

Annual Monitoring Report - Property & Residents - Reporting Year 2018 - Mayor's Office of Housing & Community Development					
#	IDENTIFYING INFO				
1	1/1/18	Reporting Period Start Date			
2	12/31/18	Reporting Period End Date			
3	ABC Apartments	Property Name (select from drop down)			
4	1234 ABC Street	Property Full Street Address (e.g. "123 Main Street")			
	CONTACT INFO				
5	ABC Director	Sponsor Executive			
6	415-234-5678	Phone Number			
7	exe_director@proj_sponsor.us	E-mail			
8	ABC Mgt Company	Property Management Company			
9	ABC_ProgMgr	Property Manager Name			
10	415-234-5678	Phone Number			
11	pm@abcmgt.com	E-mail			
12	ABC_ProgSup	Property Supervisor Name			
13	415-345-6789	Phone Number			
14	ps@abcmgt.com	E-mail			
15	ABC_PropertyOwner	Property Owner Name			
16	ABC_Pro	Property Owner Contact			
17	415-567-8901	Phone Number			
18	po@abcmgt.com	E-mail			
19	ABC_AssetMgt	Asset Manager Name			
20	415-777-7777	Phone Number			
21	am@abcmgt.com	E-mail			
22	ABC_AMR	AMR Preparer's Name			
23	415-555-5555	Phone Number			
24	amr@abcmgt.com	E-mail			
	PROPERTY/MARKETING INFO				
25	no	Is the project an Inpatient Treatment Program or "no" from the drop-down menu to the left.) If you answer "yes", skip questions 26 through 39 below, and continue with question 40. Also, you must complete worksheet "1B.TransitionalProg."			
What is the Unit Mix for the Property? Please include any manager's units in this tally.					
	Unit Types	Number Of Units	Occupancy Standard: Minimum HH Size for this Unit Type*	Occupancy Standard: Maximum HH Size for this Unit Type*	*Occupancy Standards should be described in project's Approved Tenant Selection and Marketing Plan. If not defined there, supply the standards used organization-wide.
26	Single Room Occupancy (SRO) Units		1		Fill out the number of units, together with their minimum AND maximum occupancy standards. Cells will change from grey to white,
27	Studio Units	10	1	1	
28	One-Bedroom (1BR) Units	2	1	2	
29	Two-Bedroom (2BR) Units				
30	Three-Bedroom (3BR) Units				
31	Four-Bedroom (4BR) Units				

32	Five- or More (5+BR) Bedroom Units			
33	TOTAL # Units----	12		
34	0	Vacancies - How many vacancies occurred at the project during the reporting period? (Be sure that the number you report here is not less than the number of vacant units that are included on worksheet 3.)		
35	3	Evictions - How many evictions occurred during the reporting year? (This data in this field is automatically calculated from the data that is entered on worksheet 1C. You must complete worksheet 1C, unless the project is transitional housing, a residential treatment program, a shelter or a transitional group home.)		
36	15	Vacant Unit Rent-Up Time - (<i>in DAYS</i>) State the average vacant unit rent-up time. This is the period from the time a household moves out to when the unit is rented again. If this period exceeds 30 days, you must answer Question # 4 on the Narrative worksheet. (Click on # 4 at left to jump to Narrative worksheet.)		
37	250	Waiting List - How many applicants are currently on the waiting list? <i>(Please also submit a copy of the waiting list, see AMR submission instructions.)</i>		
38	2/2018	When was the waiting list last updated? (m/yyyy)		
39	no	Affirmative Marketing - Did you conduct any marketing of the project during the reporting period? If you conducted marketing during the reporting period, click here to jump to Question #5 on the Narrative worksheet. (Click on #5 at left to jump to Narrative worksheet.)		
40	1/1/1900	What is the date of the last Capital Needs Assessment? (m/d/yyyy)		
41	1/1/1900	What is the project's last Capital Needs Assessment? (m/d/yyyy)		
42	0	Health, Building or Housing Code Violations - How many Health, Building or Housing Code Violations were issued against the property in the reporting year? (If there were no violations enter "0"). If the property was cited for code violations in the reporting year or has open, unresolved violations from prior years as indicated below, you must answer Question #2 on the Narrative worksheet. (Click on #2 at left to jump to Narrative worksheet.)		
43	0	How many Health, Building or Housing Code Violations were open from <i>prior</i> years?		
44	0	How many Health, Building or Housing Code Violations were cleared in the reporting year?		

45	no	# 3 Are there urgent Major Property Repairs needed on the property in the next two years? (Yes/No) If there are needed major repairs you must answer Question #3 on the Narrative worksheet. (Click on #3 at left to jump to Narrative worksheet.)
46	\$0	# 3 If the property has Immediate Capital Needs and lacks adequate funds in the Replacement Reserve (or elsewhere) to cover the costs, please supply the amount of funds needed to make up the difference, and supply additional explanation in question #3 of the Narrative report. (Click on # 3 at left to jump to Narrative worksheet.)
Resident Services: AN ANSWER IS REQUIRED FOR questions 51-61. Indicate below any services that were available to the residents free of charge, on site or at another designated location within 1/4 mile of the project. You must also provide additional information about each of the m Select "Yes" or "No" from dropdown menu.		
47	yes	Go To WS6 After School Program/s (y/n)
48	yes	Go To WS6 Licensed Day Care Service <i>(participant fees are allowable for day care ONLY)</i> (y/n)
49	yes	Go To WS6 Youth Program/s (y/n) Click here to get to worksheet "6. Services", and provide additional information on available resident services identified.
50	no	Go To WS6 Educational Classes (e.g. b ESL) (y/n)
51	no	Go To WS6 Health and Wellness Services/Programs (y/n)
52	no	Go To WS6 Employment Services (y/n)
53	no	Go To WS6 Case Management, Information and Referrals (y/n)
54	no	Go To WS6 Benefits Assistance and Advocacy; Money Management; Financial Literacy and Counseling (y/n)
55	no	Go To WS6 Support Groups, Social (y/n) Enter Services not covered in above categories. Leave blank if none.
56	Yoga Classes	Go To WS6 Other Service #1 - Please specifiy in column G.
57	Woodworking	Go To WS6 Other Service #2 - Please specifiy in column G.
POPULATION SERVED		
Target / Actual Populations: As of the last day of the reporting period, what are the Actual and Target Populations (expressed as Number of Households) for the Project?		

Under *Target Population*, enter the number of units at the project that, as a requirement of a specific funding source (e.g. 202, HOPWA, McKinney), are targeted to and set aside for the target populations shown in the table. Under *Actual Population*, enter the number of households at the project that, as of the end of the reporting period, contained at least one person who is a member of the populations shown in the table.

			Target Population		Actual Population	
58			0	Families	0	Families
59			0	Persons with HIV/AIDS	0	Persons with HIV/AIDS
60			0	Housing for Homeless	0	Housing for Homeless
61			0	Mentally or Physically Disabled	0	Mentally or Physically Disabled
62			10	Senior Housing	10	Senior Housing
63			0	Substance Abuse	0	Substance Abuse
64			0	Domestic Violence Survivor	0	Domestic Violence Survivor
65			0	Veterans	0	Veterans
66			0	Formerly Incarcerated	0	Formerly Incarcerated
67			0	Transition-Aged Youth ("TAY")	0	Transition-Aged Youth ("TAY")

Remember, SAVE YOUR WORK!

