

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

IDENTIFYING INFO		
1	1/1/2017	Reporting Period Start Date (m/d/yyyy)
2	12/31/2017	Reporting Period End Date (m/d/yyyy)
3	125 Mason Street	Property Name (select from drop down)
4	125 Mason St	Property Full Street Address
CONTACT INFO		
5	Exec Director	Sponsor Executive Director Name
6	415-123-4567	Sponsor Executive Director Phone Number
7	execdir@abcmgt.com	Sponsor Executive Director E-mail
8	ProMgt Company	Property Management Company
9	ProMgt	Property Manager Name
10	415-234-5678	Property Manager Phone Number
11	promgt@abcmgt.com	Property Manager E-mail
12	PS	Property Supervisor Name
13	415-567-8910	Property Supervisor Phone Number
14	Psemail@abcmgt.com	Property Supervisor E-mail
15	PO	Property Owner Name
16	PO Contact	Property Owner Contact Person
17	650-234-5678	Property Owner Contact Phone
18	sfoffice@abcmgt.com	Property Owner Contact E-mail
19	AssetMgr	Property Asset Manager Name (Not MOHCD staff)
20	415-890-1234	Property Asset Manager Phone Number
21	am@abcmgt.com	Property Asset Manager E-mail
22	AssetMgr	AMR Preparer's Name (Not MOHCD staff)
23	415-789-0123	AMR Preparer's Phone Number
24	AssetMgr@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 INFO					
25	no	Is the project any of the following: Transitional Housing, Residential Treatment Program, Shelter or Transitional Group Home? (select "yes" or "no" from the drop-down menu to the left.) If you answer "yes", skip questions 26 through 40 below, and continue with question 41. Also, you must complete worksheet "B. Transitional Programs."			
What is the Unit Mix for the ENTIRE Property? Please include ALL units in this tally. If only a portion of the units are required to be affordable housing, provide the number of affordable units in response to question 34, cell I49.					
	Unit Types	Number Of Units	Occupancy Standard: Minimum HH Size for this Unit Type*	Occupancy Standard: Maximum HH Size for this Unit Type*	*Occupancy Standards should be described in project's Approved Tenant Selection and Marketing Plan. If not defined there, supply the standards used organization-wide.
26	Single Room Occupancy (SRO) Units		1		Fill out the number of units, together with their minimum AND maximum occupancy standards. Cells will change from grey to white, indicating data entry is needed.
27	Studio Units		1		
28	One-Bedroom (1BR) Units	9	1	1	
29	Two-Bedroom (2BR) Units	12	2	3	
30	Three-Bedroom (3BR) Units				
31	Four-Bedroom (4BR) Units				
32	Five- or More (5+BR) Bedroom Units				
33	TOTAL # Units---->	21			We only need the Occupancy and Rent Data for the Affordable Units in Worksheet D1, NOT all the units. In this example, only data on 10 units, not 21 units.
34	TOTAL # AFFORDABLE Units---->	10			
35	1	Vacancies - How many vacancies of the affordable units 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 D1.)			
36	3	Evictions - How many evictions of the affordable units occurred during the reporting year? (This data in this field is automatically calculated from the data that is entered on worksheet C.)			
37	15	Vacant Unit Rent-Up Time - (in DAYS) State the average vacant unit rent-up time of the affordable units. This is the period from the time a household moves out to when the unit is rented again.			
38	35	Waiting List - How many applicants are currently on the waiting list for affordable units?			
39	1/2016	When was the waiting list for affordable units last updated? (m/yyyy) Please submit the current wailist, redacted for privacy, with the AMR-EZ. Detailed submission instructions are provided in the Completeness Tracker and AMR-EZ notice.			

