

Annual Monitoring Report - Property & Residents - Reporting Year 2017 -

Mayor's Office of Housing & Community Development

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

#	IDENTIFYING INFO	
1	1/1/17	Reporting Period Start Date
2	12/31/17	Reporting Period End Date
3	ABC Apartment	Property Name (select from drop down)
4	1234 ABC Street	Property Full Street Address (e.g. "123 Main Street")

Select Project Name from Drop Down menu.

CONTACT INFO	
5	Exec Director
6	4152345678
7	exe_director@proj_sponsor.us
8	ABC Mgt Company
9	PM
10	4151234567
11	pm@abcmgt.com
12	PS
13	4153456789
14	ps@abcmgt.com
15	Property Owner
16	Owner Contact
17	4156789012
18	po@abcmgt.com
19	AssetMgt
20	4159876543
21	am@abcmgt.com
22	AMR
23	4156789012
24	amr@abcmgt.com

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

If "yes", skip questions below, and complete Worksheet "B: Transitional Programs Only"

PROPERTY/MARKETING INFO	
25	no

Is the project any of the following? (select "yes" 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*
26		1	
27	63	1	2
28	7	1	3
29			
30			
31			

*Occupancy Standards should be described in project's Approved Tenant Selection and Marketing Plan. If not defined there, supply the standards used organization-wide.

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

32	Five- or More (5+BR) Bedroom Units			
33	TOTAL # Units---->	70		
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 - (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. # 4 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?		
38	5/2016	When was the wait	If selected "yes", click here and jump to Worksheet 4 to provide additional info on Affirmative Marketing.	
39	no	Affirmative Marketing - Did you conduct any marketing of the project during the reporting period? # 5 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.)		

40	3/15/2015	What is the date of the last Capital Needs Assessment? (m/d/yyyy)
41	7/1/2018	What is the projected date of the next Capital Needs Assessment? (m/d/yyyy)
42	0	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	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	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.)
47	3	As of the last day of the reporting period, how many units were fully Accessible to Physically Impaired Tenants?
48	1	As of the last day of the reporting period, how many units were Adaptable for Physically Impaired Tenants?
49	2	As of the last day of the reporting period, how many units were fully Accessible to Visually Impaired Tenants?
50	1	As of the last day of the reporting period, how many units were fully Accessible to Hearing Impaired Tenants?

If selected "yes", click here and jump to Worksheet 4 to provide additional info on Affirmative Marketing.

2

3

3

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 Events (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.

		Target Population		Actual Population	
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!

Skip this worksheet

Annual Monitoring Report - Transitional Programs - Reporting Year 2017 - Mayor's Office of Housing & Community Development

Project Address: 1234 ABC 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	70				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	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	70				Total Households (Singles and Families) Served
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	70				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)	PERMANENT
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	0	<i>Permanent Housing Subtotal</i>	
26	0	Transitional Housing for homeless persons	TRANSITIONAL
27	0	Moved in with family or friends <i>TEMPORARILY</i>	
28	0	<i>Transitional Housing Subtotal</i>	
29	0	Psychiatric hospital	INSTITUTIONAL
30	0	Inpatient alcohol or other drug treatment facility	
31	0	Jail/Prison	
32	0	Medical Facility	
33	0	<i>Institutional Subtotal</i>	
34	0	Emergency Shelter	OTHER
35	0	Places not meant for human habitation (e.g. street)	
36	0	Unknown	
37	0	Other	
38	0	<i>Other Subtotal</i>	
39	0	TOTAL # HH's that left the program	

Complete this worksheet

Annual Monitoring Report - Eviction Data - Reporting Year 2017 - Mayor's Office of Housing & Community Development

Project Address: 1234 ABC 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 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

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	Total number of unlawful detainer actions filed

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

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)

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

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
16	INCOME & EXPENSES				
17	12 Month Report Period	Start Date:	1/1/2017	End Date:	12/31/2017
18	Number of Units-->	70	1234 ABC Street		
19		Account Number	Residential	Non-Residential	Total
20	Description of Income Accounts				
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			
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
33	NET RENTAL INCOME:		\$1,222,620.00	\$0.00	\$1,222,620.00
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
46	TOTAL INCOME RECEIVED:		\$1,229,557.00	\$0.00	\$1,229,557.00
48	INCOME & EXPENSES				
49	Description of Expense Accounts	Account Number	Residential	Non-Residential	Total
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		
58	Employee Benefits: Health Insurance & Disability Insurance	6723	\$35,600.00		
59	Employee Benefits: Retirement & Other Salary/Benefit Expenses		\$12,000.00		

