

**Annual Monitoring Report - Property & Residents - Reporting Year 2016 -**

**Mayor's Office of Housing & Community Dev**

Complete reporting period start/end dates first. These dates pull into cells and formulas in other worksheets.

#	IDENTIFYING INFO	
1	1/1/2016	Reporting Period Start Date
2	12/31/2016	Reporting Period End Date (
3	ABC Apartments	Property Name (select from drop down)
4	123 Main Street	Property Full Street Address (e.g. "123 Main Street")
CONTACT INFO		Select Project Name from Drop Down menu.
5	Exec Director	Sponsor Execut
6	4152345678	Sponsor Executive Director Phone Number
7	exe_director@proj_sponsor.us	Sponsor Executive Director E-mail
8	ABC Mgt Company	Property Management Company
9	PM	Property Manager Name
10	4151234567	Property Manager Phone Number
11	pm@abcmgt.com	Property Manager E-mail
12	PS	Property Supervisor Name
13	4153456789	Property Supervisor Phone Number
14	ps@abcmgt.com	Property Supervisor E-mail
15	Property Owner	Property Owner Name
16	Owner Contact	Property Owner Contact
17	4156789012	Property Owner Contact
18	po@abcmgt.com	Property Owner Contact
19	AssetMgt	Property Asset Manager Name
20	4159876543	Property Asset Manager Phone Number
21	am@abcmgt.com	Property Asset Manager E-mail
22	AMR	AMR Preparer's Name
23	4156789012	AMR Preparer's Phone Number
24	amr@abcmgt.com	AMR Preparer's E-mail

Select Project Name from Drop Down menu.

Asset Manager Info for property. Do NOT put MOHCD Asset Management Team Info here.

PROPERTY/MARKETING INFO				
25	no	Is the project any Residential Treatment Program? (select "yes" or "no" from the drop-down menu to the left.)	<p>If "yes", skip questions below, and complete Worksheet "B: Transitional Programs Only"</p> <p><b>If you answer "yes", skip questions 26 through 39 below, and continue with question 40. Also, you must complete worksheet "1B.TransitionalProg."</b></p>	
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*
26	Single Room Occupancy (SRO) Units		1	
27	Studio Units	63	1	1
28	One-Bedroom (1BR) Units	7	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	<b>TOTAL # Units----&gt;</b>	<b>70</b>		
34	0	<p><b>Vacancies</b> - 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.)</p>		
35	5	<p><b>Evictions</b> - 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.)</p>		
36	15	<p><b>Vacant Unit Rent-Up Time</b> - (in DAYS) 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. <b>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.)</b></p>		
37	250	<p><b>Waiting List</b> - How many applicants are currently on the waiting list?</p>		
38	5/2016	<p>When was the waitlist last updated?</p> <p>If selected "yes", click here and jump to Worksheet 4 to provide additional info</p>		
39	no	<p><b>Affirmative Marketing</b> - Did you conduct any marketing of the project during the reporting period? <b>If you conducted marketing during the reporting period, you must answer Question #5 on the Narrative worksheet. (Click on #5 at left to jump to Narrative worksheet.)</b></p>		

Fill out the number of units, together with their minimum AND maximum occupancy standards. Cells will change from grey to white,

#5

If selected "yes", click here and jump to Worksheet 4 to provide additional info

40	3/15/2015	What is the date of the last Capital Needs Assessment? (m/d/yyyy)
41	7/1/2018	What is the project name? (m/d/yyyy) <b>If selected "yes", click here and jump to Worksheet 4 to provide additional info</b>
42	0	How many <b>Health, Building or Housing Code Violations</b> were issued against the property in the reporting year? (If there were no violations enter "0"). <b>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.)</b>
43	0	How many <b>Health, Building or Housing Code Violations</b> were open from <i>prior</i> years?
44	0	How many <b>Health, Building or Housing Code Violations</b> were cleared in the reporting year?
45	no	Are there urgent <b>Major Property Repairs</b> needed on the property in the next two years? ( <b>Yes/No</b> ) <b>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.)</b>
46	\$0	If the property has <b>Immediate Capital Needs</b> 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, <b>and supply additional explanation in question #3 of the Narrative report. (Click on # 3 at left to jump to Narrative worksheet.)</b>
47	3	As of the last day of the reporting period, how many units were fully <b>Accessible to Physically Impaired Tenants?</b>
48	1	As of the last day of the reporting period, how many units were <b>Adaptable for Physically Impaired Tenants?</b>
49	2	As of the last day of the reporting period, how many units were fully <b>Accessible to Visually Impaired Tenants?</b>
50	1	As of the last day of the reporting period, how many units were fully <b>Accessible to Hearing Impaired Tenants?</b>

**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 marked services below on Worksheet "6.Services"

51	yes	Go To WS6	After School Program
52	yes	Go To WS6	Licensed Day Care Service (participant fees are allowable for day care ONLY) (y/n)
53	yes	Go To WS6	Youth Program/s (y/n)
54	no	Go To WS6	Educational Classes (e.g. ESL) (y/n)
55	no	Go To WS6	Health and Wellness Services/Programs (y/n)
56	no	Go To WS6	Employment Services (y/n)
57	no	Go To WS6	Case Management, Information and Referrals (y/n)
58	no	Go To WS6	Benefits Assistance and Advocacy; Money Management; Financial Literacy and Counseling (y/n)
59	no	Go To WS6	Support Groups, Social (y/n)
60	Yoga Lessons	Go To WS6	Other Service #1 - Please specify in column G.
61	Woodworking	Go To WS6	Other Service #2 - Please specify in column G.

Select "Yes" or "No" from dropdown menu.

Click here to get to worksheet "6. Services", and provide additional information on available resident services identified.

Enter Services not covered in above categories. Leave blank if none.