Skip this worksheet

Annual Monitoring Report - Transitional Programs - Reporting Year 2018 - Mayor's Office of Housing & Community Development

Project Address: 1234 ABC Street

Project Capacity: What is the target capacity of the program? (All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

No need to fill out this Worksheet 1B (TransitionalProg) if you see: "Skip this worksheet"

	A. Num Singles Not in Families	B. Num Families	C1. Num Adults in Families		
1					
2	0				Total Households (Singles and Families) That Can Be Served

Persons Served During Operating Year (All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

	A. Num Singles Not in Families	B. Num Families	C1. Num Adults in Families		
3					Num on the first day of operating year
4					Num entering the program during the operating year
5	0				Total Households (Singles and Families) Served
6					Num who left the program during the operating year
7					Num in the program on the last day of the operating year
8	0				Total Households in program on the last day of the operating year
9					<--Capacity Utilization Rate (by Household as of last Day of Operating Year)

If the Capacity Utilization Rate is LESS than 75% you must respond to the following:

10		1. Explain the reason(s) why the capacity utilization rate is as low as it is; and
11		2. Describe plan/s to raise the capacity utilization rate to at least 75%, with specific timeline.

Length of Stay: For the 0 households that LEFT the program during the operating year, how many were in the project for the following lengths of time? (Total in cell H28 should match total of cells H14 + I14. All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

12		Less than 1 month
13		1 to 2 months
14		3 - 6 months
15		7 months -12 months
16		13 months - 24 months
17		25 months - 3 years
18	0	TOTAL # HH's that left the program

Destination: For the 0 households reported to have LEFT the program during the operating year, how many left for the following destinations? (Total in cell H53 should match total of cells H14 + I14. All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

19		Rental - House or Apartment (no subsidy)	
20		Public Housing	

21		Section 8 Voucher	PERMANENT
22		Subsidized Rental - house or apartment	
23		Homeownership	
24		Moved in with family or friends	
25	0	Permanent Housing Subtotal	
26		Transitional Housing for homeless persons	TRANSITIONAL
27		Moved in with family or friends TEMPORARILY	
28	0	Transitional Housing Subtotal	
29		Psychiatric hospital	INSTITUTIONAL
30		Inpatient alcohol or other drug treatment facility	
31		Jail/Prison	
32		Medical Facility	
33	0	Institutional Subtotal	
34		Emergency Shelter	OTHER
35		Places not meant for human habitation (e.g. street)	
36		Unknown	
37		Other	
38	0	Other Subtotal	
39	0	TOTAL # HH's that left the program	

Complete this worksheet

Annual Monitoring Report - Transitional Programs - Reporting Year 2018 - Mayor's Office of Housing & Community Development

Project Address: 1234 ABC Street

Project Capacity: What is the target capacity of the program? (All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

	A. Num Singles Not in Families	B. Num Families	C1. Num Adults in Families	C2. Num Children in Families	
1	0	30	0	0	
2	30				Total Households (Singles and Families) That Can Be Served

Persons Served During Operating Year (All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

	A. Num Singles Not in Families	B. Num Families	C1. Num Adults in Families	C2. Num Children in Families	
3	15	10	10	5	Num on the first day of operating year
4	0	5	0	0	Num entering the program during the operating year
5	30				Total Households (Singles and Families) Served
6	0	0	0	0	Num who left the program during the operating year
7	15	15	10	5	Num in the program on the last day of the operating year
8	30				Total Households in program on the last day of the operating year
9	100.00%				<--Capacity Utilization Rate (by Household as of last Day of Operating Year)

If the Capacity Utilization Rate is LESS than 75% you must respond to the following:

10	n/a	1. Explain the reason(s) why the capacity utilization rate is as low as it is; and
11	n/a	2. Describe plan/s to raise the capacity utilization rate to at least 75%, with specific timeline.

Length of Stay: For the 0 households that LEFT the program during the operating year, how many were in the project for the following lengths of time? (Total in cell H28 should match total of cells H14 + I14. All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

12	0	Less than 1 month
13	0	1 to 2 months
14	0	3 - 6 months
15	0	7 months -12 months
16	0	13 months - 24 months
17	0	25 months - 3 years
18	0	TOTAL # HH's that left the program

Destination: For the 0 households reported to have LEFT the program during the operating year, how many left for the following destinations? (Total in cell H53 should match total of cells H14 + I14. All blanks in this section must be filled with a number of "0" or greater in order for the worksheet to be complete.)

19	0	Rental - House or Apartment (no subsidy)	Total
20	0	Public Housing	

21	0	Section 8 Voucher	PERMANENT
22	0	Subsidized Rental - house or apartment	
23	0	Homeownership	
24	0	Moved in with family or friends	
25	0	Permanent Housing Subtotal	
26	0	Transitional Housing for homeless persons	TRANSITIONAL
27	0	Moved in with family or friends TEMPORARILY	
28	0	Transitional Housing Subtotal	
29	0	Psychiatric hospital	INSTITUTIONAL
30	0	Inpatient alcohol or other drug treatment facility	
31	0	Jail/Prison	
32	0	Medical Facility	
33	0	Institutional Subtotal	
34	0	Emergency Shelter	OTHER
35	0	Places not meant for human habitation (e.g. street)	
36	0	Unknown	
37	0	Other	
38	0	Other Subtotal	
39	0	TOTAL # HH's that left the program	

Complete this worksheet

Annual Monitoring Report - Eviction Data - Reporting Year 2018 - Mayor's Office of Housing & Community Development	
Project Address:	1234 ABC Street
This section of the AMR must be completed for all projects.	
Number of households who lived in the project during the reporting period:	
1	30
Number of households who lived in the project AT ANY TIME during the reporting period. Be sure to include all households that moved in during the reporting period.	

Number of households in the project who received Notices of Eviction during the reporting period for each of the following reasons: (If more than one reason applies to a household, report only the primary reason.) You MUST answer every question (i.e., enter zero if applicable).		
2	3	Breach of Lease Agreement
3	2	Capital Improvement
4	0	Condo Conversion
5	0	Demolition
6	0	Denial of Access to Unit
7	0	Development Agreement
8	0	Ellis Act Withdrawal
9	0	Failure to Sign Lease Renewal
10	0	Good Samaritan Tenancy Ends
11	0	Habitual Late Payment of Rent
12	2	Illegal Use of Unit
13	0	Lead Remediation
14	0	Non-payment of Rent
15	0	Nuisance
16	0	Other
17	0	Owner Move In
18	0	Roommate Living in Same Unit
19	0	Substantial Rehabilitation
20	0	Unapproved Subtenant
21	7	Total number of households who received Notices of Eviction

Number of unlawful detainer actions filed in court by the owner against tenants in the project during the reporting period for each of the following reasons: (If more than one reason applies to a household, report only the primary reason.) You MUST answer every question (i.e., enter zero if applicable).		
22	2	Breach of Lease Agreement
23	2	Capital Improvement
24	0	Condo Conversion
25	0	Demolition
26	0	Denial of Access to Unit
27	0	Development Agreement
28	0	Ellis Act Withdrawal
29	0	Failure to Sign Lease Renewal
30	0	Good Samaritan Tenancy Ends
31	0	Habitual Late Payment of Rent
32	1	Illegal Use of Unit
33	0	Lead Remediation
34	0	Non-payment of Rent
35	0	Nuisance
36	0	Other
37	0	Owner Move In
38	0	Roommate Living in Same Unit
39	0	Substantial Rehabilitation
40	0	Unapproved Subtenant
41	5	Total number of unlawful detainer actions filed

Number of households evicted from the project during the reporting period for the each of the following reasons: (If more than one reason applies to a household, report only the primary reason.) You MUST answer every question (i.e., enter zero if applicable).		
42	2	Breach of Lease Agreement
43	1	Capital Improvement
44	0	Condo Conversion
45	0	Demolition
46	0	Denial of Access to Unit
47	0	Development Agreement
48	0	Ellis Act Withdrawal
49	0	Failure to Sign Lease Renewal
50	0	Good Samaritan Tenancy Ends
51	0	Habitual Late Payment of Rent
52	0	Illegal Use of Unit
53	0	Lead Remediation
54	0	Non-payment of Rent
55	0	Nuisance
56	0	Other
57	0	Owner Move In
58	0	Roommate Living in Same Unit
59	0	Substantial Rehabilitation
60	0	Unapproved Subtenant
61	3	Total number of households evicted (total also used to answer question #35 on Worksheet 1A)