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
60	Administrative Rent Free Unit	6331	\$18,000.00		
61	sub-total Salary/Benefit Expense:		\$203,600.00	\$0.00	\$203,600.00
62	Administration				
63	Advertising and Marketing	6210	\$3,850.00		
64	Office Expenses	6311	\$22,350.00		
65	Office Rent	6312			
66	Legal Expense - Property	6340			
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	Utilities				
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	Taxes and Licenses				
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	Insurance				
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	Maintenance and Repairs				
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.		6900		
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 amount > \$10K, click link and go to WS#4 in order to fill out expenses breakdown.

	B	D	F	H	J	
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development					
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	4. Debt Service (Principal and Interest)	Name of Lender / Describe Other Amt Paid	Residential	Non-Residential	Total	
122	Lender1 - Principal Paid (provide lender name to the right)	Citibank	\$50,000.00			
123	Interest Paid		\$395,000.00			
124	Other Amount (describe to the right)					
125	Lender2 - Principal Paid (provide lender name to the right)					
126	Interest Paid					
127	Other Amount (describe to the right)					
128	Lender3 - Principal Paid (provide lender name to the right)					
129	Interest Paid					
130	Other Amount (describe to the right)					
131	Lender4 - Principal Paid (provide lender name to the right)					
132	Interest Paid					
133	Other Amount (describe to the right)					
134	Total Debt Service Payments		\$445,000.00	\$0.00		\$445,000.00
135						
136	Surplus Cash, Detail (NOI minus Debt Service and Reserve Activity)		\$44,920.00	\$0.00		\$44,920.00
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		Go to ws4 Narrative question #8			
139	Surplus Cash, Total----->				\$44,920.00	

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
140	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 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	USES OF SURPLUS CASH THAT ARE AUTHORIZED TO BE PAID PRIOR TO CALCULATION OF RESIDUAL RECEIPTS PAYMENTS (IF APPLICABLE)			Distribution Priority (select below)	
143	5. Operating Reserve Replenishments (Deposits made out of surplus cash to satisfy minimum balance requirements).			1	\$15,200.00
144	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
145	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
146	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
147	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
148	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).				
149	9. Deferred Developer fee, if any				
150	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			
151	11ai. Debt Pmt to other lender1: Principal Paid (note lender name to right)				
152	11aii. Debt Pmt to other lender1: Interest Paid				
153	11bi. Debt Pmt to other lender2: Principal Paid (note lender name to right)				
154	11bii. Debt Pmt to other lender2: Interest Paid				
155	Total Payments preceding Residual Receipts Calculation:				\$39,314.00
156					
157	12. RESIDUAL RECEIPTS				\$5,606.00
158				Distribution Priority (select below)	
159	12a. MOHCD Residual Receipts Due for Loan Repayment			6	\$500.00
160	12b. MOHCD Residual Receipts Due for Ground Lease Residual Rent Payment			7	\$1,200.00
161	12c. Subtotal Residual Receipts Payments to MOHCD				\$1,700.00
162	12d. Residual Receipts Debt Pmt to other lender3 (note lender name to right)				
163	12e. Residual Receipts Debt Pmt to other lender4 (note lender name to right)				
164	12f. Residual Receipts Debt Pmt to other lender5 (note lender name to right)				

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

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
165	Total Residual Receipts Payments:				\$1,700.00
166					
167	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.				
168	Remaining Balance				\$3,906.00
169					
170	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
171	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
172					
173	Final Balance: should be ZERO except when Surplus Cash (cell F136) is negative	Final Balance should be ZERO. Positive balance should be distributed between			\$0.00
174					
175	RESERVE ACCOUNT DETAILS				
176					
177	OPERATING RESERVE (<i>Do not leave blanks</i> for any questions asking for a number, <i>enter zero</i> instead.)				
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)				\$1,119,787.00
186	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.				Low percentage due to these reasons: Needs additional info here, due to low percentage in D187 (see description in B187).
187					1.608%
188	REPLACEMENT RESERVE (<i>Do not leave blanks</i> for any questions asking for a number, <i>enter zero</i> instead.)				
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 is determined.	Annual Deposit amount is determined by these factors... Add details here, and adding "0" in blank cells could help solve incompleteness error in this section.			
197					