**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.*

		<b>Target Population</b>		<b>Actual Population</b>	
62		0	Families	0	Families
63		0	Persons with HIV/AIDS	0	Persons with HIV/AIDS
64		0	Housing for Homeless	0	Housing for Homeless
65		0	Mentally or Physically Disabled	0	Mentally or Physically Disabled
66		22	Senior Housing	20	Senior Housing
67		0	Substance Abuse	0	Substance Abuse
68		0	Domestic Violence Survivor	0	Domestic Violence Survivor
69		0	Veterans	0	Veterans
70		0	Formerly Incarcerated	0	Formerly Incarcerated
71		0	Transition-Aged Youth ("TAY")	0	Transition-Aged Youth ("TAY")

**Remember, SAVE YOUR WORK!**

**Annual Monitoring Report - Transitional Programs - Reporting Year 2016 - Mayor's Office of Housing & Community Development**

Project Address: **123 Main Street**

**Project Capacity:** What is the target capacity of this project? (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	D. Num of Beds
1	0	70	0	0	0
2	<b>70</b>		<b>Total Households (Singles and Families) That Can Be Served</b>		

**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	20	15	9	Num on the first day of operating year
4	30	5	0	0	Num entering the program during the operating year
5	<b>70</b>		<b>Total Households (Singles and Families) Served</b>		
6	0	0	0	0	Num who left the program during the operating year
7	45	25	15	9	Num in the program on the last day of the operating year
8	<b>70</b>		<b>Total Households in program on the last day of the operating year</b>		
9	<b>100.00%</b>		<b>&lt;--Capacity Utilization Rate (by Household as of last Day of Operating Year)</b>		

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	<b>0</b>	<b>TOTAL # HH's that left the program</b>

**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)	<b>PERMANENT</b>
20	0	Public Housing	
21	0	Section 8 Voucher	
22	0	Subsidized Rental - house or apartment	
23	0	Homeownership	
24	0	Moved in with family or friends	
25	<b>0</b>	<b>Permanent Housing Subtotal</b>	
26	0	Transitional Housing for homeless persons	<b>TRANSITIONAL</b>
27	0	Moved in with family or friends <i>TEMPORARILY</i>	
28	<b>0</b>	<b>Transitional Housing Subtotal</b>	
29	0	Psychiatric hospital	<b>INSTITUTIONAL</b>
30	0	Inpatient alcohol or other drug treatment facility	
31	0	Jail/Prison	
32	0	Medical Facility	
33	<b>0</b>	<b>Institutional Subtotal</b>	
34	0	Emergency Shelter	<b>OTHER</b>
35	0	Places not meant for human habitation (e.g. street)	
36	0	Unknown	
37	0	Other	
38	<b>0</b>	<b>Other Subtotal</b>	
39	<b>0</b>	<b>TOTAL # HH's that left the program</b>	

Complete this worksheet

### Annual Monitoring Report - Eviction Data - Reporting Year 2016 - Mayor's Office of Housing & Community Development

Project Address: 123 Main Street

Number of Households during any time within the reporting period. Should be > 0.

*This section of the AMR must be completed for all projects.*

Number of households who lived in the project during the reporting period:

1	85	Number of households who lived in the project AT ANY TIME during the reporting period. Be sure to include all new households that moved in during the reporting period.
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**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	<b>Total number of households who received Notices of Eviction</b>

Input "0" if there is no count. Do not leave blank.

**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	<b>Total number of unlawful detainer actions filed</b>

Input "0" if there is zero count. Do not leave blank.

**Number of households evicted from 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).*

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	<b>Total number of households evicted (total also used to answer question #35 on Worksheet 1A)</b>

Input "0" if there is zero count. Do not leave blank.