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
16	INCOME & EXPENSES				
17	12 Month Report Period	Start Date:	1/1/2018	End Date:	12/31/2018
18	Number of Units--->	12	1234 ABC Street		
19		Account			
20	Description of Income Accounts	Number	Residential	Non-Residential	Total
21					
22	Rental Income				
23	Housing Units - Gross Potential Tenant Rents	5120	\$245,120.00		
24	Rental Assistance Payments (identify ALL sources in row below if applicable, including LOSP funding)	5121	\$980,000.00		
25	Source/s---->				
26	Commercial Unit Rents	5140		\$0.00	
27	sub-total Gross Rental Income:		\$1,225,120.00	\$0.00	\$1,225,120.00
28	Vacancy Loss - enter amounts as negative numbers!				vacancy rate
29	Housing Units	5220	-\$2,500.00	Must click & explain if Residential Vac Rate is > 15%	0.20%
30	Commercial	5240			0.00%
31	sub-total Vacancies:		-\$2,500.00	\$0.00	-\$2,500.00
32					
33	NET RENTAL INCOME:		\$1,222,620.00	\$0.00	\$1,222,620.00
34					
35	Other Income				
36	Garage and Parking Spaces	5170	\$350.00		
37	Miscellaneous Rent Income	5190	\$3,200.00		
38	Supportive Services Income - Do not enter supportive services income if it is tracked in a separate budget and not appropriate per MOHCD loan terms to be included in Residual Receipts calculation.	5300			
39	Supportive Services Income Source/s- identify program source(s) if applicable -->				
40	Interest Income - Project Operations (From Operating Account Only)	5400	\$362.00		
41	Laundry and Vending	5910	\$2,350.00		
42	Tenant Charges	5920	\$225.00		
43	Other Revenue	5990	\$450.00		
44	sub-total Other Income Received:		\$6,937.00	\$0.00	\$6,937.00
45					
46	TOTAL INCOME RECEIVED:		\$1,229,557.00	\$0.00	\$1,229,557.00
47					
48	INCOME & EXPENSES				
49		Account Number	Residential	Non-Residential	Total
50	Description of Expense Accounts				
51	Management				
52	Management Fee	6320	\$51,500.00		
53	"Above the Line" Asset Management Fee (amount allowable may be limited, see Asset Mgt. Fee Policy)				
54	sub-total Management Expense:		\$51,500.00	\$0.00	\$51,500.00
55	Salaries/Benefits				
56	Office Salaries	6310	\$84,500.00		
57	Manager's Salary	6330	\$53,500.00		

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
58	Employee Benefits: Health Insurance & Disability Insurance	6723	\$35,600.00		
59	Employee Benefits: Retirement & Other Salary/Benefit Expenses		\$12,000.00		
60	Administrative Rent Free Unit	6331	\$18,000.00		
61	sub-total Salary/Benefit Expense:		\$203,600.00	\$0.00	\$203,600.00
62	<u>Administration</u>				
63	Advertising and Marketing	6210	\$3,850.00		
64	Office Expenses	6311	\$22,350.00		
65	Office Rent	6312	\$0.00		
66	Legal Expense - Property	6340	\$0.00		
67	Audit Expense	6350	\$9,000.00		
68	Bookkeeping/Accounting Services	6351	\$10,300.00		
69	Bad Debts	6370	\$0.00		
70	Miscellaneous Administrative Expenses (must click & explain if >\$10k)	6390	\$18,560.00		
71	sub-total Administrative Expense:		\$64,060.00	\$0.00	\$64,060.00
72	<u>Utilities</u>				
73	Electricity	6450	\$25,200.00		
74	Water	6451	\$17,241.00		
75	Gas	6452	\$1,953.00		
76	Sewer	6453	\$23,280.00		
77	sub-total Utilities Expense:		\$67,674.00	\$0.00	\$67,674.00
78	<u>Taxes and Licenses</u>				
79	Real Estate Taxes	6710	\$13,850.00		
80	Payroll taxes	6711	\$19,100.00		
81	Miscellaneous Taxes, Licenses, and Permits	6719	\$3,840.00		
82	sub-total Taxes and License Expense:		\$36,790.00	\$0.00	\$36,790.00
83	<u>Insurance</u>				
84	Property and Liability Insurance	6720	\$23,074.00		
85	Fidelity Bond Insurance	6721	\$10,329.00		
86	Workers' Compensation	6722	\$14,000.00		
87	Directors & Officers Liabilities Insurance	6724	\$1,200.00		
88	sub-total Insurance Expense:		\$48,603.00	\$0.00	\$48,603.00
89	<u>Maintenance and Repairs</u>				
90	IMPORTANT NOTE RE: TREATMENT OF CAPITAL AND NON-CAPITAL MAINTENANCE REPAIR EXPENSES ELIGIBLE FOR PAYMENT BY REPLACEMENT RESERVE: If possible, exclude those from this section. If you do include those expenses here, be sure to record the amounts in rows 103 (non-capital) and 210:215 below (capital).				
91	Payroll	6510	\$68,500.00		
92	Supplies	6515	\$42,200.00		
93	Contracts	6520	\$55,700.00		
94	Garbage and Trash Removal	6525	\$16,052.00		
95	Security Payroll/Contract	6530	\$20,028.00		
96	HVAC Repairs and Maintenance	6546	\$5,230.00		
97	Vehicle and Maintenance Equipment Operation and Repairs	6570	\$1,850.00		
98	Miscellaneous Operating and Maintenance Expenses (must click & explain if >\$10k)	6590	\$17,500.00		
99	sub-total Maintenance Repair Expense:		\$227,060.00	\$0.00	\$227,060.00
100	Supportive Services: do not enter supportive services expenses if tracked in separate budget and not eligible to be counted against project income for residual receipts calculation.	6930			
101	SUB-TOTAL OPERATING EXPENSES:		\$699,287.00	\$0.00	\$699,287.00
102	Capital Maintenance Repairs/Improvements eligible for payment by Replacement Reserve. If capital costs were entered in amounts for Maintenance & Repairs section above and are eligible for payment by the Replacement Reserve, please enter details in Replacement Reserve-Eligible Expenditures below, beginning from row 207. Amounts provided in F210:215 will be linked to cell F102 and netted out from operating expenses.		\$11,000.00		

If amount > \$10K, click link and go to WS#4 in order to fill out expenses breakdown.

If misc amount > \$10K, click link and go to Worksheet #4 in order to fill out expenses breakdown.

