN)	45. SSN Excp Code	46. Czn Code	47. Alien Reg. Number	48. Age	49. Work Codes	
01	Mondaca	Reynaldo	C	H-Head	M	W		07/17/1931	EH		555481879				85		
02																	
03																	
04																	
05																	
06																	
07																	
08																	
50. Family has Mobility Disability?			N			53. Number of Family Members			1			57. Expected Family Addition - Adoption			0		
51. Family has Hearing Disability?			N			54. Number of Non-Family Members			0			58. Expected Family Addition - Pregnancy			0		
52. Family has Visual Disability?			N			55. Number of Dependents			0			59. Expected Family Addition - Foster Children			0		
						56. Number of Eligible Members			1								
60. Previous Head Last Name						63. Active Full Cert. Effective Date											
61. Previous Head First Name						64. Previous Head ID											
62. Previous Head Middle Initial						65. Previous Head Birth Date											
Section D. Income Information									Section E. Asset Information								
66. Mor No	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	70. Mer No.	71. Description	72. Status	73. Cash Value	74. Actual Yearly Income	75. Date Divested								
01	Social Security	8,253		01	Checking - Bank of A	C	1,693	0									
01	Supplemental Security	2,908															
01	General Assistance	480															
70. Total Employment Income		0		81. Total Cash Value of Assets		1,693											
71. Total Pension Income		9,051		82. Actual Income from Assets		0											
72. Total Public Assistance Income		480		83. HUD Passbook Rate		0.0005											
73. Total Other Income		0		84. Imputed Income from Assets		0											
74. Total Non-Asset Income		9,541		85. Asset Income		0											
Section F. Allowances & Rent Calculations																	
86. Total Annual Income		9,541		97. Deduction for Dependents		0		108. Total Tenant Payment		229							
87. Low Income Limit		33,250		98. Child Care Expense(work)		0		109. TTP Before Override									
88. Very Low Income Limit		20,600		99. Child Care Expense(school)		0		110. Tenant Rent		199							
89. Extremely Low Income Limit		100. 3% of Income		266		111. Utility Reimbursement		0									
90. Current Income Status		101. Disability Expense		0		112. Assistance Payment		226									
91. Eligibility Universe Code		102. Disability Deduction		0		113. Welfare Rent		0									
92. Sec. 8 Assist. 1994 Indicator		103. Medical Expense		0		114. Rent Override											
93. Income Exception Code		104. Medical Deduction		0		115. Hardship Exemption											
94. Police/Security Tenant?		105. Elderly Family Deduction		400		116. Waiver Type Code											
95. Survivor of Qualifier?		106. Total Deductions		400		117. Eligibility Check Not Required		N									
96. Household Citizenship Eligibility		N		107. Adjusted Annual Income		9,141		118. Extenuating Circumstances Code									

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

Page 2 of 2

form HUD-50059 (08/2014)
HB 4350.3 Rev. 1

Project Compliance Report: Rental Housing

REPORTING PERIOD: APRIL 2016 TO MARCH 2017

DEC 03 2017
OFFICE OF NEW YORK SCIENCES
NEW YORK, NY

Date: 12/7/17

Project Representative: George Cheung
ONDS Reviewer: Angela Ald



Your New Benefit Amount

BENEFICIARY'S NAME: GARY C CABLE

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- | | |
|--|-----------------|
| Your monthly amount (before deductions) is | <u>\$963.00</u> |
| The amount we deduct for Medicare medical insurance is | <u>\$0.00</u> |
| (If you did not have Medicare as of November 17, 2016, or if someone else pays your premium, we show \$0.00.) | |
| The amount we deduct for your Medicare prescription drug plan is | <u>\$0.00</u> |
| (We will notify you if the amount changes in 2017. If you did not elect withholding as of November 1, 2016, we show \$0.00.) | |
| The amount we deduct for voluntary Federal tax withholding is | <u>\$0.00</u> |
| (If you did not elect voluntary tax withholding as of November 17, 2016, we show \$0.00.) | |
| After we take any other deductions, you will receive | <u>\$963.00</u> |
| on or about Jan. 3, 2017. | |

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you

RECEIVED
DEC 06 2016
OFFICE OF THE
DEVELOPMENT

Your New Benefit Amount

BENEFICIARY'S NAME: KENNETH K NOWLIN

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$757.00
- The amount we deduct for Medicare medical insurance is \$0.00
(If you did not have Medicare as of November 17, 2016, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(We will notify you if the amount changes in 2017. If you did not elect withholding as of November 1, 2016, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 17, 2016, we show \$0.00.)
- After we take any other deductions, you will receive \$757.00
on or about Jan. 3, 2017.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you speak Spanish, press 7. For other languages, wait until we answer, and then ask for an interpreter.
- Contact your local Social Security office, or contact any United States embassy or consulate office when outside the United States.