	B	D	F	H	J
15	<b>Annual Monitoring Report - Fiscal Activity - Reporting Year 2016 - Mayor's Office of Housing &amp; Community Development</b>				
16	<b>INCOME &amp; EXPENSES</b>				
17	12 Month Report Period	Start Date:	1/1/2016	End Date:	12/31/2016
18	Number of Units-->	70	<b>123 Main Street</b>		
19		Account			
20	Description of Income Accounts	Number	Residential	Non-Residential	Total
21	<b>Rental Income</b>				
22	Housing Units - Gross Potential Tenant Rents	5120	\$245,120.00		
23	Rental Assistance Payments (identify ALL sources in row below if applicable, including LOSP funding)	5121	\$980,000.00		
24	Source/s---->				
25	Commercial Unit Rents	5140			
26	sub-total Gross Rental Income:		\$1,225,120.00	\$0.00	\$1,225,120.00
27	<b>Vacancy Loss - enter amounts as negative numbers!</b>				
28				vacancy rate	
29	Housing Units	5220	-\$2,500.00		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	<b>Other Income</b>				
35	Garage and Parking Spaces	5170	\$350.00		
36	Miscellaneous Rent Income	5190	\$3,200.00		
37	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			
38	Supportive Services Income Source/s- identify program source(s) if applicable -->				
39	Interest Income - Project Operations (From Operating Account Only)	5400	\$362.00		
40	Laundry and Vending	5910	\$2,350.00		
41	Tenant Charges	5920	\$225.00		
42	Other Revenue	5990	\$450.00		
43	sub-total Other Income Received:		\$6,937.00	\$0.00	\$6,937.00
44					
45	TOTAL INCOME RECEIVED:		\$1,229,557.00	\$0.00	\$1,229,557.00
46	<b>INCOME &amp; EXPENSES</b>				
47	Description of Expense Accounts	Account Number	Residential	Non-Residential	Total
48	<b>Management</b>				
49	Management Fee	6320	\$51,500.00		
50	"Above the Line" Asset Management Fee (amount allowable may be limited, see Asset Mgt. Fee Policy)				
51	sub-total Management Expense:		\$51,500.00	\$0.00	\$51,500.00
52	<b>Salaries/Benefits</b>				
53	Office Salaries	6310	\$84,500.00		
54	Manager's Salary	6330	\$53,500.00		
55	Employee Benefits: Health Insurance & Disability Insurance	6723	\$35,600.00		
56	Employee Benefits: Retirement & Other Salary/Benefit Expenses		\$12,000.00		
57	Administrative Rent Free Unit	6331	\$18,000.00		
58	sub-total Salary/Benefit Expense:		\$203,600.00	\$0.00	\$203,600.00
59	<b>Administration</b>				
60	Advertising and Marketing	6210	\$3,850.00		
61	Office Expenses	6311	\$22,350.00		
62	Office Rent	6312			
63	Legal Expense - Property	6340			
64	Audit Expense	6350	\$9,000.00		
65	Bookkeeping/Accounting Services	6351	\$10,300.00		
66	Bad Debts	6370	\$0.00		
67	Miscellaneous Administrative Expenses (must click & explain if >\$10k)	6390	\$18,560.00		
68	sub-total Administrative Expense:		\$64,060.00	\$0.00	\$64,060.00
69	<b>Utilities</b>				
70	Electricity	6450	\$25,200.00		
71	Water	6451	\$17,241.00		
72	Gas	6452	\$1,953.00		
73	Sewer	6453	\$23,280.00		
74	sub-total Utilities Expense:		\$67,674.00	\$0.00	\$67,674.00
75	<b>Taxes and Licenses</b>				
76	Real Estate Taxes	6710	\$13,850.00		
77	Payroll taxes	6711	\$19,100.00		
78	Miscellaneous Taxes, Licenses, and Permits	6719	\$3,840.00		
79	sub-total Taxes and License Expense:		\$36,790.00	\$0.00	\$36,790.00
80	<b>Insurance</b>				
81	Property and Liability Insurance	6720	\$23,074.00		
82	Fidelity Bond Insurance	6721	\$10,329.00		
83	Workers' Compensation	6722	\$14,000.00		
84	Directors & Officers Liabilities Insurance	6724	\$1,200.00		
85	sub-total Insurance Expense:		\$48,603.00	\$0.00	\$48,603.00
86	<b>Maintenance and Repairs</b>				
87	<b>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).</b>				
88	Payroll	6510	\$68,500.00		
89	Supplies	6515	\$42,200.00		
90	Contracts	6520	\$55,700.00		
91	Garbage and Trash Removal	6525	\$16,052.00		
92	Security Payroll/Contract	6530	\$28,028.00		
93	HVAC Repairs and Maintenance	6540	\$5,230.00		
94	Vehicle and Maintenance Equipment Operation and Repairs	6570	\$1,850.00		
95	Miscellaneous Operating and Maintenance Expenses (must click & explain if >\$10k)	6590	\$17,500.00		
96	sub-total Maintenance Repair Expense:		\$227,060.00	\$0.00	\$227,060.00
97	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.	6900			
98					
99	SUB-TOTAL OPERATING EXPENSES:		\$699,287.00	\$0.00	\$699,287.00
100	<b>Capital Maintenance Repairs/Improvements eligible for payment by Replacement Reserve. If capital costs were entered in amounts for Maintenance &amp; 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.</b>				
101			\$11,000.00		
102	<b>Non-Capital Maintenance Repair Expenses eligible for payment by Replacement Reserve. Only enter amounts here if they were included in amounts entered for Maintenance &amp; Repairs section above and will be reimbursed by Replacement Reserve. Amount will be netted out from operating expenses. Enter as positive number.</b>				
103			\$13,500.00		
104	TOTAL OPERATING EXPENSES:		\$674,787.00	\$0.00	\$674,787.00
105					
106	Acct Num	Residential	Non-Residential	Total	
107	1. TOTAL INCOME RECEIVED:		\$1,229,557.00	\$0.00	\$1,229,557.00
108	2. TOTAL OPERATING EXPENSES:		\$674,787.00	\$0.00	\$674,787.00
109	3. NET OPERATING INCOME:		\$554,770.00	\$0.00	\$554,770.00

If amount > \$10K, click link and go to WS4, in order to fill out expenses breakdown.