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103	Non-Capital Maintenance Repair Expenses eligible for payment by Replacement Reserve. Only enter amounts here if they were included in amounts entered for Maintenance & Repairs section above and will be reimbursed by Replacement Reserve. Amount will be netted out from operating expenses. Enter as positive number.		\$13,500.00		
104	TOTAL OPERATING EXPENSES:		\$674,787.00	\$0.00	\$674,787.00
105					
106	Ground Lease Base Rent/Bond Fees/Reserves	Name of Lessor/ Bond Monitoring Agency/ Reserve Account			
107	Ground Lease - Base Rent (provide Lessor name to the right)		\$15,000.00		\$15,000.00
108	Bond Monitoring Fee		\$6,500.00		\$6,500.00
109	Replacement Reserve Required Annual Deposit (Source is Operating Account.) Enter as positive number.	1320	\$25,350.00		\$25,350.00
110	Operating Reserve Deposits (Source is Operating Account.) Enter as positive number.	1365	\$18,000.00		\$18,000.00
111	Operating Reserve Account Withdrawals (For deposits to Operating Account.) Enter as positive number.				\$0.00
112	Other Required Reserve Account Deposits (Source is Operating Account. Enter as positive number. Identify reserve account in next col) (1330)				\$0.00
113	Other Required Reserve Account Withdrawals (For deposit to Operating account. Enter as positive number. Identify account in next col ---->				\$0.00
114	Sub-total Ground Lease Base Rent/Bond Fees/Reserves		\$64,850.00	\$0.00	\$64,850.00
115					
116	TOTAL OPERATING EXPENSES (w/ Reserves/GL Base Rent/ Bond Fees)		\$739,637.00	\$0.00	\$739,637.00
117		Acct Num	Residential	Non-Residential	Total
118	1. TOTAL INCOME RECEIVED:		\$1,229,557.00	\$0.00	\$1,229,557.00
119	2. TOTAL OPERATING EXPENSES:		\$739,637.00	\$0.00	\$739,637.00
120	3. NET OPERATING INCOME:		\$489,920.00	\$0.00	\$489,920.00
121					
122	4. Debt Service (Principal and Interest)	Name of Lender / Describe Other Amt Paid	Residential	Non-Residential	Total
123	Lender1 - Principal Paid (provide lender name to the right)	Union Bank of Califo	\$50,000.00		
124	Interest Paid		\$395,000.00		
125	Other Amount (describe to the right)				
126	Lender2 - Principal Paid (provide lender name to the right)				
127	Interest Paid				
128	Other Amount (describe to the right)				
129	Lender3 - Principal Paid (provide lender name to the right)				
130	Interest Paid				
131	Other Amount (describe to the right)				
132	Lender4 - Principal Paid (provide lender name to the right)				
133	Interest Paid				
134	Other Amount (describe to the right)				
135	Total Debt Service Payments		\$445,000.00	\$0.00	\$445,000.00
136					
137	Surplus Cash, Detail (NOI minus Debt Service and Reserve Activity)		\$44,920.00	\$0.00	\$44,920.00
138					
139	If amount for Surplus Cash above is negative: - you must provide a detailed explanation to question #8 on the Narrative worksheet - you must NOT supply data for any of the fields for Uses of Surplus Cash below		Go to ws4 Narrative question #8		
140	Surplus Cash, Total----->				\$44,920.00

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
141	Distribution of Surplus Cash/Residual Receipts - (Response Required.) In the space below, please provide a detailed narrative summary of allowable distributions of Surplus Cash that accurately reflects the requirements under all MOHCD agreements as well as the requirements of other funders and any other agreements that govern. Please include the calcluation methodology, applicable annual increases, etc. For proposed distribution amounts entered in column J, rows 143-165, select the distribution priority for each of the uses of cash flow/suprlus cash in column H. If distribution of surplus cash is not allowed under MOHCD agreements or other funder agreements, enter N/A in the box below.				
142	The surplus cash will be distributed in the following priority sequence: 1. 2. 3.				
143	USES OF SURPLUS CASH THAT ARE AUTHORIZED TO BE PAID PRIOR TO CALCULATION OF RESIDUAL RECEIPTS PAYMENTS (IF APPLICABLE)			Distribution Priority (select below)	Leave cells below blank if Surplus Cash is <= \$0.
144	5. Operating Reserve Replenishments (Deposits made out of surplus cash to satisfy minimum balance requirements).		Waterfall Payments here. Pre-MOHCD Residual Receipt payments	1	\$15,200.00
145	6. "Below-the-line" Asset Mgt fee (prior written authorization from City/SFRA may be required, see Asset Mgt. Fee Policy).			2	\$6,550.00
146	7a. Partnership Management fee due from this reporting period. if any (tax credit projects only; not allowed if project is beyond 15-year compliance period).			3	\$7,500.00
147	7b. Partnership Management fee accrued but unpaid from PRIOR reporting periods, if any (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).			4	\$7,264.00
148	8a. Investor Services Fee (aka LP Asset Management Fee) due from this reporting period. if any (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).			5	\$2,800.00
149	8b. Investor Services Fee (aka LP Asset Management Fee) accrued but unpaid from PRIOR reporting periods, if any (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).				
150	9. Deferred Developer fee, if any				
151	10. Other payments: use question #1 on the Narrative (worksheet #4) to provide details about any fees or other payments, including ground lease residual rent payments for a non-MOHCD/OCII ground lease. Failure to provide details will result in disallowance of this expense. You may only include payments that were approved by MOHCD at time of funding that are also explicitly authorized by a Partnership Agreement or similar project document.	Go to ws4 Narrative question #1			
152	11ai. Debt Pmt to other lender1: Principal Paid (note lender name to right)				
153	11aii. Debt Pmt to other lender1: Interest Paid				
154	11bi. Debt Pmt to other lender2: Principal Paid (note lender name to right)				
155	11bii. Debt Pmt to other lender2: Interest Paid				
156	Total Payments preceding Residual Receipts Calculation:				\$39,314.00
157					
158	12. RESIDUAL RECEIPTS				\$5,606.00
159				Distribution Priority (select below)	Leave cells below blank if Surplus Cash is <= \$0.
160	12a. MOHCD Residual Receipts Due for Loan Repayment			6	\$500.00
161	12b. MOHCD Residual Receipts Due for Ground Lease Residual Rent Payment			7	\$1,200.00
162	12c. Subtotal Residual Receipts Payments to MOHCD				\$1,700.00
163	12d. Residual Receipts Debt Pmt to other lender3 (note lender name to right)				
164	12e. Residual Receipts Debt Pmt to other lender4 (note lender name to right)				

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
165	12f. Residual Receipts Debt Pmt to other lender5 (note lender name to right)				
166	Total Residual Receipts Payments:				\$1,700.00
167					
168	DO NOT SUBMIT YOUR PROPOSED RESIDUAL RECEIPT PAYMENT TO MOHCD WITH THIS AMR. MOHCD WILL REVIEW YOUR PROPOSED PAYMENT AND GENERATE AN INVOICE IF THE CALCULATION CAN BE VERIFIED AS APPROPRIATE; IF THE CALCULATION CANNOT BE VERIFIED, MOHCD WILL CONTACT YOU.				
169	Remaining Balance				\$3,906.00
170					
171	Proposed Owner Distributions (provide description in column D and enter amount in column J. If an amount is entered, a description is required.)	Description for Proposed Owner Distribution			\$2,000.00
172	Proposed Other Distributions/Uses (provide description in column D and enter amount in column J. If an amount is entered, a description is required. If you had a Calendar Year LOSP surplus, please acknowledge that and note exact amount.)	Description for Proposed Other Uses			\$1,906.00
173					
174	Final Balance: should be ZERO except when Surplus Cash (cell F136) is negative	Final Balance should be ZERO. Positive balance should be distributed between the 2 rows above (with explanation).			\$0.00
175					
176	RESERVE ACCOUNT DETAILS				
177					
178	OPERATING RESERVE (Do not leave blanks for any questions asking for a number, enter zero instead.)				
179	Minimum Required Balance:		\$0.00	Enter \$0.00 if zero amount. Please don't leave blanks.	
180	Beginning Balance:		\$0.00		
181	Actual Annual Deposit (don't edit - taken from page 1 account number 1365):		\$18,000.00		
182	Interest Earned:		\$2.38		
183	Annual Withdrawal Amount (enter as negative number):		\$0.00		
184	Ending Balance (don't edit cell -- calculated):		\$18,002.38		
185	Required Annual Deposit:		\$24,500.00		
186	Total Operating Expenses plus debt service (don't edit cell -- calculated)		\$1,119,787.00		
187	If the calculated percentage shown to the right (Op Reserve Account Ending Balance divided by Total Op Expenses) is less than 23.5%, you must describe how the project will remedy the shortfall in the adjacent cell. If the calculated percentage shown to the right is greater than 26.5%, you must explain why the Op Reserve balance exceeds MOHCD's requirement in the adjacent cell.		1.608%	Low percentage due to these reasons: Needs additional info in column F, due to low percentage in D187 (see description in B187).	
188					
189	REPLACEMENT RESERVE (Do not leave blanks for any questions asking for a number, enter zero instead.)				
190	Minimum Required Balance:		\$20,000.00	Add details here, and adding "\$0.00" in blank cells could help solve incompletenss error in this section.	
191	Beginning Balance:		\$0.00		
192	Actual Annual Deposit:		\$25,350.00		
193	Interest Earned:		\$50.00		
194	Annual Withdrawal Amount (enter as negative number):		\$0.00		
195	Ending Balance (don't edit cell -- calculated):		\$25,400.00		
196	Required Annual Deposit (do not edit - taken from page 1 account number 1320):		\$25,350.00		
197	Describe how the amount of annual deposit and the minimum required balance is determined.	Annual deposit and the minimum required balance are per the agreement with the San Francisco Redevelopment Agency.			