801 FRUITVALE BLVD
YAKIMA WA 98902

Help For Seniors

The Eldercare Locator is a free service of the U.S. Administration on Aging. Call 1-800-677-1116 or visit www.eldercare.gov to learn about in-home supportive services, nutrition and wellness programs, transportation, and caregiving help for seniors in your community.

RECEIVED
DEF. 06 2017
OFFICE OF THE ASSISTANT SECRETARY
FOR SENIORS



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 12/18/2017
Time: 1 P.M.
Realtor: Connie Cleary
Phone: 248-0633

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 103 (1 Bedroom) _____

PROPERTY ADDRESS: 711 W Walnut St. _____

PROPERTY AGE: ?? _____

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	X		
6.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
	X	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)


INSPECTOR SIGNATURE

12/18/2017
DATE



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 12/18/2017
Time: 1 P.M.
Realtor: Connie Cleary
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 216 (2 Bedroom) _____

PROPERTY ADDRESS: 711 W Walnut St

PROPERTY AGE: ??? _____

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8.Wall condition	X		
9.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION NINE:

--	--	--	--

2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	X		
6.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
	X	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)


INSPECTOR SIGNATURE

12/18/2017
DATE

Project Compliance Report: Rental Housing

Date: 12/14/17

NO. OF HOME UNITS: 1

REPORTING PERIOD: APRIL 2016 - MARCH 2017

[illegible]

Date: 12/14/17

Date: 12/18/17

Arnellis F. Canale CME 002142048

February 2017									
Assistance	Benefit	Unit	Type	Household	Benefit	Earned	Unearned	WR-	Over
19466761	Food	BELLINGHAM	CSO	Members	Income*	Income*	Sanction	Payment	
2286106	Cash	YAKIMA	CSO 3		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23968652	Food	YAKIMA	CSO 0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
January 2017									
2286106	Cash	YAKIMA	CSO 3		\$521.00	\$0.00	\$0.00	\$0.00	\$0.00
23968652	Food	YAKIMA	CSO 3		\$470.00	\$0.00	\$0.00	\$0.00	\$0.00

^ - Number of household members receiving benefit

* - Household income used to determine program eligibility is displayed for each program.

Washington 20514
Department of Social
& Health Services

Phone #
TTY/TDD # 800-209-5446
Toll Free # 877-501-2233

Client ID # 002142048

You will receive the following benefits:

Basic Food Assistance (Federal)

Basic Food Assistance (Federal)	\$103.00	\$194.00	\$194.00
---------------------------------	----------	----------	----------

Your Road benefit will be available on day 14 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

The following persons receive Federal Basic Food benefits.

AMELIA F CANTRE

Your household may receive a small energy assistance benefit every 12 months as part of the Heat and Hot Program. This allows us to provide the Standard Utility Allowance (SUA) deduction for WASHCAP or Basic Food.

You don't have to apply or ask for the Heat and Eat benefit. You will receive this benefit automatically only if you meet the requirements under WAC 383-400-0047 and haven't received the Heat and Eat benefit in the last 12 months.

Your benefits may include a Low Income Home Energy Assistance Program (LIHEAP) cash

* * *

This is an annual payment of \$20.01 put into your 529 account. This payment allows us to use the highest utility deduction for food benefits. (If you want to know more, call 877-501-2233)

We will send you a letter if there are any changes to the benefits listed above.

