



RESTRICTIONS REVIEW QUESTIONNAIRE
 COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
 SFN 59469 (03/25)

Certification Dates	
From	To
Project Name	Project Number

MANAGEMENT STAFF INFORMATION

	Yes	No
1. Has each person responsible for determining household eligibility attended program-specific training in the last 12 months? (Attach certificates of completion.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Has each person responsible for maintaining compliance for the project attended program-specific compliance training in the last 12 months? (Attach certificates of completion.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Has each staff member (including maintenance and leasing agents) attended Fair Housing training in the last 12 months? (Attach certificates of completion.)	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY INFORMATION

Answer all questions as of 12/31 of the year under review.

4. How many units were:				
Occupied?	Vacant and ready for occupancy?	Vacant and NOT ready for occupancy?		
			Yes	No
5. Does this project have a unit designated for an employee?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, unit number?		If yes, rent charged for the unit?		
Is the occupant a full-time employee?			<input type="checkbox"/>	<input type="checkbox"/>
Is the unit low-income qualified?			<input type="checkbox"/>	<input type="checkbox"/>
6. Does this project have project-based rental assistance?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, under which program?		How many units?	Contract number?	
7. Is there any commercial space in the project? (Space rented for business purposes or to produce income). If yes, please provide details on page 2.			<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL REQUIRED INFORMATION

	Yes	No
8. Are tenants required to pay additional fees? (Examples: parking, cable, property liability coverage. See the Compliance Manual for more information on fees). If yes, list each fee type and amount on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you received reasonable accommodation requests? For each request, explain the nature of the request and the outcome on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
10. Were supportive services provided to the project's tenants? If yes, provide a list of all services offered, along with the name of the service provider(s) and their contact information on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
11. Were any Fair Housing claims filed against the project? If yes, explain the nature of the complaint and the outcome on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
12. Was there a casualty loss that resulted in the relocation of tenants? If yes, provide documentation of the loss and the date it was corrected, or the steps being taken to correct it, on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
13. Were there any non-compliance issues during the year under review? (Including but not limited to over-income or over-rent households, physical inspection findings, tenant file review findings). Provide details of the non-compliance issue(s) and how it was corrected on page 2.	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned hereby represents and certifies that the foregoing information, to the best of their knowledge, is materially complete and accurate.

Signature	Title	Date
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