40	yes	Affirmative Marketing - Did affordable units in the project conducted marketing during answer Question #2 on the Narrative worksheet. (Click on #2 at left to jump to Narrative worksheet.)	If selected "yes", click here and jump to Worksheet G to provide additional info on Affirmative Marketing.
Resident Services: AN ANSWER IS REQUIRED FOR questions 41-51. 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 "F. Services Funding."			
41	yes	Go To WSF After School Program/	Select "Yes" or "No" from dropdown menu.
42	yes	Go To WSF Licensed Day Care Service (part-time ONLY) (y/n)	Click here to jump to the "F. Services Funding" Worksheet, to provide additional information on available resident services identified.
43	no	Go To WSF Youth Program/s (y/n)	
44	yes	Go To WSF Educational Classes (e.g. basic skills, computer training, ESL) (y/n)	
45	no	Go To WSF Health and Wellness Services/Programs (y/n)	
46	no	Go To WSF Employment Services (y/n)	
47	no	Go To WSF Case Management, Information and Referrals (y/n)	
48	no	Go To WSF Benefits Assistance and Advocacy; Money Management; Financial Literacy and Counseling (y/n)	
49	no	Go To WSF Support Groups, Social Events, Organized Tenant Activities (y/n)	
50	Yoga Lessons	Go To WSF Other Service #1 - Please specify in column G.	Enter Services not covered in above categories. Leave blank if none.
51	Woodworking	Go To WSF Other Service #2 - Please specify in column G.	

POPULATION SERVED

Target / Actual Populations: As of the last day of the reporting period, what are the Actual and Target Populations (expressed as Number of Households) for the Project?

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

		Target Population		Actual Population	
52		0	Families	0	Families
53		0	Persons with HIV/AIDS	0	Persons with HIV/AIDS
54		0	Housing for Homeless	0	Housing for Homeless
55		0	Mentally or Physically Disabled	0	Mentally or Physically Disabled
56		10	Senior Housing	10	Senior Housing
57		0	Substance Abuse	0	Substance Abuse
58		0	Domestic Violence Survivor	0	Domestic Violence Survivor
59		0	Veterans	0	Veterans
60		0	Formerly Incarcerated	0	Formerly Incarcerated
61		0	Transition-Aged Youth ("TAY")	0	Transition-Aged Youth ("TAY")

Remember, SAVE YOUR WORK!

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

Project Address: **125 Mason St**

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	5	5	4	9
2	5				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	0	5	5	1	Num on the first day of operating year
4	0	11	11	7	Num entering the program during the operating year
5	16				Total Households (Singles and Families) Served
6	0	15	15	7	Num who left the program during the operating year
7	0	1	1	1	Num in the program on the last day of the operating year
8	1				Total Households in program on the last day of the operating year
9	20.00%		<--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	The services provided at this house are under contract by SF DPH. All services were provided and contract was completed prior to the last day of the Operating Year. The house occupancy was increased to 100% the following month.	1. Explain the reason(s) why the capacity utilization rate is as low as it is; and
11	The services provided at this house are under contract by SF DPH. All services were provided and contract was completed prior to the last day of the Operating Year. The house occupancy was increased to 100% the following month.	2. Describe plan/s to raise the capacity utilization rate to at least 75%, with specific timeline.

Length of Stay: For the 15 households that LEFT the program during the operating year, how many were in the project for the following lengths of time? (Total in cell H27 should match total of cells H13 + I13. 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 15 households reported to have LEFT the program during the operating year, how many left for the following destinations? (Total in cell H52 should match total of cells H13 + I13. 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	Permanent Housing Subtotal	
26	0	Transitional Housing for homeless persons	TRANSITIONAL
27	0	Moved in with family or friends <i>TEMPORARILY</i>	
28	0	Transitional Housing Subtotal	
29	0	Psychiatric hospital	INSTITUTIONAL
30	0	Inpatient alcohol or other drug treatment facility	
31	0	Jail/Prison	
32	0	Medical Facility	
33	0	Institutional Subtotal	
34	0	Emergency Shelter	OTHER
35	0	Places not meant for human habitation (e.g. street)	
36	0	Unknown	
37	0	Other	
38	0	Other Subtotal	
39	0	TOTAL # HH's that left the program	

Complete this worksheet

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

Project Address: 125 Mason St Number of Households during the ENTIRE reporting period.

This section of the AMR must be completed for a Should be > 0.