0002-01 Approved For Release

Client ID# 002142048

You can:
* Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
* Fax information to us at 888-338-7410.
Write your client ID on all copies you send us. Your client ID is 002142048.
Call 877-501-2233 to process an application or review, report changes, or ask questions.
If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.
Attachment(s): DSIS Administrative Hearing Rights

02/16/11 AMELIA F. GALTRE
Page: 22 of 25

- * What do you need to know about Electronic Benefits Transfer (EBT)?
- * If you already have a Washington EBT card and you can use it.
- * If you don't have an EBT card you can ask us to send a card in the mail. It should arrive within 10 days.
- * You will receive an instruction pamphlet with your EBT card.
- * Can you give your EBT card to someone in shop for you?
- * No, do not give your card or PIN to anyone.
- * Contact your worker if someone else shops for you.
- * We can give them their own card and PIN for your EBT account.
- * What do you need to report for food assistance between reviews?
- * What your total monthly gross income (money from all sources before deductions) goes over \$1287.00.
- * How do you report changes?
- * Report changes by calling 877-501-2233.
- * When do you need to report changes?
- * For cash and food programs, you must report changes by the 10th of the next month after the change.

QUESTIONS AND ANSWERS

02/26/17 AMELIA F CAPER		Page: 41 of 66	
Food Program			
Basic Food Assistance (Federal)			
This calculation is used to figure out the amount of federal food benefits your household is eligible to receive.			
Income We Count			
Total Income	02/2017	03/2017	\$0.00
Income Limits (Federal)	02/2017	03/2017	\$1980.00
Deductions We Allow	02/2017	03/2017	\$0.00
Standard Deduction	02/2017	03/2017	\$157.00
Total Deductions	02/2017	03/2017	\$157.00
Summary			
Total Income	02/2017	03/2017	\$0.00
Subtract Total Deductions	02/2017	03/2017	\$157.00
Income We Budget	02/2017	03/2017	\$0.00
Benefit Limit for a household of 1	02/2017	03/2017	\$194.00
Subtract 30% of Income we budget	02/2017	03/2017	\$0.00
Subtract Overpayment deduction	02/2017	03/2017	\$0.00
Federal Basic Food Assistance Benefit (rounded down)	02/2017	03/2017	\$194.00

9999-01 Computation

Client ID# 002142048

Project Compliance Report: Rental Housing

Date: 12-11-17

REPORTING PERIOD: OCTOBER 1, 2016 TO SEPT. 30, 2017.

ONDS Reviewer: Angie Galt Date: 12/1/17

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 101
 Household Name: Belcher
 # of Bedrooms: 1 # of Persons in Household: 1

REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *
Head	<u>Cheryl Belcher</u>	<u>11/10/56</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See NOTES on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Cheryl Belcher</u>	<u>\$9,036.00</u>	<u>SS</u>	<u>CB</u>
2.				
3.				
4.				
5.				
6.				
7.				

Household Name: Belcher

I agree to notify management IMMEDIATELY if:

- Anyone in my household becomes a fulltime student;
- My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

Cheryl Belcher Cheryl Belcher 10/22/16
Head of Household Signature Print Name Date

Other Household Adult Signature Print Name Date

Other Household Adult Signature Print Name Date

Other Household Adult Signature Print Name Date

NOTES

Types of Income:

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets:

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT		
Original Move-in Date: <u>12-1-07</u>	Effective Date of Recertification: <u>12-1-16</u>	
Total Gross Income - All Household Members: \$ <u>9036.00</u>		
Household Portion of Rent: \$ <u>260</u>	Utility Allowance: \$ <u>48.00</u>	
Subsidy Portion: \$ _____	Set-aside %: <u>3</u> 0.00%	
<u>Diana M. Chaskey</u> Signature of Management Representative	<u>Diana M. Chaskey</u> Printed Name of Management Representative	<u>10-22-16</u> Date

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 201
 Household Name: Faulkner
 # of Bedrooms: 1 # of Persons in Household: 1

REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Keri A Faulkner</u>	<u>12-4-68</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.			<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Keri A Faulkner</u>	<u>9,552.00</u>	<u>SSD</u>	<u>Kr</u>
2.				
3.				
4.				
5.				
6.				
7.				