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
198	CHANGES TO REAL ESTATE ASSETS				
199	Enter Beginning and Ending Balances in each of the categories listed below. Changes in asset categories will auto calculate.		Balance, 1/01/2017	Changes	Balance, 12/31/2017
200	Building & Improvements		\$520,000.00	\$30,000.00	\$550,000.00
201	Offsite Improvements		\$40,000.00	\$5,000.00	\$45,000.00
202	Site Improvements		\$200,000.00	\$0.00	\$200,000.00
203	Land Improvements		\$125,000.00	\$0.00	\$125,000.00
204	Furniture, Fixtures & Equipment		\$33,500.00	\$0.00	\$33,500.00
205	Other		\$0.00	\$0.00	\$0.00
206	Replacement Reserve-Eligible Expenditures: Provide details below about the Capital and non-Capital Expenditures that are Replacement Reserve-eligible.				
207	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 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.				
208		Capital Repairs and Improvements Funded By:			
209	Capital Repairs and Improvements - Categories	Replacement Reserve	Operating Account	Other Source	Total Amount
210	Building & Improvements	\$10,000.00	\$12,000.00	\$8,000.00	\$30,000.00
211	Offsite Improvements	\$3,000.00	\$1,500.00	\$500.00	\$5,000.00
212	Site Improvements				\$0.00
213	Land Improvements				\$0.00
214	Furniture, Fixtures & Equipment				\$0.00
215	Other				\$0.00
216	Total	\$13,000.00	\$13,500.00	\$8,500.00	\$35,000.00
217	Description of Capital Repairs and Improvements				
218	Description regarding capital repairs in here...				
219	Non-Capital Replacement Reserve Eligible Expenditures (i.e., labor costs): Enter the amounts used to fund non-capital replacement reserve eligible expenditures. Use section below to supply explanations.				
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	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-->	\$48,500.00
227	Notes About RR Withdrawal Amount in excess of Total RR-eligible Expenditures:				
228	Explanation here				

Enter beginning and final balances. Changes will be calculated automatically

Do not leave blank.

If changes in fixed assets are reported above, enter the amounts that each source funded. Add description below, if section is still incomplete.

Including Explanation may help solve incompleteness error in

	B	D	F	H	J
15	Annual Monitoring Report - Fiscal Activity - Reporting Year 2017 - Mayor's Office of Housing & Community Development				
229	FEDERAL PROGRAM INCOME REPORT				
230	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				
231	more information, use the following link or copy this web address for manual navigation:				
232	http://www.sf-moh.org/Modules/ShowDocument.aspx?documentid=5141				
233	Overview of Federal (HOME and CDBG) Program Income				
234					
235	CDBG PROGRAM INCOME				
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, 2017-2018 Action Plans as follows:	AMOUNT	DESCRIPTION		
237	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):				
238	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):				
239	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):				
240	Amount to be deposited for use on future eligible CDBG activities that will be undertaken by June 30, 2016 (provide amount in cell to the right, and activity description and regulation citation in column furthest to the right):				
241	Other (provide amount in cell to the right, plus activity description and regulation citation in column furthest to the right):				
242	Total CDBG Program Income Calculation (see instructions for guidance on how to calculate)				
243	<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 2017 reporting period as depicted above.</i>				

Annual Monitoring Report - Occupancy & Rent Info - Reporting Year 2017 - 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.	12/31/2017	# Households	70
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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.
- 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.
- 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 in columns E and P (Orange Highlighting in Column Header), 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.