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

1	55	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 living in affordable units 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	5	Breach of Lease Agreement
3	4	Capital Improvement
4	3	Condo Conversion
5	2	Demolition
6	1	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	0	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	15	Total number of households who received Notices of Eviction

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

Number of unlawful detainer actions filed in court by the owner against tenants living in affordable units 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	3	Breach of Lease Agreement
23	2	Capital Improvement
24	1	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	0	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	6	Total number of unlawful detainer actions filed

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

Number of households living in affordable units that were 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 #47 on Worksheet A)

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

Annual Monitoring Report EZ - Occupancy & Rent Information - Reporting Year 2017 - Mayor's Office of Housing & Community Development

Project Address:	125 Mason St	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	# Units:	10
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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.

Remember, SAVE YOUR WORK!

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 A)	Max Occupancy for Unit Type (per data entered on worksheet A)	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	1	1BR	7/27/2015	\$10,673	1	7/1/2016	\$13,500	3	1	2	Overcrowded	New Family Member	Section 8 - Tenant V	\$1,590	\$0	\$0	\$40				
2	2	2BR	7/27/2015	\$11,441	1	7/2/2016	\$10,200	1	2	3	Overhoused	One member moved out	Section 8 - Project-B	\$1,590	\$0	\$0	\$0.00				
3	3	1BR	7/27/2015	\$5,592	1	7/3/2016	\$5,592	1	1	3			S+C	\$1,590	\$1,582	\$0	\$0.00				
4	4	1BR	9/29/2013	\$5,592	1	7/4/2016	\$5,592	1	1	3			HOPWA	\$1,590	\$1,575	\$0	\$0.00				
5	5	1BR	10/1/2000	\$5,592	1	7/5/2016	\$18,140	1	1	3			Section 8 - Tenant V	\$1,590	\$1,590	\$0	\$0.00				
6	6	1BR	10/8/2012	\$5,592	1	7/6/2016	\$5,592	1	1	3			VASH	\$1,590	\$1,590	\$0	\$0.00				
7	7	1BR	3/12/2016	\$5,592	2	3/12/2016	\$35,021	1	1	3			Section 8 - Tenant V	\$1,590	\$1,451	\$0	\$0.00				
8	8	1BR	11/23/2011	\$5,592	2	7/8/2016	\$9,984	1	1	3			PRAC - 811	\$1,590	\$1,496	\$0	\$0.00				
9	9	1BR	12/4/2010	\$10,913	1	7/9/2016	\$10,913	1	1	3			S+C	\$1,590	\$1,522	\$0	\$0.00				
10	10	1BR											Section 8 - Project-Based		\$0		\$0.00				

Be sure to select the unit type from the drop down

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

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

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 EZ - Operating Statement & Reserve Activity -
Reporting Year 2017 - Mayor's Office of Housing & Community Development**

Skip this worksheet

Business Year Start Date: 1/1/2017
Business Year End Date: 12/31/2017

OPERATING STATEMENT

Leave no cells blank. Enter "\$0" if applicable.

Income:			
Gross Potential Rent - Residential			\$50,000
Gross Potential Rent - Commercial			\$23,500
Less: Vacancies & Concessions (<i>enter as positive #</i>)	-		\$2,200
Interest Income			\$25
Other			\$0
	Total Income		\$71,325
Operating Expenses:			
Administration			\$25,000
Utilities			\$22,000
Operating and Maintenance			\$16,800
Taxes and Insurance			\$4,500
	Total Operating Expenses		\$68,300
Net Operating Income			\$3,025
Debt Service			\$0
Reserve Deposits			
Replacement Reserve			\$1,000
Operating Reserve			\$1,050
Other Required Reserve			\$225
	Total Reserve Deposits		\$2,275
Cash Flow/Surplus Cash			\$750

RESERVE ACCOUNT ACTIVITY

Leave no cells blank. Enter "\$0" if applicable.

