EXHIBIT 10-B3

HOME Program Annual Certification for RENTAL HOUSING

ADDRESS: _____ PROJECT # _____

FACILITY INFORMATION						HOME USE ONLY
Have any units sold within the last 12 months? ☐ YES ☐ NO If Yes, provide unit number and address of sold unit: _____ How are the rents determined? Flat Rents? ☐ YES ☐ NO 30% of Adjusted gross income? ☐ YES ☐ NO						Possible Program Income/CHDO Proceeds? ☐ Yes ☐ No
	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	Other	Number of units matches the information on file? ☐ Yes ☐ No
Number of HOME assisted units						
Tenant utility allowance (if any) Source _____ Effective dates _____	$	$	$	$	$	Are utility allowances ok? ☐ Yes ☐ No

TENANT INFORMATION
(per unit rented – If group home, complete one line per individual)

		Monthly rent (including Tenant Paid Utilities)			Income data		Household data				
Unit No.	Number of bedrooms	Tenant Contribu-tion	Subsidy Amount	Total Rent	Monthly Gross Income*	% of Area Median	Hispanic (Y/N)	Race of Head of Household	Size of Household	Type of Household	Are rents acceptable per HOME requirements?
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No

For properties with 5 or more HOME-assisted units, at least 20 percent of households must have rents that are no greater than the Low HOME rent or 30% of the tenants monthly adjusted income.

Are 20% of the units at the Low HOME rent? ☐ Yes ☐ No

COMPLETE TABLE ON BACK IF PROJECT HAS MORE THAN FOUR TENANTS

Number of Bedrooms Code	% of Area Median Code	Race/Ethnicity of Head of Household Code	Size of Household Code	Type of Household Code
0...0 Bedroom **1**...1 Bedroom **2**...2 Bedrooms **3**...3 Bedrooms **4**...4 Bedrooms **5**...5 or more Bedrooms	**1** ..... 0 to 30% **2** .... 30 to 50% **3** .... 50 to 60% **4** .... 60 to 80% **9** ..Vacant Unit	**Hispanic?** Yes or No **Race: 11 ....** White **12**.....Black/African American **13**.....Asian **14**.....Am Indian/Alaska Native **15**.....Native Hawaiian/Pacific Is **16.....**Am Indian/AL Native and White **17.....**Asian and White **18.....**Black/African American and White **19.....**American Indian/Alaska Native and Black/African American **20.....**Other Multi Racial	**1**... 1 Person **2**... 2 Persons **3**.. 3 Persons **4**.. 4 Persons **5**.. 5 Persons **6**.. 6 Persons **7**.. 7 Persons **8**.. 8 or more Persons **9**.. Vacant Unit	**1**...Single/non-Elderly **2**...Elderly **3**.. Related/Single Parent (F) **4**.. Related/Single Parent (M) **5**...Related/Two Parent **6**...Other **9**...Vacant Unit

How many units are occupied by households whose incomes are:	Are Income Targeting Levels Being Met?
0 to 30% of Area Median Income? _____	☐ Yes ☐ No
31 to 50% of Area Median Income? _____	☐ Yes ☐ No
51 to 60% of Area Median Income? _____	☐ Yes ☐ No
61 to 80% of Area Median Income? _____	☐ Yes ☐ No
For properties with 5 or more HOME-assisted units, at least 20 percent of households must have gross incomes at or below 50 percent of Area Median Income.	Are 20% under 50% AMI? ☐ Yes ☐ No

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Income level by state/county can be found at: http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/

* If flat rents charged, no deductions applied. If rents based on tenant ability to pay, applicable deductions should be applied. Please call the HOME Program at (406) 841-2820 with any questions regarding the referenced HOME requirements.

HOME Program Annual Certification for RENTAL HOUSING	HOME USE ONLY
1. Was an annual inspection completed on each unit to ensure it meets current Housing Quality Standards? By Whom _____ Month _____ Year _____	☐ Yes ☐ No
2. Tenant income was re-examined through (check one): ☐ **Source Documents (must be used at least once every 6 years)** ☐ **Family written and dated certification**	
3. Do files contain annual income recertification documents for all tenants?	☐ Yes ☐ No
4. Does the current lease agreement meet all the HOME requirements?	☐ Yes ☐ No
Complete the following three questions if NEW tenants have been selected to occupy rental units since the last Annual Certification	
Have all Equal Opportunity requirements been met?	☐ Yes ☐ No
Have all fair housing requirements been met?	☐ Yes ☐ No
Have all affirmative marketing requirements been met?	☐ Yes ☐ No

TENANT INFORMATION

(Per unit rented – If group home, complete one line per individual)

Unit No.	Number of bed-rooms	Tenant Contrib-ution	Subsidy Amount	Total Rent	Monthly Gross Income*	% of Area Median	Hispanic (Y/N)	Race of Head of Household	Size of Household	Type of Household	Are rents acceptable per HOME requirements?
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No

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***** ATTACH ADDITIONAL PAGE FOR MORE TENANTS***

Unit No.	Number of bed-rooms	Tenant Contrib-ution	Subsidy Amount	Total Rent	Monthly Gross Income*	% of Area Median	Hispanic (Y/N)	Race of Head of Household	Size of Household	Type of Household	Are rents acceptable per HOME requirements?
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
											☐ Yes ☐ No
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