C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
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.)	HH Rent Burden (tenant paid rent plus utility allowance x 12 / hh income): typically between 30-50%; should never exceed 100%.	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	29.42%			
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	9.94%			
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	28.83%			
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	28.93%			
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	28.91%			
7	306	Studio	10/25/2005	\$10,993	1	4/1/2016	\$9,840	1	1	1			Section 8 - Project-Based	\$1,195	\$1,457	\$236	\$0	28.78%			
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	28.85%			
9	308	Studio	10/20/2013	\$10,397	1	4/1/2016							Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0	28.91%			
10	309	Studio	11/2/2013										Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0	28.91%			
11	310	Studio	11/29/2007										Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0	28.93%			
12	311	1BR	7/12/2013										Section 8 - Project-Based	\$1,215	\$1,682	\$437	\$0	29.31%			
13	312	Studio	7/7/1996	\$5,481	1	4/1/2016							Section 8 - Project-Based	\$1,168	\$1,457	\$263	\$0	28.93%			
14	313A	Studio	10/1/2005	\$9,746	1	4/1/2016							Section 8 - Project-Based	\$1,174	\$1,457	\$257	\$0	28.91%			
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	28.93%			
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	28.91%			
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	28.93%			
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	30.56%			
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	28.91%			
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	28.91%			
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	28.75%			
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	28.91%			
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	28.38%			
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	28.93%			
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	28.93%			
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	28.91%			
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	28.93%			
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	28.91%			
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	28.94%			
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	28.90%			
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	28.34%			
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	29.00%			
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	28.91%			
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	28.93%			
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	28.78%			
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	293.57%			
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	28.93%			
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	28.75%			
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	28.91%			
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	28.95%			
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	28.93%			
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	28.91%			
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	28.78%			
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	28.83%			
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	28.76%			

Be sure to select the unit type from the drop down menu.

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 data for the recertification 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 the left.

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 2017 -
Mayor's Office of Housing & Community Development**

Project Address: 1234 ABC Street **43100 # Households**
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. **70**

- 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".
- Select one Gender, one Sex 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.

C	D	E	F	G	H	I	J	K	L	M	N			
Row Num	Unit No.	Unit Type (Bed / SRO / Studio / 1BR / 2BR / 3BR / 4BR / 5+BR)	Household Size (number) as of Most Recent Recertification WITHIN REPORTING PERIOD	Ethnicity (select from drop down menu)	Race (select from drop down menu)	Gender (select from drop down menu)	Sex at Birth (select from drop down menu)	Sexual Orientation / Sexual Identity (select from drop down menu)	Elderly Household (yes/no)	Number of Children under Age 18 in HH	Disability (select one)			
1	215	1BR	2	Not Hispanic/Latino	Asian and White	Female	Female	Bisexual	yes	0	none			
2	301	These cells auto-populate based on data entry in Worksheet 3A.	2	Hispanic/Latino	Black/African American and White	Male	Male	Lesbian/Same-Gender	yes	0	none			
3	302			Not Hispanic/Latino	White	Queer/Gender Nonconforming/Decline to Answer	Questioning /Unsure	yes	0	none				
4	303A			Not Hispanic/Latino	Asian	Trans Female	Select form drop down.	Straight/Heterosexual	yes	0	none			
5	304B			Not Reported	Not Reported	Trans Male	Not listed	0	0	none				
6	305			Not Reported	Not Reported	Not listed	Decline to Answer	yes	0	0	none			
7	306			Not Reported	Not Reported	Declined/Not Stated	Decline to Answer	Not Stated	yes	0	0	none		
8	307			Studio	1	Not Reported	Not Reported	Question Not Asked	Decline to Answer	Question Not Asked	yes	0	0	none
9	308			Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not listed	yes	0	0	none
10	309			Studio	1	Hispanic/Latino	Black/African American	Female	Female	Not Stated	yes	0	0	none
11	310			Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not Stated	yes	0	0	none
12	311	1BR	2	Hispanic/Latino	Asian and White	Female	Female	Not Stated	yes	0	0	none		
13	312	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not Stated	yes	0	0	none		
14	313A	Studio	1	Hispanic/Latino	Black/African American	Female	Female	Not Stated	yes	0	0	none		
15	314	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not Stated	yes	0	0	none		
16	315	Studio	1	Hispanic/Latino	Asian and White	Female	Female	Not Stated	yes	0	0	none		
17	316	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not Stated	yes	0	0	none		
18	317	1BR	2	Hispanic/Latino	Black/African American	Female	Female	Not Stated	yes	0	0	none		
19	401	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not listed	yes	0	0	none		
20	402	Studio	1	Hispanic/Latino	Asian and White	Female	Female	Not listed	yes	0	0	none		
21	403A	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not listed	yes	0	0	none		
22	404	Studio	1	Hispanic/Latino	Black/African American	Female	Female	Not listed	yes	0	0	Other		
23	405	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not listed	yes	0	0	none		
24	406	Studio	1	Hispanic/Latino	Asian and White	Female	Female	Not listed	yes	0	0	none		
25	407	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not listed	yes	0	0	none		
26	408	Studio	1	Hispanic/Latino	Black/African American	Female	Female	Not listed	yes	0	0	none		
27	409	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not listed	yes	0	0	none		
28	410	Studio	1	Hispanic/Latino	Asian and White	Female	Female	Not listed	yes	0	0	none		
29	411	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Not listed	yes	0	0	none		
30	412	Studio	1	Hispanic/Latino	Black/African American	Female	Female	Not listed	yes	0	0	none		