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
198					
199	CHANGES TO REAL ESTATE ASSETS				
200	Enter Beginning and Ending Balances in each of the categories listed below. Changes in asset categories will auto calculate.	Balance, 1/01/2018	Changes	Balance, 12/31/2018	
201	Building & Improvements	\$520,000.00	\$30,000.00	\$550,000.00	
202	Offsite Improvements	\$40,000.00	\$5,000.00	\$45,000.00	
203	Site Improvements	\$200,000.00	\$0.00	\$200,000.00	
204	Land Improvements	\$125,000.00	\$0.00	\$125,000.00	
205	Furniture, Fixtures & Equipment	\$0.00	\$0.00	\$0.00	
206	Other	\$0.00	\$0.00	\$0.00	
207	Replacement Reserve-Eligible Expenditures: Provide details below about the Capital and non-Capital Expenditures that are Replacement Reserve-eligible.				
208	Capital Repairs and Improvements: Enter capital repairs and improvement costs associated with the reporting year. For each category in rows 200-205 above that shows a positive change, an entry is required in each corresponding cateogry in rows 210-215. If the operating account is used initially to fund the repair, and is later reimbursed by the replacement reserve during the reporting year, show the repair cost under "Replacement Reserve". If the operating account is used to fund the repair and was not reimbursed by the replacement reserve during the reporting year, show the repair cost under "Operating Account." Use the section below to supply a description of the capital repairs and improvements made.				
209	Capital Repairs and Improvements Funded By:				
210	Capital Repairs and Improvements - Categories	Replacement Reserve	Operating Account	Other Source	Total Amount
211	Building & Improvements	\$10,000.00	\$12,000.00	\$8,000.00	\$30,000.00
212	Offsite Improvements	\$3,000.00	\$1,500.00	\$500.00	\$5,000.00
213	Site Improvements	\$0.00	\$0.00	\$0.00	\$0.00
214	Land Improvements	\$0.00	\$0.00	\$0.00	\$0.00
215	Furniture, Fixtures & Equipment	\$0.00	\$47,463.00	\$19,788.00	\$67,251.00
216	Other				\$0.00
217	Total	\$13,000.00	\$60,963.00	\$28,288.00	\$102,251.00
218	Description of Capital Repairs and Improvements				
219	Property additional paid with charitable contributions				
220	Non-Capital Replacement Reserve Eligible Expenditures (i.e., labor costs): Enter the amounts used to fund non-capital replacement reserve eligiblie expenditures. Use section below to supply explanations.				
221	Source				Amount
222	Paid out of Operating Budget, to be reimbursed by RR (shows the amount entered in row 103 above)				\$13,500.00
223	Paid Directly from Replacement Reserve				\$0.00
224	Other Source				\$0.00
225	Explanation of Non-Capital Replacement Reserve Eligible Expenditures				\$13,500.00
226	n/a				

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2018 - Mayor's Office of Housing & Community Development				
227	TOTAL REPLACEMENT RESERVE ELIGIBLE EXPENDITURES: the Replacement Reserve Withdrawal for the reporting period should not exceed the Total RR-eligible Expenditures. You must provide more details above or an explanation below if the RR withdrawal amount exceeds the Total RR-Eligible Expenditures.	RR Withdrawal Amount-->	\$0.00	Total RR-Eligible Expenditures--->	\$115,751.00
228	Notes About RR Withdrawal Amount in excess of Total RR-eligible Expenditures:				
229	none				
230					
231	FEDERAL PROGRAM INCOME REPORT				
232	This section must be completed if the project received any CDBG funding, even if the amount of CDBG program income during the reporting period was zero. For more information, use the following link or copy this web address for manual navigation:				
233					
234	http://www.sf-moh.org/Modules/ShowDocument.aspx?documentid=5141				
235	Overview of Federal (HOME and CDBG) Program Income				
236					
237	CDBG PROGRAM INCOME				
238	Proposed amounts to be used to fund eligible CDBG activities as described in the Federal CDBG Program Regulations at 24 CFR 570.201-206 and consistent with the City's 2015-2019 Consolidated Plan, 2018-2019 Action Plans as follows:	AMOUNT	DESCRIPTION		
239	Amount to be used for CDBG eligible activity#1 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
240	Amount to be used for CDBG eligible activity#2 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
241	Amount to be used for CDBG eligible activity#3 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
242	Amount to be deposited for use on future eligible CDBG activities that will be undertaken by June 30, 2017 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
243	Other (provide amount in cell to the right, plus activity description and regulation citation in column furthest to the right):				
244	Total CDBG Program Income Calculation(see instructions for guidance on how to calculate)				
245	<i>To ensure the eligible use of CDBG Program Income, the recipient of federal CDBG funding hereby requests approval by the Mayor's Office of Housing and Community Development for the use of CDBG program income received during the 2018 reporting period as depicted above.</i>				

Including Explanation may help solve incompleteness error in these sections.

Annual Monitoring Report - Occupancy & Rent Info - Reporting Year 2018 - Mayor's Office of Housing & Community Development					
Project Address:	1234 ABC Street	Data supplied on this worksheet must be from the rent roll of the last month of the reporting period that was entered on worksheet 1A.	12/31/2018	# Households	12

Project Address:	1234 ABC Street	Data supplied on this worksheet must be from the rent roll of the last month of the reporting period that was entered on worksheet 1A.	12/31/2018	# Households	12
------------------	-----------------	--	------------	--------------	----

- | | |
|--|--|
| <ul style="list-style-type: none">• Provide the data requested for the tenant population that was residing in the project at the end of the Reporting Period.• Identify manager's unit with the unit number, follow by "- Mgr". For example, if the manager occupies Unit 501, in column D, enter "501 - Mgr." For vacant units and manager's units, provide data in columns D, E, F, Q and R only.• For tenants who moved in during the reporting period, the data entered in columns G, H & I (at initial occupancy) should be the same as the data entered in columns J, K & L (within reporting period), respectively.• For tenants who have transferred units within the project, report the initial occupancy data (occupancy date, income, household size) for the first unit that the tenant occupied in the project, i.e. when they first moved in to the building.• Before using the "paste" function to enter data for Unit Type and Rental Assistance Type, please check the drop-down-menus to ensure that the data you are pasting conforms with the choices of the drop-down menu. This will help prevent you from submitting forms with invalid data. Any forms with invalid data will be returned with instructions to fix and resubmit. | |
|--|--|

[illegible]

Annual Monitoring Report - Demographic Information - Reporting Year 2018 - Mayor's Office of Housing & Community Development
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Project Address:	1234 ABC Street	Data supplied on this worksheet must be from the rent roll of the last month of the reporting period that was entered on worksheet 1A.	12/31/2018	# Households	12
------------------	-----------------	--	------------	--------------	----