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



	B	D	F	H	J
15	<b>Annual Monitoring Report - Fiscal Activity - Reporting Year 2016 - Mayor's Office of Housing &amp; Community Development</b>				
110					
111	<b>4. Ground Lease Base Rent &amp; Debt Service (Principal and Interest)</b>	Name of Lessor or Lender / Describe Other Amt Paid	Residential	Non-Residential	Total
112	Ground Lease - Base Rent (provide Lessor name to the right)		\$15,000.00		
113	Bond Monitoring Fee		\$6,500.00		
114	Lender1 - Principal Paid (provide lender name to the right)	Citibank	\$50,000.00		
115	Interest Paid		\$395,000.00		
116	Other Amount (describe to the right)				
117	Lender2 - Principal Paid (provide lender name to the right)				
118	Interest Paid				
119	Other Amount (describe to the right)				
120	Lender3 - Principal Paid (provide lender name to the right)				
121	Interest Paid				
122	Other Amount (describe to the right)				
123	Lender4 - Principal Paid (provide lender name to the right)				
124	Interest Paid				
125	Other Amount (describe to the right)				
126	<b>Total Ground Lease Base Rent + Debt Service Payments</b>		<b>\$466,500.00</b>	<b>\$0.00</b>	<b>\$466,500.00</b>
127					
128	<b>5. Reserve Account Activity Impacting Operating Account</b>				
129	Replacement Reserve Required Annual Deposit (Source is Operating Account.) Enter as positive number.	1320	\$25,350.00		\$25,350.00
130	Operating Reserve Deposits (Source is Operating Account.) Enter as positive number.	1365	\$18,000.00		\$18,000.00
131	Operating Reserve Account Withdrawals (For deposits to Operating Account.) Enter as positive number.				\$0.00
132	Other Required Reserve Account Deposits (Source is Operating Account. Enter as positive number. Identify reserve account in next col) (1330)				\$0.00
133	Other Required Reserve Account Withdrawals (For deposit to Operating account. Enter as positive number. Identify account in next col ---->				\$0.00
134	<b>Net Reserve Activity:</b>		<b>-\$43,350.00</b>	<b>\$0.00</b>	<b>-\$43,350.00</b>
135					
136	<b>Surplus Cash, Detail (NOI minus Debt Service and Reserve Activity)</b>		<b>\$44,920.00</b>	<b>\$0.00</b>	<b>\$44,920.00</b>
137					
138	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		<a href="#">Go to ws4 Narrative question #8</a>		
139	<b>Surplus Cash, Total</b>				<b>\$44,920.00</b>
140	<b>Distribution of Surplus Cash/Residual Receipts - (Response Required.)</b> 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 calculation methodology, applicable annual increases, etc. For proposed distribution amounts entered in column J, rows 143-164, select the distribution priority for each of the uses of cash flow/surplus 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.				
141	The surplus cash will be distributed in the following priority sequence: 1. 2. 3.				
142				<b>Distribution Priority</b> (select below)	
143	<b>6. Operating Reserve Replenishments</b> (Deposits made out of surplus cash to satisfy minimum balance requirements).			1	\$15,200.00
144	<b>7. "Below-the-line" Asset Mgt fee</b> (prior written authorization from City/SFRA may be required, see Asset Mgt. Fee Policy).			2	\$6,550.00
145	<b>8a. Partnership Management fee due from this reporting period.</b> If any (tax credit projects only; not allowed if project is beyond 15-year compliance period).			3	\$7,500.00
146	<b>8b. Partnership Management fee accrued but unpaid from PRIOR reporting periods, if any</b> (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).			4	\$7,264.00
147	<b>9a. Investor Services Fee (aka LP Asset Management Fee) due from this reporting period.</b> If any (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).			5	\$2,800.00
148	<b>9b. Investor Services Fee (aka LP Asset Management Fee) accrued but unpaid from PRIOR reporting periods, if any</b> (tax credit projects only; per City policy, not allowed if project is beyond 15-year compliance period).				
149	<b>10. Deferred Developer fee, if any</b>				
150	<b>11. Other payments:</b> 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.			<a href="#">Go to ws4 Narrative question #1</a>	
151	<b>12ai. Debt Pmt to other lender1: Principal Paid</b> (note lender name to right)	bcd			
152	<b>12aii. Debt Pmt to other lender1: Interest Paid</b>				
153	<b>12bi. Debt Pmt to other lender2: Principal Paid</b> (note lender name to right)	efg			
154	<b>12bii. Debt Pmt to other lender2: Interest Paid</b>				
155	<b>Total Payments preceding Residual Receipts Calculation:</b>				<b>\$39,314.00</b>
156					
157	<b>13. RESIDUAL RECEIPTS</b>			<b>Distribution Priority</b> (select below)	<b>\$5,606.00</b>
158					
159	13a. MOHCD Residual Receipts Due for Loan Repayment			6	\$500.00
160	13b. MOHCD Residual Receipts Due for Ground Lease Residual Rent Payment			7	\$1,200.00
161	<b>13c. Subtotal Residual Receipts Payments to MOHCD</b>				<b>\$1,700.00</b>
162	13d. Residual Receipts Debt Pmt to other lender3 (note lender name to right)				
163	13e. Residual Receipts Debt Pmt to other lender4 (note lender name to right)				
164	13 f. Residual Receipts Debt Pmt to other lender5 (note lender name to right)				
165	<b>Total Residual Receipts Payments:</b>				<b>\$1,700.00</b>
166					
167	<b>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.</b>				
168	<b>Remaining Balance</b>				<b>\$3,906.00</b>
169					
170	<b>Proposed Owner Distributions</b> (provide description in column D and enter amount in column J. If an amount is entered, a description is required.)			<b>Description for Proposed Owner Distribution</b>	\$2,000.00
171	<b>Proposed Other Distributions/Uses</b> (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.)			<b>Description for Proposed Other Uses</b>	\$1,906.00
172					
173	<b>Final Balance: should be ZERO except when Surplus Cash (cell F136) is negative</b>				<b>\$0.00</b>

Waterfall Payments here. Please also follow the same Distribution Priority in Worksheet 7.

Final Balance should be ZERO. Positive balance should be distributed between the 2 rows above (with explanation).