**Annual Monitoring Report - Demographic Information - Reporting Year 2017 -
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.	43100	# Households	70
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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".
- Select one Gender, one Sex 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.

C	D	E	F	G	H	I	J	K	L	M	N
Row Num	Unit No.	Unit Type (Bed / SRO / Studio / 1BR / 2BR / 3BR / 4BR / 5+BR)	Household Size (number) as of Most Recent Recertification WITHIN REPORTING PERIOD	Ethnicity (select from drop down menu)	Race (select from drop down menu)	Gender (select from drop down menu)	Sex at Birth (select from drop down menu)	Sexual Orientation / Sexual Identity (select from drop down menu)	Elderly Household (yes/no)	Number of Children under Age 18 in HH	Disability (select one)
31	413	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Not listed	yes	0	none
32	414	Studio	1	Hispanic/Latino	Asian and White	Female	Female	Decline to Answer	yes	0	none
33	415	Studio	1	Not Hispanic/Latino	American Indian/Alaskan Native	Female	Female	Decline to Answer	yes	0	none
34	416	Studio	1	Hispanic/Latino	Black/African American	Female	Female	Decline to Answer	yes	0	none
35	417	Studio	1	Not Hispanic/Latino	Other/Multiracial	Female	Female	Decline to Answer	yes	0	none
36	418	1BR	2	Hispanic/Latino	Asian and White	Female	Female	Decline to Answer	yes	0	none
37	501A	Studio	1	Not Reported	American Indian/Alaskan Native	Female	Female	Decline to Answer	yes	0	none
38	502	Studio	1	Not Reported	Black/African American	Female	Female	Decline to Answer	yes	0	none
39	503	Studio	1	Hispanic/Latino	Other/Multiracial	Male	Male	Decline to Answer	yes	0	Mobility
40	504	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Decline to Answer	yes	0	none
41	505	Studio	1	Hispanic/Latino	American Indian/Alaskan Native	Male	Male	Question Not Asked	yes	0	none
42	506	Studio	1	Not Hispanic/Latino	Black/African American	Male	Male	Question Not Asked	yes	0	none
43	507	Studio	1	Hispanic/Latino	Other/Multiracial	Male	Male	Question Not Asked	yes	0	none
44	508	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Question Not Asked	yes	0	none
45	509	Studio	1	Hispanic/Latino	American Indian/Alaskan Native	Male	Male	Question Not Asked	yes	0	none
46	510	Studio	1	Not Hispanic/Latino	Black/African American	Male	Male	Question Not Asked	yes	0	none
47	511	Studio	1	Hispanic/Latino	Other/Multiracial	Male	Male	Question Not Asked	yes	0	none
48	512	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Question Not Asked	yes	0	none
49	513	Studio	1	Hispanic/Latino	American Indian/Alaskan Native	Male	Male	Questioning /Unsure	yes	0	none
50	514	Studio	1	Not Hispanic/Latino	Not Reported	Male	Male	Questioning /Unsure	yes	0	none
51	515	Studio	1	Hispanic/Latino	Other/Multiracial	Male	Male	Questioning /Unsure	yes	0	none
52	516	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Questioning /Unsure	yes	0	none
53	517	1BR	2	Hispanic/Latino	American Indian/Alaskan Native	Male	Male	Questioning /Unsure	yes	0	none
54	601A	Studio	1	Not Hispanic/Latino	Black/African American	Male	Male	Questioning /Unsure	yes	0	none
55	602	Studio	1	Hispanic/Latino	Other/Multiracial	Male	Male	Questioning /Unsure	yes	0	Mobility
56	603	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Questioning /Unsure	yes	0	none
57	604	Studio	1	Hispanic/Latino	American Indian/Alaskan Native	Male	Male	Questioning /Unsure	yes	0	none
58	605	Studio	1	Not Hispanic/Latino	Black/African American	Male	Male	Questioning /Unsure	yes	0	none
59	606	Studio	1	Not Reported	Other/Multiracial	Male	Male	Questioning /Unsure	yes	0	none
60	607	Studio	1	Not Hispanic/Latino	Asian and White	Male	Male	Questioning /Unsure	yes	0	none