Household Name:

Faulkner

I agree to notify management IMMEDIATELY if:

- ♦ Anyone in my household becomes a fulltime student;
- ♦ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

Kerri Faulkner Kerri Faulkner 10-24-16
Head of Household Signature Print Name Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

NOTES

Types of Income:

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets:

Income from assets must also be included in Total Gross Annual income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT

Original Move-In Date: 12-7-07 Effective Date of Recertification: 12-1-16

Total Gross Income - All Household Members: \$ 9,552⁰⁰

Household Portion of Rent: \$ 260⁰⁰ Utility Allowance: \$ 48⁰⁰

Subsidy Portion: \$ N/A Set-aside %: 3 0.00%

Diana McClasky
Signature of Management
Representative

Diana McClasky 10-24-16
Printed Name of Management
Representative Date

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 206
 Household Name: Datson
 # of Bedrooms: 2 # of Persons in Household: 2

REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *
Head	<u>Larry Datson</u>	<u>9-29-57</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	<u>MICHAEL DATSON</u>	<u>3-30-60</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Larry Datson</u>	<u>9,036</u>	<u>SS & SSI</u>	<u>LRD</u>
2.	<u>MICHAEL DATSON</u>	<u>7,110</u>	<u>SS & YSI</u>	<u>MWD</u>
3.				
4.				
5.				
6.				
7.				

Household Name:

Dotson

I agree to notify management (IMMEDIATELY) if:

- ♦ Anyone in my household becomes a fulltime student;
- ♦ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

Larry R Dotson
Head of Household Signature

Larry R Dotson
Print Name

11-1-16
Date

Michael Dotson
Other Household Adult Signature

MICHAEL DOTSON
Print Name

10-31-16
Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

NOTES

Types of Income:

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets:

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT		
Original Move-in Date:	<u>12-1-07</u>	Effective Date of Recertification: <u>12-1-16</u>
Total Gross Income - All Household Members:	\$ <u>16,176.00</u>	
Household Portion of Rent:	\$ <u>565.00</u>	Utility Allowance: \$ <u>58.00</u>
Subsidy Portion:	\$ <u>n/a</u>	Set-aside %: <u>5</u> 0.00%
<u>Diana McClaskey</u> Signature of Management Representative	<u>Diana McClaskey</u> Printed Name of Management Representative	<u>11-1-16</u> Date

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 116
 Household Name: Mercedes
 # of Bedrooms: 3 # of Persons in Household: 4

REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *
Head	<u>Mercedes Rivera</u>	<u>7/18/1972</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	<u>Guillermo Cardenas</u>	<u>5/5/00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<u>Rosio G. Cardenas</u>	<u>6/11/01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	<u>Leonardo Cardenas</u>	<u>3/31/10</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Mercedes Rivera</u>	<u>17,160.00</u>	<u>Employment</u>	<u>M R</u>
2.	<u>Guillermo Cardenas</u>	<u>00</u>		<u>G. C</u>
3.				
4.				
5.				
6.				
7.				

Household Name: Rivera, Mercedes

I agree to notify management IMMEDIATELY if:

- Anyone in my household becomes a fulltime student;
- My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

<u>Mercedes Rivera</u> Head of Household Signature	_____	<u>8/29/17</u> Date
_____	Print Name	_____
<u>Guillermo Cardenas</u> Other Household Adult Signature	_____	<u>8/29/17</u> Date
_____	Print Name	_____
_____	Other Household Adult Signature	_____
_____	Print Name	_____
_____	Other Household Adult Signature	_____
_____	Print Name	_____

NOTES

Types of Income:

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets:

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT			
Original Move-In Date:	<u>9-1-12</u>	Effective Date of Recertification:	<u>9-1-17</u>
Total Gross Income - All Household Members:	\$	<u>\$17,160</u>	
Household Portion of Rent:	\$	<u>675.00</u>	Utility Allowance: \$ <u>80</u>
Subsidy Portion:	\$	<u>N/A</u>	Set-aside %: <u>50.00%</u>
<u>Diana McCluskey</u> Signature of Management Representative	<u>Diana McCluskey</u> Printed Name of Management Representative	<u>8-29-17</u> Date	

Property Name: Pear Tree Place LLC

Unit #: 114

Household Name: Farias

PART X. INCOME CALCULATION

Calculate annual income for all of the household's income sources. For wage earners, use separate line(s) to calculate additional employment compensation (e.g., overtime, tips, pay increases, bonuses, etc.). For each wage earner, also calculate their Year-to-Date earnings using the "YTD" section below. Count the greater of anticipated or YTD wage earnings. Circle or identify amounts used to calculate Total Household Annual Income [X].