	B	D	F	H	J
15	<b>Annual Monitoring Report - Fiscal Activity - Reporting Year 2016 - Mayor's Office of Housing &amp; Community Development</b>				
174	<b>RESERVE ACCOUNT DETAILS</b>				
176	<b>OPERATING RESERVE (Do not leave blanks for any questions asking for a number, enter zero instead.)</b>				
178	Minimum Required Balance:		\$0.00		
179	Beginning Balance:		\$0.00		
180	Actual Annual Deposit (don't edit - taken from page 1 account number 1365):		\$18,000.00		
181	Interest Earned:		\$2.38		
182	Annual Withdrawal Amount (enter as negative number):		\$0.00		
183	Ending Balance (don't edit cell -- calculated):		\$18,002.38		
184	Required Annual Deposit:		\$24,500.00		
185	Total Operating Expenses plus debt service (don't edit cell -- calculated)		\$1,141,287.00		
186	<p>If the calculated percentage shown to the right (Op Reserve Account Ending Balance divided by Total Op Expenses) is <b>less than 23.5%</b>, you must describe how the project will remedy the shortfall in the adjacent cell.</p> <p>If the calculated percentage shown to the right is <b>greater than 26.5%</b>, you must explain why the Op Reserve balance exceeds MOHCD's requirement in the adjacent cell.</p>		1.577%	<p><b>Low percentage due to these reasons:</b></p> <p>Needs explanation here, due to low percentage in D168 (see description in B186).</p>	
187	<b>REPLACEMENT RESERVE (Do not leave blanks for any questions asking for a number, enter zero instead.)</b>				
189	Minimum Required Balance:		\$20,000.00		
190	Beginning Balance:		\$0.00		
191	Actual Annual Deposit:		\$25,350.00		
192	Interest Earned:		\$50.00		
193	Annual Withdrawal Amount (enter as negative number):		\$0.00		
194	Ending Balance (don't edit cell -- calculated):		\$25,400.00		
195	Required Annual Deposit (do not edit - taken from page 1 account number 1320):		\$25,350.00		
196	Describe how the amount of annual deposit and the minimum required balance Annual Deposit amount is determined.			<p>Adding explanation here, and adding "0" in blank cells could help solve incompleteness error in this section.</p>	
197	<b>CHANGES TO REAL ESTATE ASSETS</b>				
199	Enter Beginning and Ending Balances in each of the categories listed below. Changes in asset categories will auto calculate.				
200	Building & Improvements	Balance, 1/01/2016	Changes	Balance, 12/31/2016	
201	Offsite Improvements	\$5,200.00	\$2,800.00	\$8,000.00	
202	Site Improvements	\$650.00	\$350.00	\$1,000.00	
203	Land Improvements	\$0.00	\$0.00	\$0.00	
204	Furniture, Fixtures & Equipment	\$0.00	\$0.00	\$0.00	
205	Other	\$150.00	\$0.00	\$150.00	
205		\$55.00	\$0.00	\$55.00	
206	<p><b>Replacement Reserve-Eligible Expenditures:</b> Provide details below about the Capital and non-Capital Expenditures that are Replacement Reserve-eligible.</p> <p><b>Capital Repairs and Improvements:</b> 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 category 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.</p>				
207	<b>Capital Repairs and Improvements Funded By:</b>				
209	Capital Repairs and Improvements - Categories	Replacement Reserve	Operating Account	Other Source	Total Amount
210	Building & Improvements	\$2,600.00	\$200.00	\$0.00	\$2,800.00
211	Offsite Improvements	\$280.00	\$50.00	\$20.00	\$350.00
212	Site Improvements				\$0.00
213	Land Improvements				\$0.00
214	Furniture, Fixtures & Equipment				\$0.00
215	Other				\$0.00
216	<b>Total</b>	<b>\$2,880.00</b>	<b>\$250.00</b>	<b>\$20.00</b>	<b>\$3,150.00</b>
217	Description of Capital Repairs and Improvements				
218	Description regarding capital repairs in here...				
219	<p><b>Non-Capital Replacement Reserve Eligible Expenditures (i.e., labor costs):</b> Enter the amounts used to fund non-capital replacement reserve eligible expenditures. Use section below to supply explanations.</p>				
220	Source				Amount
221	Paid out of Operating Budget, to be reimbursed by RR (shows the amount entered in row 101 above)				\$13,500.00
222	Paid Directly from Replacement Reserve				
223	Other Source				
224	Explanation of Non-Capital Replacement Reserve Eligible Expenditures				\$13,500.00
225	Non-capital Replacement Reserve (e.g. labor cost) explanation here				
226	<p><b>TOTAL REPLACEMENT RESERVE ELIGIBLE EXPENDITURES:</b> 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.</p>	RR Withdrawal Amount-->	\$0.00	Total RR-Eligible Expenditures-->	\$16,650.00
227	Notes About RR Withdrawal Amount in excess of Total RR-eligible Expenditures:				
228	Explanation here				
229					

	B	D	F	H	J
15	<b>Annual Monitoring Report - Fiscal Activity - Reporting Year 2016 - Mayor's Office of Housing &amp; Community Development</b>				
230	<b>FEDERAL PROGRAM INCOME REPORT</b>				
231	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.				
232	For more information, use the following link or copy this web address for manual navigation:				
233	<a href="http://www.sf-moh.org/Modules/ShowDocument.aspx?documentid=5141">http://www.sf-moh.org/Modules/ShowDocument.aspx?documentid=5141</a>				
234	<a href="#">Overview of Federal (HOME and CDBG) Program Income</a>				
235	<b>CDBG PROGRAM INCOME</b>				
236	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, 2016-17 Action Plans as follows:				
237		AMOUNT		DESCRIPTION	
238	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):				
239	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):				
240	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):				
241	Amount to be deposited for use on future eligible CDBG activities that will be undertaken by June 30, 2015 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
242	Other (provide amount in cell to the right, plus activity description and regulation citation in column furthest to the right):				
243	<b>Total CDBG Program Income Calculation</b> (see instructions for guidance on how to calculate)				
244	<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 2016 reporting period as depicted above.</i>				

**Annual Monitoring Report - Occupancy & Rent Info - Reporting Year 2016 - Mayor's Office of Housing & Community Development**

**Project Address:** **123 Main 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.**      **12/31/2016**      **# Households**      **70**

- 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, P, R and T only.
- For tenants who moved in during the reporting period, the data entered in columns F, G & H (at initial occupancy) should be the same as the data entered in columns I, J & K (within reporting period), respectively.