Operating Reserve			
Beginning Balance			\$400
Actual Deposits:			\$350
Withdrawals (<i>enter as positive #</i>)	-		\$200
Interest			\$0
Ending Balance			\$550
Ending Balance as % of Operating Expenses + Debt Service			0.81%
Required Deposits (<i>pulled from Op. Stmt. above</i>)			\$1,050
Required Minimum Balance			\$850
Remedy of Any Shortfall in Operating Reserve Deposits: <i>If actual deposits were less than the required deposits, or if the ending balance was less than the required minimum balance, please describe how you will remedy the shortfall.</i>			
Replacement Reserve			
Beginning Balance			\$0
Actual Deposits			\$1,200
Withdrawals (<i>enter as positive #</i>)	-		\$1,000
Interest			\$0
Ending Balance			\$200
Required Deposits (<i>pulled from Op. Stmt. above</i>)			\$1,000
Remedy of Any Shortfall in Replacement Reserve Deposits: <i>If actual deposits were less than the required deposits, please explain how you will remedy the shortfall.</i>			
Capital Expenditures with Replacement Reserve Funds			
Building & Improvements			\$350
Offsite Improvements			\$350
Site Improvements			\$300
Land Improvements			\$0
Furniture, Fixtures & Equipment			\$0
Other			\$0
	Total		\$1,000
Explanation of Any Unexpended Replacement Reserve Funds: <i>If the amount of funds withdrawn from the Replacement Reserve during the reporting period exceeds the total amount of capital expenditures above, you must provide an explanation of the discrepancy and how the unspent reserve funds will be handled.</i>			Unexpected needs to replace some windows, and fix part of roof.

Completion of this page is required based on your answers to questions 34 thru 44 on worksheet A. Property Info. 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.)

<i>Project Address:</i> 125 Mason St			125 Mason St			
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	DEF Service Provider	123 Main Street	GHI			
Licensed Day Care Services	CDE Services	123a Main Street	GHI			
Educational Classes (e.g. basic skills, computer training, ESL)	ABC Services	123b Main Street	GHI			
Yoga Lessons	FGH Services	123c Main Street	GHI			
Woodworking	FGH Services	123c Main Street	GHI			

Provide additional information for Residential Services with "Yes" in worksheet "A. Property Info".

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

Project Street Address: **125 Mason St**
Reporting Period - Start Date: 1/1/2017
Reporting Period - End Date: 12/31/2017

Explanations & Comments

1. 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.

Affirmative Marketing

yes

2. 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.

We have conducted marketing efforts during March 2015 and June 2015. Each marketing last for one month. We advertised on the SF Chronicle and Craigslist. We also created a webpage specifically for the marketing.

Sample Response - be sure to provide a response to all sub-questions (a,b, and c).

Remember, **SAVE YOUR WORK!**

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

Use the Completeness Tracker to help you to determine 1) which worksheets to complete, based on certain data inputs on worksheet A, 2) when each required worksheet is complete and 3) whether or not you must submit documentation of insurance with the report.

NOTE: Do not submit the AMR-EZ until all items are "COMPLETED."

Reporting Start Date:
Reporting End Date:

1/1/2017
12/31/2017

Project Address: 125 Mason St

Submission Instructions:

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

Worksheet A. Property Info	COMPLETED		
	Questions 1 thru 4	OK	
	Questions 5 thru 24	OK	
	Questions 25 thru 40	OK	
	Questions 41 thru 51	OK	
Worksheet B. Transitional Programs	Not Required		Can skip Worksheet B, if "Not Required".
	Questions 1 thru 11	Not Required	
	Questions 12 thru 39	Not Required	
Worksheet C. Eviction Data	COMPLETED		Please make sure all are either "OK", "Completed", or "Not Required", before submitting.
	Question 1	OK	
	Questions 2 thru 21	OK	
	Questions 22 thru 31	OK	
	Questions 32 thru 41	OK	
Worksheet D1. Occupancy & Rent Information	OK		
	Does number of units entered on Worksheet D1 match total affordable units entered on Worksheet A or the total households that can be served in Worksheet B?	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 D2. Demographic Information	COMPLETED		Can ignore Worksheet E if "Not Required".
	Is Ethnicity and Race selected for each household?	COMPLETED	
	Is Gender, Sex at Birth, and Sexual Orientation/Identity selected for each household?	COMPLETED	
Worksheet E. Operating Statement & Reserve Activity	Not Required		Please submit property and liability insurance certs if this cell is marked red.
	Business Year Start/End	Not Required	
	Operating Statement	Not Required	
	Reserve Accounts Activity	Not Required	
	Capital Expenditures	Not Required	
Worksheet F. Services Funding	COMPLETED		
Worksheet G. Narrative	COMPLETED		
INSURANCE DOCUMENTATION (LIABILITY & PROPERTY)	Submit Insurance Documentation		