Resident Name	Type of Income	Pay Frequency	Pay Rate (gross)	# hours per week	# weeks per year	# months per year	Annual Income
Yadira Farias	Employment	hourly	\$13.00	24.00	62.00		\$16,224.00
Yadira Farias	Employment	hourly	\$18.75	8.00	11 days		\$1,850.00

Additional for Wage Earners Only - Calculate Total Year-to-Date (YTD) income

Resident Name	YTD Period		Total YTD Amount	# of Weeks in YTD Period		Weekly Amount	x 52 = OR # of weeks	YTD Annual Income
	Start Date	End Date						
Yadira farias	01-14-16	01-27-17	\$ 16,477.56	/	63	= \$ 310.90	x 52 =	\$ 16,166.68
				/		=	x 52 =	
				/		=	x 52 =	
				/		=	x 52 =	
				/		=	x 52 =	
				/		=	x 52 =	
				/		=	x 52 =	

TOTAL HOUSEHOLD ANNUAL INCOME: \$17,874.00

PART XI. ASSET CALCULATION

Resident Name	Type of Asset	% Rate	YTD Income	Current Balance (Market Value)	Actual Income/ YTD Annualized	Fees to convert to cash?	Cash Value
				TOTAL:		TOTAL:	

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.

TO: (Name & address of employer)

Riverview Manor
555 E. Goodlander Rd.
Selah, WA 99442

☐ 1st Request
☐ 2nd Request
☐ 3rd Request
Fax #:
Attn:

RE:

Yadira Farias

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

[Signature]
Signature of Applicant/Resident

2/1/17
Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Diana McClasky
Management Agent
509-853-6108
Phone Number

Return Form To:
509-469-0203
469-0203

Please use GROSS amounts and do not leave any sections blank; enter zero "0" or "N/A"

Employee Name: Yadira J Farias Job Title: Resident Aide

Presently Employed: ☒ Yes Date First Employed: 3/20/10 ☒ N/A Last Date of Employment: N/A

Current Gross Wages/Salary: \$ 12.50 (check one below) Average # of regular hours per week: 24

☒ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other:

Year-to-date gross earnings: \$ See Attached (mm-dd-yy) through Sheet (mm-dd-yy) # of Pay Periods Included in YTD: N/A

Overtime Rate: \$ 18.75 per hour Average # of overtime hours per week: 0

Shift Differential Rate: \$ N/A per hour Average # shift differential hours per week: 0

Commissions, bonuses, tips, other: \$ 0 (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other:

Has any anticipated increase in the employee's rate of pay within the next 12 months: \$ 50 per hr Effective Date: 3/20/17

Does the employee participate in a 401(k) Retirement account? ☐ Yes ☒ No Can employee access the account? ☐ Yes ☒ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): N/A

If no Social Security number was provided, did employer view picture identification? ☒ Yes ☐ No

Additional Remarks:

[Signature]
Employer's Signature

Robert L. Raercher
Employer's Printed Name and Title

2/1/17
Date

Riverview Manor
Employer (Company) Name

E-mail Address

(509) 697-3333
Phone #

(509) 698-4441
Fax #

NOTES: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

www.wahc.org/managers/forms-RC.htm
Employment Verification | Rev. January 2013

PAGE 83/84

RECEIVED 02/01/2017 18:40AM
RIVERVIEW MANOR

15295698441 02/01/2017 10:45

INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: Pear Tree Place Unit: 114
 Resident Name: Yadira Farias
 Employer (Company): Riverview Manor Phone Number: 509-697-3333
 Name and Title of Person Contacted: Robert Kaercher
Name Title

If this form is being used as an alternative to the Employment Verification, include back-up documentation (such as a copy of a pay stub).

If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises or bonuses. If you are using this form to clarify information you need only to complete what you are clarifying.

Only enter items that are being clarified.