C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Row Num	Unit No.	Unit Type (Bed / SRO / Studio / 1BR / 2BR / 3BR / 4BR / 5+BR)	Date of INITIAL OCCUPANCY (m/d/yyyy)	Household Annual Income AT INITIAL OCCUPANCY	Household Size AT INITIAL OCCUPANCY (number)	Date Of Most Recent Income Recertification WITHIN REPORTING PERIOD (m/d/yyyy)	Household Annual Income as of Most Recent Recertification WITHIN REPORTING PERIOD	Household Size (number) as of Most Recent Recertification WITHIN REPORTING PERIOD	Min Occupancy for Unit Type (per data entered on worksheet 1A)	Max Occupancy for Unit Type (per data entered on worksheet 1A)	Is the Household Overhoused or Overcrowded?	Overhoused / Overcrowded – Narrative. (Explanation required for each row where indicator is displayed in Column N and Col O cell shows no highlighting. Describe any extenuating circumstances that justify the Overhoused/Overcrowded status; summarize efforts made to transfer HH to unit of appropriate size.)	Rental Assistance Type (select "none" if none)	Amount of Rental Assistance	Amount of Maximum Gross Rent Allowed for Unit (enter \$0 if n/a)	Amount Tenant Paid Rent for Unit	Utility Allowance (Enter \$0 if all utilities are included.)	Date Of Most Recent Rent Increase WITHIN THE REPORTING PERIOD (m/d/yyyy)	Amount of Most Recent Rent Increase WITHIN THE REPORTING PERIOD	%age of Rent Increase (calculated, do not enter)
1	215	1BR	3/7/2014	\$17,970	2	4/1/2016	\$18,150	2	1	2			Section 8 - Project-Based	\$1,207	\$1,682	\$445	\$0			0.00%
2	301	1BR	9/27/2006	\$11,000	1	4/1/2016	\$38,400	3	1	2	OVERcrowded?	HH had two children since initial movein.	Section 8 - Project-Based	\$1,113	\$1,457	\$318	\$0			0.00%
3	302	Studio	12/1/2015	\$10,529	1	12/1/2015	\$10,529	1	1	1			Section 8 - Project-Based	\$1,158	\$1,457	\$253	\$0			0.00%
4	303A	Studio	3/12/2005	\$8,421	1	4/1/2016	\$10,909	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
5	304B	Studio											none		\$1,457		\$0			
6	305	Studio	9/28/2012	\$10,253	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
7	306	Studio	9/25/2005	\$10,993	1	4/1/2016	\$9,840	1	1	1			Section 8 - Project-Based	\$1,195	\$1,457	\$236	\$0			0.00%
8	307	Studio	10/1/1996	\$12,850	1	4/1/2016	\$10,896	1	1	1			Section 8 - Project-Based	\$1,169	\$1,457	\$262	\$0			0.00%
9	308	Studio	12/20/2013	\$10,397	1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
10	309	Studio	1/2/2013		1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
11	310	Studio	12/29/2007		1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
12	311	1BR	7/12/2013		1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,215	\$1,682	\$437	\$0			0.00%
13	312	Studio	7/7/1996	\$5,481	1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
14	313A	Studio	10/1/2005	\$9,746	1	4/1/2016		1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
15	314	Studio	4/17/2014	\$10,769	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
16	315	Studio	12/29/2012	\$10,253	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
17	316	Studio	9/16/2008	\$10,681	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
18	317	1BR	7/3/2008	\$18,511	2	4/1/2016	\$15,156	2	1	2			Section 8 - Project-Based	\$1,211	\$1,682	\$386	\$0			0.00%
19	401	Studio	4/6/2012	\$8,426	2	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
20	402	Studio	8/31/2012	\$4,800	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
21	403A	Studio	11/10/2008	\$10,441	1	4/1/2016	\$9,600	1	1	1			Section 8 - Project-Based	\$1,201	\$1,457	\$230	\$0			0.00%
22	404	Studio	8/16/2010	\$10,140	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
23	405	Studio	6/4/2012	\$6,481	1	4/1/2016	\$9,978	1	1	1			Section 8 - Project-Based	\$1,192	\$1,457	\$236	\$0			0.00%
24	406	Studio	7/6/2013	\$10,644	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
25	407	Studio	4/9/2012	\$5,333	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
26	408	Studio	10/3/1997	\$7,660	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
27	409	Studio	10/14/2008	\$10,692	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
28	410	Studio	1/15/2002	\$9,957	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
29	411	Studio	11/12/2012	\$10,493	1	4/1/2016	\$10,907	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
30	412	Studio	7/15/2009	\$10,200	1	4/1/2016	\$10,673	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
31	413	Studio	11/1/1990	\$8,662	1	4/1/2016	\$7,368	1	1	1			Section 8 - Project-Based	\$1,257	\$1,457	\$174	\$0			0.00%
32	414	Studio	12/19/2014	\$11,833	1	4/1/2016	\$11,833	1	1	1			Section 8 - Project-Based	\$1,145	\$1,457	\$286	\$0			0.00%
33	415	Studio	7/3/2008	\$15,723	2	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
34	416	Studio	4/5/2007	\$10,514	1	4/1/2016	\$10,909	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
35	417	Studio	6/1/2010	\$17,138	2	4/1/2016	\$9,840	1	1	1			Section 8 - Project-Based	\$1,195	\$1,457	\$236	\$0			0.00%
36	418	1BR	6/20/2014	\$17,978	2	4/1/2016	\$18,190	2	1	2			Section 8 - Project-Based	\$1,207	\$1,682	\$4,450	\$0			0.00%
37	501A	Studio	3/6/2006	\$10,081	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
38	502	Studio	1/3/2011	\$7,120	1	4/1/2016	\$9,600	1	1	1			Section 8 - Project-Based	\$1,201	\$1,457	\$230	\$0			0.00%
39	503	Studio	7/3/2006	\$9,483	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
40	504	Studio	8/9/2012	\$10,489	1	4/1/2016	\$10,900	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
41	505	Studio	9/17/2000	\$15,686	2	4/1/2016	\$11,448	1	1	1			Section 8 - Project-Based	\$1,155	\$1,457	\$276	\$0			0.00%
42	506	Studio	11/1/1990	\$7,585	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
43	507	Studio	11/9/1990	\$3,715	1	4/1/2016	\$9,840	1	1	1			Section 8 - Project-Based	\$1,195	\$1,457	\$236	\$0			0.00%
44	508	Studio	12/1/2014	\$10,529	1	4/1/2016	\$10,529	1	1	1			Section 8 - Project-Based	\$1,178	\$1,457	\$253	\$0			0.00%
45	509	Studio	9/6/2012	\$10,501	1	4/1/2016	\$9,846	1	1	1			Section 8 - Project-Based	\$1,195	\$1,457	\$236	\$0			0.00%
46	510	Studio	11/1/1990	\$9,186	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
47	511	Studio	1/14/2009	\$14,907	1	4/1/2016	\$10,668	1	1	1			Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0			0.00%
48	512	Studio	12/22/2005	\$9,988	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%
49	513	Studio	9/4/2009	\$11,455	1	4/1/2016	\$10,908	1	1	1			Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0			0.00%

Be sure to select the unit type from the drop down

For manager or vacant units, be sure to fill out columns, D, E, P, R & T.

For household that moved in DURING the reporting period, use the same initial occupancy date, income, and household size.

These cells will autopopulate based on the unit type information entered in the "Property Info" worksheet and the Reporting Period household size info entered to

Be sure to select from the drop down menu. For units that do not receive any rental assistance, do not leave blank. select "None"

## Annual Monitoring Report - Demographic Information - Reporting Year 2016 - Mayor's Office of Housing & Community Development

<b>Project Address:</b>	<b>123 Main Street</b>	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.	<b>42735</b>	<b># Households</b>	<b>70</b>
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- Provide the data requested for the tenant population that was residing in the project at the end of the Reporting Period.
- 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".