- | | |
|--|---|
| | <ul style="list-style-type: none"> • Provide the data requested for the tenant population that was residing in the project <i>at the end of the Reporting Period</i>. • Select one Ethnicity category for the head of household. If unknown, manager's or vacant unit, select "Not Reported". • Select one Race category for the head of household. If unknown, manager's or vacant unit, select "Not Reported". • For legacy race and ethnicity data that reports race and ethnicity as a single field, an additional category of "Not Reported" should be used to categorize a head of household's race if it is listed as Latino/Hispanic. In these cases, the person's ethnicity would be listed as Latino/Hispanic and his/her race would be listed as "Not Reported". • Select one Gender and one Sexual Orientation/Identity category for the head of household. If unknown, manager's or vacant unit, select "Question Not Asked". See the Instructions worksheet for a link to additional info about the City ordinance that requires collection of this data beginning in 2017. |
|--|---|

[illegible]

**Annual Monitoring Report - Narrative - Reporting Year 2018 -
Mayor's Office of Housing & Community Development**

Project Street Address: **1234 ABC Street**

Reporting Period - Start Date: 1/1/2018

Reporting Period - End Date: 12/31/2018

MOHCD created the questions below to allow project owners to supply additional information about a small number of measurements that may indicate that a project is having difficulties. By providing this information, project owners will help provide context for the conclusions that can be made about the measurements. MOHCD will use the measurements and the information below to prioritize the projects that need closer scrutiny and support. Please supply as much information as is readily available.

1. Explanations & Comments

Use this space to record notes about any peculiarities in the data entry process. For example, if you entered a formula instead of a single number for a field, make a note here re: for which question on which worksheet that was done, and describe the formula & underlying numbers. Also use this field to describe in detail any amounts entered for "Other payments" on the worksheet "2.Fiscal," item 10.

2. Code Violations

Provide the following for any violations or citations of Health or Building or Housing Codes that were issued during the reporting period, or were issued in a prior reporting period but remained open during any time of the current reporting period:

Violation or Citation #	Date Issued	Issued By	Description	Cleared? (y/n)

(add additional rows as needed)

**** ONLY FOR ALL VIOLATIONS THAT WERE NOT RESOLVED by the end of the reporting period: You must also attach a SCANNED copy of each Violation/Citation to your AMR submittal. ****

Violation or Citation #	Date Cleared	Issued By	Description of Remedy

(add additional rows as needed)

**** ONLY FOR ALL VIOLATIONS THAT WERE NOT RESOLVED by the end of the reporting period: You must also attach a SCANNED copy of each Violation/Citation to your AMR submittal. ****

3. Major Repairs

Describe any major repair or replacement needs that have been identified as being required within the next 2 years, and any related plans to pay for whatever is needed.

4. Vacant Unit Rent-Up Time

15

If the project had an average VACANT UNIT RENT-UP TIME greater than 30 days for question 36 on the worksheet "1A.Prop&Residents," you must supply the following:

- a. A description of the work done to analyze the cause/s of the high turnaround time, and what the identified causes are; and
- b. A description of the work done to identify means of reducing the turnaround time, and all viable remedies that have been identified; and
- c. A description of the plan to implement any remedies, including specific timelines for the implementation work.

a. Apartments with long Rent-Up time (30 days or longer) affected the average Rent-Up time during Reporting Year 2018...

5. Affirmative Marketing

no

Did you conduct any marketing of the project during the reporting period? If yes, please describe the marketing that was conducted, including

- a. when the marketing was conducted and how it was intended to reach populations least likely to apply for the project;
- b. any advertising, direct mailings, emailings and web postings that were done; and
- c. how many households were on the waiting list prior to the marketing and how many were on it after the marketing was completed.

a. Marketing activities are continuously conducted. Advertisement featuring the project ... Contacted MOHCD using DAHLIA website.

6. Vacancy Rate ----->

0.20%

If the project had a VACANCY RATE greater than 15%, as may be shown above from the Income Expense section of the worksheet "2.Fiscal," you must supply the following:

- a. A description of the work done to analyze the cause/s of the vacancy rate, and what the identified causes are; and
- b. A description of the work done to identify means of reducing the vacancy rate, and all viable remedies that have been identified; and
- c. A description of the plan to implement any remedies, including specific timelines for the implementation work.

vacant units are currently rented and decreased vacant units

7. Miscellaneous Expenses: Administrative/Operating & Maintenance

If the project had miscellaneous administrative or miscellaneous operating & maintenance expenses greater than \$10,000 respectively, you must provide a detailed itemization of these individual expenses below. Total expenses must equal the total amount reported on the worksheet "2.Fiscal."

Misc. Admin Expenses

\$18,560.00

Expense Description	Amount	HUD Acct #	Notes
Copier Lease	5,881.00	1234-45	Fundraising
Software Maintenance	1,782.00	1234-45	Other donation
Payroll Processing Fee	1,655.00	1234-45	Software.misc dues and fes
Staff Training	708.00	1234-45	Breakdown of Misc Admin Expenses of more than \$10,000.
Bank Charges	870.00	1234-45	
Others	7,664.00	1234-45	
Total:	\$18,560.00		
Diff. from Fiscal Activity WS:	-		Make sure difference is \$0.00

Misc. Operating & Maintenance Expenses

\$17,500.00

Expense Description	Amount	HUD Acct #	Notes
Cable TV	2,000.00	6590	Other operating and maint
Plumbing Repair	3,500.00		Breakdown of Misc Operating and Maintenance Expenses, over \$10,000.
Others	12,000.00		
Total:	\$17,500.00		
Diff. from Fiscal Activity WS:	-		Make sure difference is \$0.00

8. Negative Cash Flow

If the project had NEGATIVE CASH FLOW, as may be shown above from the Income Expense section of worksheet "2.Fiscal," you must supply the following:

a. A description of the work done to analyze the cause/s of the shortfall, and what the identified causes are; and

b. A description of the work done to identify remedies for the shortfall, and all viable remedies that have been identified; and

c. A description of the plan to implement any remedies, including specific timelines for the implementation work.

d. If the project has a Project-Based Section 8 Housing Assistance Payments (HAP) contract, please also supply the date of the last increase to the HAP contract, the date when the project will submit the next HAP contract rent increase, and any other information regarding whether the project has been diligent in seeking annual increase.

Need explanation in row 180 if there is negative cash flow.

Annual Monitoring Report - Project Financing - Reporting Year 2018 - Mayor's Office of Housing & Community Development

Provide information about all current financing of the project. Lenders should be listed in lien order, i.e., with the most-senior lender in the first lien position, the most-junior lender in last lien position.

Project Address: 1234 ABC Street

Current Project Financing

Lien Order	Lender (and Loan Program if applicable)	Loan Amount	Interest Rate	Maturity Date	Repayment Terms	Monthly Debt Service Payment	Outstanding Principal Balance As Of End of Reporting Period	Accrued Interest As Of End of Prior Reporting Period
1	Union Bank of California	\$32,200,000	3.01%	11/30/2019	Principal and interest are paid monthly.	\$28,900		\$0
2	San Francisco Redevelopment Agency	\$1,100,000	10.00%	12/31/2035	Principal and interest to be paid from surp	\$2,500	\$1,100,000	\$0
3								
4								
5								
6								
7								
8								
9								
10								

Annual Monitoring Report - Services Funding - Reporting Year 2018 - Mayor's Office of Housing & Community Development

Completion of this page is required based on your answers to questions 51 thru 61 on worksheet 1A.Prop&Residents. Supply one row of data for each service that is being provided. (If more than one service is being provided by the same Provider under the same grant, please repeat the data for each service provided.)

Project Address: 1234 ABC Street

Current Services Funding

Service Type	Service Provider Name	Street Address where Service is Provided	Name of Funder of this Service	Grant Amount	Grant Start Date	Grant End Date
After School Program	FGH Neighborhood Services	123 Main Street	HUD	\$25,000	1/1/2012	12/31/2018
Licensed Day Care Services	FGH Neighborhood Services	123 Main Street	HUD	\$15,000	1/1/2012	12/31/2018
Youth Programs	FGH Neighborhood Services	123 Main Street	HUD	\$22,000	1/1/2012	12/31/2018
Yoga Classes	FGH Neighborhood Services	123 Main Street	HUD	\$3,000	1/1/2012	12/31/2018
Woodworking	FGH Neighborhood Services	123 Main Street	HUD	\$3,500	1/1/2012	12/31/2018

These are automatically populated, based on "Yes" dropdowns in Worksheet 1A. Simply fill out data on the right.