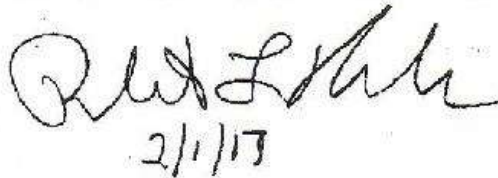
Employee Name: Yadira Farias Job Title: Resident Aide
 Presently Employed: ☒ Yes Date First Employed: 3/20/10 ☐ No Last Date of Employment: _____
 Current Gross Wages/Salary: \$ 12.50 (check one below) Average # of regular hours per week: _____
☒ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____
 Year-to-date gross earnings: \$ _____ from _____ through _____ # of Pay Periods Included in YTD _____
(mm-yy) (mm-yy)
 Overtime Rate: \$ 18.75 per hour Average # of overtime hours per week: N/A
 Shift Differential Rate: \$ N/A per hour Average # shift differential hours per week: N/A
 Commissions, bonuses, tips, other: \$ 0 (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No
☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____
 List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____
 Does the employee participate in a 401(k) Retirement account? ☐ Yes ☒ No Can employee access the account? ☐ Yes ☐ No
 If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____
 If no Social Security number was provided, did employer view picture identification? ☐ Yes ☒ No
 Additional Remarks: If Yadira works on a holiday she gets paid \$18.75
she will get a 50¢ raise in August 2017
11 holidays per year

This form was completed on: 2-1-17
Date

By: Diana McClaskey Diana McClaskey
Management Representative Signature Print Name

RIVERVIEW MANOR
Employee History Report by Employee Name
Employee ID FARLASA, 1/1/2016 to 2/1/2017

Employee ID / Name	Check #	Date	Gross Pay	FWT	FICA	SWT	SDI	SUI	Net Pay
FARLASA	YADIRA J FARIAS								
	30859	01/14	625.56	7.17	47.85	0.00	0.00	0.00	563.20
	30905	01/26	574.56	2.07	43.96	0.00	0.00	0.00	521.23
	30974	02/11	578.64	2.48	44.26	0.00	0.00	0.00	507.50
	31020	02/25	524.40	0.00	40.13	0.00	0.00	0.00	477.61
	31089	03/10	573.00	1.92	43.82	0.00	0.00	0.00	507.50
	31134	03/24	565.44	1.16	43.26	0.00	0.00	0.00	507.50
	31177	04/07	576.60	2.28	44.11	0.00	0.00	0.00	522.88
	31234	04/21	575.16	2.13	44.00	0.00	0.00	0.00	521.72
	31281	05/05	572.76	1.89	43.82	0.00	0.00	0.00	519.77
	31360	05/19	482.16	0.00	36.88	0.00	0.00	0.00	439.15
	31403	06/02	643.56	8.97	49.23	0.00	0.00	0.00	577.18
	31473	06/16	482.04	0.00	36.88	0.00	0.00	0.00	439.03
	31513	06/30	581.16	2.73	44.46	0.00	0.00	0.00	526.58
	31581	07/14	584.40	3.06	44.71	0.00	0.00	0.00	529.20
	31627	07/28	583.20	2.94	44.61	0.00	0.00	0.00	528.24
	31694	08/11	576.36	2.25	44.10	0.00	0.00	0.00	522.69
	31728	08/25	579.00	2.52	44.29	0.00	0.00	0.00	524.83
	31780	09/08	591.25	3.74	45.22	0.00	0.00	0.00	535.08
	31827	09/22	703.75	14.99	53.85	0.00	0.00	0.00	626.32
	31893	10/07	602.75	4.89	46.13	0.00	0.00	0.00	507.50
	31938	10/21	607.25	5.34	46.45	0.00	0.00	0.00	511.15
	32015	11/04	606.25	5.24	46.37	0.00	0.00	0.00	510.34
	32066	11/18	606.25	5.24	46.38	0.00	0.00	0.00	510.33
	32134	12/02	657.44	10.36	50.30	0.00	0.00	0.00	589.37
	32181	12/16	605.88	5.20	46.35	0.00	0.00	0.00	546.94
	32244	12/30	617.88	6.40	47.27	0.00	0.00	0.00	556.67
	32288	01/13	605.25	4.95	46.31	0.00	0.00	0.00	546.78
	32351	01/27	595.63	3.99	45.55	0.00	0.00	0.00	536.99
			16,477.58	113.91	1,260.53	0.00	0.00	0.00	14,715.28
Report totals:			16,477.58	113.91	1,260.53	0.00	0.00	0.00	14,715.28


2/1/17

Public notices

February 8, 2018

**Noticias Legales**

Ciudad de Yakima
Office of Neighborhood Development
Services
(ONDS)

**Noticias Legales**

PETICIÓN PARA COMENTARIOS PÚBLICOS Y REUNIONES DE OPINIONES PÚBLICAS

La Ciudad de Yakima, Oficina de Servicios de Desarrollo de los Vecindarios (ONDS siglas en inglés) estará proveyendo un "bosquejo" del **Reporte de Evaluación y Desarrollo Anual consolidado 2017** para la revisión pública y abrirá un periodo de quince días (15) para comentarios escritos que comienza el 12 de febrero, 2018 y dura hasta el 26 de febrero, 2018. Todas las opiniones deben ser enviadas al Gerente ONDS Archie M. Matthews en Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901.