**Annual Monitoring Report - Narrative - Reporting Year 2017 -
Mayor's Office of Housing & Community Development**

Project Street Address: **1234 ABC Street**
Reporting Period - Start Date: 1/1/2017
Reporting Period - End Date: 12/31/2017

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.

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	
Total:	18,560.00		
Diff. from Fiscal Activity WS:	-		

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		
Total:	17,500.00		
Diff. from Fiscal Activity WS:	-		

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 2017 - 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	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

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

Project Street Address:

1234 ABC Street

**Schedule of Operating Revenues
For the Year Ended December 31, 2017**

	2017
	Total
Rental Income	
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 - []	0
5910 Laundry & Vending	2,350
5920 Tenant Charges	225
5990 Misc. Revenue	450
Total Other Revenue:	\$6,937
Total Operating Revenue:	\$1,229,557

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

Project Street Address:

1234 ABC Street

**Schedule of Operating Expenses
For the Year Ended December 31, 2017**

	<u>2017</u>
Management	Total
6320 Management Fee	\$51,500
"Above the Line" Asset Management Fee	0
Total Management Expenses:	<u>\$51,500</u>
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:	<u>\$203,600</u>
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:	<u>\$64,060</u>
Utilities	
6450 Electricity	\$25,200
6451 Water	17,241
6452 Gas	1,953
6453 Sewer	23,280
Total Utilities Expenses:	<u>\$67,674</u>
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:	<u>\$36,790</u>
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:	<u>\$48,603</u>

Project Street Address:

1234 ABC Street

**Schedule of Operating Expenses
For the Year Ended December 31, 2017**

	2017
	Total
Maintenance and Repairs	
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:	<u>\$227,060</u>

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. Enter "0" if applicable.</i>	
6820 Interest on Mortgage	\$250
6825 Interest on Other Mortgages	125
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:	<u>\$375</u>

6000	Total Cost of Operations before Depreciation:	<u>\$675,162</u>
5060	Operating Profit (Loss):	<u>\$554,395</u>

Depreciation & Amortization Expenses	
<i>Enter amounts in yellow highlighted cells. Leave no cells blank. Enter "0" if applicable.</i>	
6600 Depreciation Expense	\$152,000
6610 Amortization Expense	0
Operating Profit (Loss) after Depreciation & Amortization:	<u>\$402,395</u>

Net Entity Expenses	
<i>the right.</i>	
7190 Partnership Mgt Fee	\$2,000
7190	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
7190	
Total Net Entity Expenses:	<u>\$2,000</u>

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

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

Can leave blank if there is no expense entries.

Project Street Address:

1234 ABC Street

**Computation of Operating Cash Flow/Surplus Cash
For the Year Ended December 31, 2017**

	Total
Operating Revenue	\$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)	<u> </u>
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 due from Reporting Period	(2,800)
Total Distribution:	<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.

	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, 2017**

	Replacement Reserve	Operating Reserve
Balance, December 31, 2016	\$0	\$0
Actual Annual Deposit	25,350	18,000
Interest Earned	50	2
Withdrawals	0	0
Balance, December 31, 2017	<u>\$25,400</u>	<u>\$18,002</u>

**Annual Monitoring Report - Completeness Tracker - Reporting Year 2017 -
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:

1/1/17
12/31/17

Project Address: 1234 ABC 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.

Worksheet 1A. Property & Residents	COMPLETED
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

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	OK
Is Ethnicity and Race selected for each household?	OK
Is Gender, Sex at Birth, and Sexual Orientation/Identity selected for each household?	OK

Worksheet 4. Narrative	COMPLETED
2	OK
3	OK
4	OK
5	OK
6	OK
7	OK
8	OK

Worksheet 5. Project Financing	COMPLETED
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Worksheet 6. Services Funding	Not Required
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Worksheet 7. Supplementary Information Required by MOHCD	OK
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