Please fill out the data.

Project Street Address:

1234 ABC Street

Schedule of Operating Revenues
For the Year Ended December 31, 2018

	2018
Rental Income	Total
5120 Gross Potential Tenant Rents	\$245,120
5121 Rental Assistance Payments (inc. LOSP)	\$980,000
5140 Commercial Unit Rents	\$0
Total Rent Revenue:	\$1,225,120
Vacancies	
5220 Apartments	(\$2,500)
5240 Stores & Commercial	\$0
Total Vacancies:	(\$2,500)
Net Rental Income: (Rent Revenue Less Vacancies)	\$1,222,620
Other Revenue	
5170 Rent Revenue - Garage & Parking	\$350
5190 Misc. Rent Revenue	\$3,200
5300 Supportive Services Income	\$0
5400 Interest Revenue - Project Operations (From Operating Acct Only)	\$362
5400 Interest Revenue - Project Operations (From All Other Accts)	\$0
5910 Laundry & Vending Revenue	\$2,350
5920 Tenant Charges	\$225
5990 Misc. Revenue	\$450
Total Other Revenue:	\$6,937
Total Operating Revenue:	\$1,229,557

Project Street Address:

1234 ABC Street

**Schedule of Operating Expenses
For the Year Ended December 31, 2018**

	2018
Management	Total
6320 Management Fee	\$51,500
"Above the Line" Asset Management Fee	\$0
Total Management Expenses:	\$51,500
 Salaries/Benefits	
6310 Office Salaries	\$84,500
6330 Manager's Salary	\$53,500
6723 Employee Benefits: Health Insurance & Disability Insurance	\$35,600
Employee Benefits: Retirement & Other Salary/Benefit Expenses	\$12,000
6331 Administrative Rent Free Unit	\$18,000
Total Salary/Benefit Expenses:	\$203,600
 Administration	
6210 Advertising and Marketing	\$3,850
6311 Office Expenses	\$22,350
6312 Office Rent	\$0
6340 Legal Expense - Property	\$0
6350 Audit Expense	\$9,000
6351 Bookkeeping/Accounting Services	\$10,300
6370 Bad Debts	\$0
6390 Miscellaneous Administrative Expenses	\$18,560
Total Administrative Expenses:	\$64,060
 Utilities	
6450 Electricity	\$25,200
6451 Water	\$17,241
6452 Gas	\$1,953
6453 Sewer	\$23,280
Total Utilities Expenses:	\$67,674
 Taxes and Licenses	
6710 Real Estate Taxes	\$13,850
6711 Payroll taxes	\$19,100
6790 Miscellaneous Taxes, Licenses, and Permits	\$3,840
Total Taxes and Licenses Expenses:	\$36,790
 Insurance	
6720 Property and Liability Insurance	\$23,074
6721 Fidelity Bond Insurance	\$10,329
6722 Workers' Compensation	\$14,000
6724 Directors & Officers Liabilities Insurance	\$1,200
Total Insurance Expenses:	\$48,603

Project Street Address:

1234 ABC Street

Schedule of Operating Expenses
For the Year Ended December 31, 2018

	2018
Maintenance and Repairs	Total
6510 Payroll	\$68,500
6515 Supplies	\$42,200
6520 Contracts	\$55,700
6525 Garbage and Trash Removal	\$16,052
6530 Security Payroll/Contract	\$20,028
6546 HVAC Repairs and Maintenance	\$5,230
6570 Vehicle and Maintenance Equipment Operation and Repairs	\$1,850
6590 Miscellaneous Operating and Maintenance Expenses	\$17,500
Total Maintenance and Repairs Expenses:	\$227,060
6900 Supportive Services	\$0
Capital and Non-Capital Expenditures to be Reimbursed from Replacement Reserve	\$24,500
Total Operating Expenses:	\$674,787

Financial Expenses	
<i>Enter amounts in yellow highlighted cells. Leave no cells blank. Enter "0" if applicable.</i>	
6820 Interest on Mortgage (or Bonds) Payable	\$0
6825 Interest on Other Mortgages	\$0
6830 Interest on Notes Payable (Long Term)	\$0
6840 Interest on Notes Payable (Short Term)	\$0
6850 Mortgage Insurance Premium/Service Charge	\$0
6890 Miscellaneous Financial Expenses	\$0
Total Financial Expenses:	\$0
6000 Total Cost of Operations before Depreciation:	\$674,787
5060 Operating Profit (Loss):	\$554,770

Depreciation & Amortization Expenses	
<i>Enter amounts in yellow highlighted cells. Leave no cells blank. Enter "0" if applicable.</i>	
6600 Depreciation Expense	\$0
6610 Amortization Expense	\$0
Operating Profit (Loss) after Depreciation & Amortization:	\$554,770

Net Entity Expenses	
<i>the right.</i>	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
Total Net Entity Expenses:	\$0

3250 Change in Total Net Assets from Operations (Net Loss)	\$554,770
<i>Amount computed in cell E139 should match audited financial statement.</i>	

Project Street Address:

1234 ABC Street

**Computation of Operating Cash Flow/Surplus Cash
For the Year Ended December 31, 2018**

Operating Revenue	Total
	\$1,229,557
Interest earned on restricted accounts	\$0
Adjusted Operating Revenue	<u>\$1,229,557</u>
Operating Expenses	(\$674,787)
Net Operating Income	\$554,770
Other Activity	
Ground Lease Base Rent	(\$15,000)
Bond Monitoring Fee	(\$6,500)
Mandatory Debt Service - Principal	(\$50,000)
Mandatory Debt Service - Interest	(\$395,000)
Mandatory Debt Service - Other Amount	\$0
Deposits to Replacement Reserve Account	(\$25,350)
Deposits to Operating Reserve Account	(\$18,000)
Deposits to Other Restricted Accounts per Regulatory Agreement	\$0
Withdrawals from Operating Reserve Account	\$0
Withdrawals from Other Required Reserve Account	\$0
Total Other Activity:	<u>(\$509,850)</u>
Allocation of Non-Residential Surplus (LOSP only)	
Operating Cash Flow/Surplus Cash:	<u>\$44,920</u>

Distribution of Surplus Cash Ahead of Residual Receipts Payments

Select the Distribution Priority number from Worksheet 2. Fiscal Activity for payments to be paid ahead of residual receipts payments.

	Total
1 Operating Reserve Replenishments	(\$15,200)
2 Below-the-line Asset Management Fee	(6,550)
3 Partnership Management Fee due from Reporting Period	(7,500)
4 Partnership Management Fee due from Prior Periods	(7,264)
5 Investor Services Fee (LP Asset Management Fee) due from Reporting Period	(2,800)
Total Cash Available for Residual Receipts Distribution:	<u>\$5,606</u>

Distribution of Residual Receipts

Select the Distribution Priority number from Worksheet 2. Fiscal Activity for payments to be paid with remaining residual receipts.