Este Reporte de Evaluación y Desarrollo Anual Consolidado es un resumen del trabajo y los logros en la Ciudad de Yakima del Bloque de Subvenciones para el Desarrollo Comunitario (CDBG siglas en inglés) y Programas Sociedad de Inversiones HOME fundado por el Departamento de la Vivienda y Desarrollo Urbano de los E.U. (HUD) para el año fiscal 2017. Los fondos para estos programas son administrados por Office of Neighborhood Development Services (Oficina de Servicios de Desarrollo de los Vecindarios ONDS).

Copias del Reporte de Evaluación y Desarrollo Anual Consolidado el "Bosquejo" de del Reporte de Evaluación estarán disponibles comenzando el lunes, 12 de febrero, 2018, en las siguientes localidades:

City Clerks Office, City Hall, 129 N. 2nd Street, Yakima, WA 98901
Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901

Dos "Audiencias de Opiniones Públicas" están programadas para el 20 de febrero, 2018 a las 6:30 p.m. en el Yakima City Hall localizado en 129 N. 2nd Street, Yakima, Washington 98901, en la City Council Chambers. La segunda reunión de comentarios está programada para el 20 de marzo, 2018 a las 6:30 p.m. en el Yakima City Hall, en la City Council Chambers. Para información adicional, contacte a Office of Neighborhood Development Services en 112 South 8th Street o llame a nuestra oficina al (509) 575-6101.

Ciudadanos de bajos y moderados ingresos que vivan dentro de los límites de la ciudad de Yakima se les invita especialmente a que asistan. Las peticiones para asistencia bajo las provisiones la Ley Americanos con Discapacidades, traducciones al español u otros servicios, pueden ser hechas anticipadamente llamando o contactando a ONDS en la dirección arriba mencionada.

(791642) February 8 and March 8, 2018

February 4, 2018

Public Legal Notices

Public Legal Notices



City of Yakima
Office of Neighborhood Development
Services
(ONDS)



**REQUEST FOR PUBLIC COMMENT AND PUBLIC INPUT
MEETINGS**

The City of Yakima, Office of Neighborhood Development Services will provide a "Draft" of the 2017 **Consolidated Annual Performance and Evaluation Report (CAPER)** for public review and an open fifteen (15) written comment period beginning February 12, 2018 through February 26, 2018. All written comments must be sent to ONDS Manager Archie M. Matthews at Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901.

This Consolidated Annual Performance and Evaluation Report is a summary of performance and accomplishments on the City of Yakima's Community Development Block Grant (CDBG) and HOME Investment Partnership programs funded by the U. S. Department of Housing and Urban Development (HUD) for fiscal year 2017. The funds expended on these programs are administered by the Office of Neighborhood Development Services.

Copies of the Consolidated Annual Performance and Evaluation Report "Draft" will be available starting Monday, February 12, 2018, at the following locations:

City Clerks Office, City Hall, 129 N. 2nd Street, Yakima, WA 98901

Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901

Two "Public Input Meetings" are scheduled for February 20, 2018 at 6:30 p.m. at the Yakima City Hall located at 129 N. 2nd Street, Yakima, Washington 98901, in the City Council Chambers. The second input meeting is scheduled for March 20, 2018 at 6:30 p.m. at Yakima City Hall, in the City Council Chambers. For additional information, contact the Office of Neighborhood Development Services at 112 South 8th Street or call our office at (509) 575-6101.

Low and Moderate income citizens living within the Yakima city limits are encouraged to attend. Request for assistance under the provisions of the Americans with Disabilities Act, Spanish translation, or other services, can be made in advance by calling or contacting the ONDS Manager Archie M. Matthews at the above address.

(791640) February 4 and March 4, 2018