C	D	E	F	G	H	I	J	K	L		
Row Num	Unit No.	Unit Type (Bed / SRO / Studio / 1BR / 2BR / 3BR / 4BR / 5+BR)	Household Size (number) as of Most Recent Recertification <b>WITHIN REPORTING PERIOD</b>	Ethnicity (select from drop down menu)	Race (select from drop down menu)	Female Headed Household (yes/no)	Elderly Household (yes/no)	Number of Children under Age 18 in HH	Disability (Physical/ Visual/ Hearing/ None)		
1	215	1BR	2	Not Hispanic/Latino	Asian and White	no	yes	0	none		
2	301	<b>These cells auto-populate based on data entry in Worksheet 3A.</b>	<b>Select demographic information form drop down. Select "Not Reported" if data is unavailable.</b>	Hispanic/Latino	Black/African American and White	no	yes	0	none		
3	302			Not Hispanic/Latino	White	yes	yes	0	none		
4	303A			Not Hispanic/Latino	Asian	yes	yes	0	none		
5	304B			Not Reported	Not Reported						
6	305			Not Reported	Not Reported	yes	yes	0	none		
7	306			Not Reported	Not Reported	yes	yes	0	none		
8	307			Studio	1	Not Reported	Not Reported	yes	yes	0	none
9	308			Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	yes	yes	0	none
10	309			Studio	1	Hispanic/Latino	Black/African American	yes	yes	0	none
11	310			Studio	1	Not Hispanic/Latino	Other/Multiracial	yes	yes	0	none
12	311	1BR	2	Hispanic/Latino	Asian and White	no	yes	0	none		
13	312	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	yes	yes	0	none		
14	313A	Studio	1	Hispanic/Latino	Black/African American	yes	yes	0	none		
15	314	Studio	1	Not Hispanic/Latino	Other/Multiracial	yes	yes	0	none		
16	315	Studio	1	Hispanic/Latino	Asian and White	yes	yes	0	none		
17	316	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	yes	yes	0	none		
18	317	1BR	2	Hispanic/Latino	Black/African American	yes	yes	0	none		
19	401	Studio	1	Not Hispanic/Latino	Other/Multiracial	no	yes	0	none		
20	402	Studio	1	Hispanic/Latino	Asian and White	no	yes	0	none		
21	403A	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	no	yes	0	none		
22	404	Studio	1	Hispanic/Latino	Black/African American	yes	yes	0	Other		
23	405	Studio	1	Not Hispanic/Latino	Other/Multiracial	yes	yes	0	none		

**Annual Monitoring Report - Narrative - Reporting Year 2016 -  
Mayor's Office of Housing & Community Development**

Project Street Address: **123 Main Street**

Reporting Period - Start Date: 1/1/2016

Reporting Period - End Date: 12/31/2016

*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 11.

## 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.



**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.

**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.

## 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	Breakdown of Misc Admin Expenses of more than \$10,000. Please make sure difference is \$0.00
Software Maintenance	1,782.00	1234-45	
Payroll Processing Fee	1,655.00	1234-45	
Staff Training	708.00	1234-45	
Bank Charges	870.00	1234-45	
Others	7,664.00	1234-45	
<b>Total:</b>	18,560.00		
<b>Diff. from Fiscal Activity WS:</b>	-		

### Misc. Operating & Maintenance Expenses

17,500.00

Expense Description	Amount	HUD Acct #	Notes
Cable TV	2,000.00		Breakdown of Misc Operating and Maintenance Expenses. Please also make sure difference is \$0.00
Plumbing Repair	3,500.00		
Others	12,000.00		
<b>Total:</b>	17,500.00		
<b>Diff. from Fiscal Activity WS:</b>	-		

## 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 description of the work done to analyze the cause/s of the shortfall, and what the identified causes are; and
- A description of the work done to identify remedies for the shortfall, and all viable remedies that have been identified; and
- A description of the plan to implement any remedies, including specific timelines for the implementation work.
- 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 related comments about whether the project has been diligent in seeking annual increases to the HAP contract.



**Annual Monitoring Report - Services Funding - Reporting Year 2016 - 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:* **123 Main 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	123 Main Street	HUD	\$25,000	1/1/2012	12/31/2018
Licensed Day Care Services	FGH	123 Main Street	HUD	\$15,000	1/1/2012	12/31/2018
Youth Programs	FGH	123 Main Street	HUD	\$22,000	1/1/2012	12/31/2018
Yoga Lessons	FGH	123 Main Street	HUD	\$3,000	1/1/2012	12/31/2018
Woodworking	FGH	123 Main Street	HUD	\$3,500	1/1/2012	12/31/2018

Project Street Address:

123 Main Street

**Schedule of Operating Revenues  
For the Year Ended December 31, 2016**

	<u>2016</u>
<b>Rental Income</b>	<b>Total</b>
5120 Gross Potential Tenant Rents	\$245,120
5121 Rental Assistance Payments (inc. LOSP)	980,000
5140 Commercial Unit Rents	0
<b>Total Rent Revenue:</b>	<b><u>\$1,225,120</u></b>
<b>Vacancies</b>	
5220 Apartments	(\$2,500)
5240 Stores & Commercial	0
<b>Total Vacancies:</b>	<b><u>(\$2,500)</u></b>
<b>Net Rental Income: (Rent Revenue Less Vacancies)</b>	<b><u>\$1,222,620</u></b>
<b>Other Revenue</b>	
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 - [ ]	<u>0</u>
5910 Laundry & Vending	2,350
5920 Tenant Charges	225
5990 Misc. Revenue	450
<b>Total Other Revenue:</b>	<b><u>\$6,937</u></b>
<b>Total Operating Revenue:</b>	<b><u>\$1,229,557</u></b>

**Please fill out the highlighted cells. Enter "0" if applicable.**

Project Street Address:

123 Main Street

**Schedule of Operating Expenses  
For the Year Ended December 31, 2016**

	<b>2016</b>
	<b>Total</b>
<b>Management</b>	
6320 Management Fee	\$51,500
"Above the Line" Asset Management Fee	0
Total Management Expenses:	<u>\$51,500</u>
 <b>Salaries/Benefits</b>	
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:	<u>\$203,600</u>
 <b>Administration</b>	
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:	<u>\$64,060</u>
 <b>Utilities</b>	
6450 Electricity	\$25,200
6451 Water	17,241
6452 Gas	1,953
6453 Sewer	23,280
Total Utilities Expenses:	<u>\$67,674</u>
 <b>Taxes and Licenses</b>	
6710 Real Estate Taxes	\$13,850
6711 Payroll taxes	19,100
6790 Miscellaneous Taxes, Licenses, and Permits	3,840
Total Taxes and Licenses Expenses:	<u>\$36,790</u>
 <b>Insurance</b>	
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:	<u>\$48,603</u>

Project Street Address:

123 Main Street

Schedule of Operating Expenses
For the Year Ended December 31, 2016

Table with columns for expense categories and 2016 Total. Includes Maintenance and Repairs (Total \$227,060), Supportive Services (\$0), and Total Operating Expenses (\$674,787).