	Total
6 MOHCD Residual Receipts Due for Loan Repayment	\$500
7 MOHCD Residual Receipts Due for Ground Lease Residual Rent	1,200
Total Residual Receipts Distributions to Lenders:	<u>\$1,700</u>
Proposed Owner Distribution	\$2,000
Proposed Other Distribution/Uses	\$1,906
Total Residual Receipts Distributions to Lenders and Owners:	<u>\$5,606</u>

Project Street Address: 1234 ABC Street

Summary of Replacement Reserve and Operating Reserve Activity
For the Year Ended December 31, 2018

	Replacement Reserve	Operating Reserve
Balance, December 31, 2017	\$0	\$0
Actual Annual Deposit	\$25,350	\$18,000
Interest Earned	\$50	\$2
Withdrawals	\$0	\$0
Balance, December 31, 2018	\$25,400	\$18,002

Annual Monitoring Report - Completeness Tracker - Reporting Year 2018 -
Mayor's Office of Housing & Community Development

This checklist is a tool to help you track progress toward completion. NOTE: Do not submit the AMR until all items are "COMPLETED."

Reporting Start Date: 1/1/18
Reporting End Date: 12/31/18

Project Address: 1234 ABC Street

Submission Instructions:

Once all worksheets below are "COMPLETED", email the AMR, completed Owner Compliance Certiication, along with the attachments required under the Insurance and Tax Certification per page 3 of the Owner Certification, waitlist, and audited financial statements to: moh.amr@sfgov.org.

The waiting list must include the following information for each person or household who has applied to live at the project and is still waiting to be considered for an available unit: name of head-of-household, contact information, date of application, number of people in the household, stated household income and desired unit size. Prior to submittal, the waiting list must be redacted to exclude any private information that should not be shared publicly, for example, Social Security numbers, ID numbers from other forms of identification, information related to disabilities or other health conditions. Please confer with legal counsel and let MOHCD know if you have any questions prior to submitting a copy of the project's waitlist. This requirement is not applicable to transitional housing projects, residential treatment programs, shelters, group homes or permanent supportive housing for homeless people that is leased through a closed referral system.

Worksheet 1A. Property & Residents	COMPLETED
Questions 1 thru 4	OK
Questions 5 thru 24	OK
Questions 25 thru 39	OK
Questions 40 thru 46	OK
Questions 51 thru 57	OK
Worksheet 1B. Transitional Programs	Not Required
Questions 1 thru 11	Not Required
Questions 12 thru 18	Not Required
Questions 19 thru 39	Not Required
Worksheet 1C. Eviction Data	COMPLETED
Question 1	OK
Questions 2 thru 21	OK
Questions 22 thru 41	OK
Questions 42 thru 61	OK
Worksheet 2. Fiscal Activity	COMPLETED
Rental Income - Housing Unit GPTR	OK
Vacancy Loss - Housing Units	OK
Operating Expenses	OK
Surplus Cash/Residual Receipts (Rows 140 - 171)	OK
Operating Reserve (Rows 177 - 186)	OK
Replacement Reserve (Rows 188 - 196)	OK
Changes to Real Estate Assets (Rows 198 - 205)	OK
Replacement Reserve Eligible Expenditures (Rows 209 - 228)	OK
Program Income (Rows 230 - 243)	OK
Worksheet 3A. Occupancy & Rent Info	COMPLETED
Does number of units entered on Worksheet 3 match total units entered on Worksheet 1A or the total households that can be served in Worksheet 1B?	OK
For each row with a Unit Number, was data entered in cells for Subsidy Type and Utility Allowance?	OK
Narrative Provided for All rows indicating Overhoused or Overcrowded?	OK
Worksheet 3B. Demographic Information	COMPLETED
Is Ethnicity and Race selected for each household?	COMPLETED
Is Gender and Sexual Orientation/Identity selected for each household?	COMPLETED
Worksheet 4. Narrative	COMPLETED
2	OK
3	OK
4	OK
5	OK
6	OK
7	OK
8	OK
Worksheet 5. Project Financing	COMPLETED
Worksheet 6. Services Funding	Not Required

Sending the AMR Package

- Must be submitted in **electronic form**
- Email to:

moh.amr@sfgov.org



A Complete AMR Package Includes:

-  A Completed AMR (in Excel)
-  Certificate of **Property Insurance** (in PDF)
Certificate of **Liability Insurance**
-  Audit Report (in PDF)
-  Current Waiting List
-  **Owner Compliance Certification** (in PDF)

Owner Compliance Certification (blank)

..... Section #1.

Owner Compliance Certification

The undersigned owner, having received housing development funds pursuant to a housing development program funding agreement/s entered into with the City and County of San Francisco ("CCSF") for the purpose of purchasing, constructing and/or improving low-income housing, does hereby certify as follows:

Initial all statements below, and supply data to make the statement complete where needed (look for underlined blanks; e.g.: ____). **For any statements that are not true, you must supply a detailed explanation on the Project Activity Narrative Report.** The failure to provide a conforming response to all statements below will render incomplete the entire Annual Monitoring Report ("AMR") submission for this project, which may result in a default condition under the funding agreement/s, and also subject the owner to scoring penalties in future efforts to obtain funding from MOHCD for this project and any other project.

	True	False	
1			The CCSF Mayor's Office of Housing and Community Development ("MOHCD") has been alerted by the owner prior to any actions taken by the owner that affect the value of the property associated with this project, including but not limited to the establishment of any liens or encumbrances on the property; and, where required, the owner has obtained written authorization from MOHCD prior to taking any such actions.
2			The undersigned is not in default of the terms of any Agreements with CCSF for this project, nor has it been in default on any other loans, contracts or obligations on this property during the reporting period.
3			The undersigned has not been the subject of any actions relating to any other loans, contracts or obligations on this property which might have a material adverse financial impact on the property.
			The owner has not lost or failed to renew funding for supportive services for the project

Owner Compliance Certification

Property and Liability Insurance

Enter the information requested below, and attach a current copy (each) of the Property and Liability Insurance Certificates. SCAN the documents and send them as an attachment along with the complete AMR to MOHCD via e-mail to: moh.amr@sfgov.org.

Property Insurance		
	Property Street Address:	
	Policy Number:	
	Policy Effective Date:	
	Policy Expiration Date:	
Liability Insurance		
	Property Street Address:	
	Policy Number:	
	Policy Effective Date:	
	Policy Expiration Date:	

Tax Certification

Enter the information requested below.

You do **NOT** need to submit copies of the invoice, and checks used to pay the tax.

Property Tax		
	Tax Year:	
	Amount of Tax Paid:	
	Date Paid:	
	Amount outstanding from taxes due for Reporting Period:	
	Amount outstanding from taxes due prior to Reporting Period:	

*** This form must be completed by Project Owner or authorized agent. ***

The undersigned, acting under authority of the ownership of this project, executes this Certification,

... Section #2

... Section #3

..... Section #4
Sign and Date

WAITING LIST

Submission Instructions:

Once all worksheets below are "COMPLETED", email the AMR, completed Owner Compliance Certification, along with the attachments required under the Insurance and Tax Certification per page 3 of the Owner Certification, waitlist, and audited financial statements to:

moh.amr@sfgov.org.

The waiting list must include the following information for each person or household who has applied to live at the project and is still waiting to be considered for an available unit: name of head-of-household, contact information, date of application, number of people in the household, stated household income and desired unit size. Prior to submittal, the waiting list must be redacted to exclude any private information that should not be shared publicly, for example, Social Security numbers, ID numbers from other forms of identification, information related to disabilities or other health conditions. Please confer with legal counsel and let MOHCD know if you have any questions prior to submitting a copy of the project's waitlist. This requirement is not applicable to transitional housing projects, residential treatment programs, shelters, group homes or permanent supportive housing for homeless people that is leased through a closed referral system.

Worksheet 1A. Property & Residents		COMPLETED	
	Questions 1 thru 4		OK
	Questions 5 thru 24		OK
	Questions 25 thru 39		OK
	Questions 40 thru 46		OK
	Questions 51 thru 57		OK
Worksheet 1B. Transitional Programs		Not Required	
	Questions 1 thru 11		Not Required

3C.DemographicSummary 4.Narrative 5.Financing 6.Service 7.SuppInfo-Audit **Completeness Tracker**

Waiting List details: in CT Worksheet.
NO Social Security #, disability / health conditions, etc.