Financial Expenses

Enter amounts in yellow highlighted cells.

Please fill out the highlighted cells. Enter "0" if applicable.

Table for Financial Expenses with yellow highlighted cells. Includes Interest on Mortgage (\$250), Interest on Other Mortgages (125), and Total Financial Expenses (\$375). Total Cost of Operations before Depreciation: \$675,162. Operating Profit (Loss): \$554,395.

Depreciation & Amortization Expenses

Enter amounts in yellow highlighted cells. Leave no cells blank. Enter "0" if applicable.

Table for Depreciation & Amortization Expenses with yellow highlighted cells. Includes Depreciation Expense (\$152,000) and Amortization Expense (0). Operating Profit (Loss) after Depreciation & Amortization: \$402,395.

Net Entity Expenses

the right.

Table for Net Entity Expenses with yellow highlighted cells. Includes Partnership Mgt Fee (\$2,000) and Total Net Entity Expenses (\$2,000).

3250 Change in Total Net Assets from Operations (Net Loss) \$400,395
Amount computed in cell E139 should match audited financial statement.

Project Street Address:

123 Main Street

**Computation of Operating Cash Flow/Surplus Cash  
For the Year Ended December 31, 2016**

<b>Operating Revenue</b>	<b>Total</b>
Interest earned on restricted accounts	\$1,229,557
	0
	<u>\$1,229,557</u>
<b>Operating Expenses</b>	<b>(\$674,787)</b>
<b>Net Operating Income</b>	<b>\$554,770</b>
<b>Other Activity</b>	
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
	<u>Total Other Activity: (\$509,850)</u>
Allocation of Non-Residential Surplus (LOSP only)	
	<u><b>Operating Cash Flow/Surplus Cash: \$44,920</b></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.

		<b>Total</b>
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	(2,800)
		<u>\$5,606</u>

**Select distribution order, as in questions 6-12 in Worksheet 2 (Fiscal). The description and amounts will be automatically populated.**

**Distribution of Residual Receipts**

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

		<b>Total</b>
6	MOHCD Residual Receipts Due for Loan Repayment	\$500
7	MOHCD Residual Receipts Due for Ground Lease Residual Rent	1,200
		<u>\$1,700</u>

Proposed Owner Distribution	\$2,000
Proposed Other Distribution/Uses	1,906
<b>Total Residual Receipts Distributions to Lenders and Owners:</b>	<u><b>\$5,606</b></u>



Project Street Address:

**123 Main Street**

**Summary of Replacement Reserve and Operating Reserve Activity  
For the Year Ended December 31, 2016**

	<b>Replacement Reserve</b>	<b>Operating Reserve</b>
Balance, December 31, 2015	\$0	\$0
Actual Annual Deposit	25,350	18,000
Interest Earned	50	2
Withdrawals	0	0
Balance, December 31, 2016	<u>\$25,400</u>	<u>\$18,002</u>

**Annual Monitoring Report - Completeness Tracker - Reporting Year 2016 -  
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:**  
**Reporting End Date:**

**1/1/16**  
**12/31/16**

**Project Address: 123 Main Street**

**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](mailto:moh.amr@sfgov.org).

<b>Worksheet 1A. Property &amp; Residents</b>	<b>COMPLETED</b>	
	Questions 1 thru 4	OK
	Questions 5 thru 24	OK
	Questions 25 thru 39	OK
	Questions 40 thru 50	OK
	Questions 51 thru 61	OK
<b>Worksheet 1B. Transitional Programs</b>	<b>Not Required</b>	
	Questions 1 thru 11	Not Required
	Questions 12 thru 18	Not Required
	Questions 19 thru 39	Not Required
<b>Worksheet 1C. Eviction Data</b>	<b>COMPLETED</b>	
	Question 1	OK
	Questions 2 thru 21	OK
	Questions 22 thru 41	OK
	Questions 42 thru 61	OK
<b>Worksheet 2. Fiscal Activity</b>	<b>COMPLETED</b>	
	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
<b>Worksheet 3A. Occupancy &amp; Rent Info</b>	<b>COMPLETED</b>	
	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
<b>Worksheet 3B. Demographic Information</b>	<b>COMPLETED</b>	
	Is Ethnicity and Race selected for each household?	COMPLETED
<b>Worksheet 4. Narrative</b>	<b>COMPLETED</b>	
	2	OK
	3	OK
	4	OK
	5	OK
	6	OK
	7	OK
	8	OK
<b>Worksheet 5. Project Financing</b>	<b>COMPLETED</b>	
<b>Worksheet 6. Services Funding</b>	<b>COMPLETED</b>	
<b>Worksheet 7. Supplementary Information Required by MOHCD</b>	<b>COMPLETED</b>	

## A Complete AMR Package

- ✓ A Completed RY2016 AMR
- ✓ Property Insurance Certificate
- ✓ Liability Insurance Certificate
- ✓ Audit Report
- ✓ Waiting List (new for RY2016)
- ✓ **Owner Compliance Certification**



## Owner Compliance Certification

..... 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 MOHCO via e-mail to: [moh.amr@sfgov.org](mailto: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:	

... Section #2

### 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:	

... Section #3

... Section #4

Sign and Date

\*\*\* 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.

## Sending the AMR Package

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

[moh.amr@sfgov.org](mailto:moh.amr@sfgov.org)

