


MANAGEMENT BULLETIN #411

DATE: March 5, 2012

TO: Owners/Managing Agents of Section 8, Section 236, Risk Share and HOME Developments

FROM: Diane Smith, Assistant Director
Asset Management Services, 

RE: **Revised Compliance Submission Requirement
HUD-9834 Addendum B**

Effective immediately, owners/agents are to complete HUD-9834 Addendum B and send the completed document under separate cover to the development's assigned Asset Manager/MOR Specialist.

Part A, Sections I, II, & III, Occupancy/Accessible Units/Programs Accessibility of Addendum B to the HUD-9834 Management Review Questionnaire must be completed, signed and dated by the owner - see completion instructions on page 6 of 13. **However, if someone other than the owner completes these forms, please ensure he/she has proper authority and knowledge to accurately complete and sign on the owner's behalf.**

The completed Addendum B must be mailed to the development's Asset Manager/MOR Specialist no later than March 31, 2012. Returned documents must include an original signature. Facsimiles/copies cannot be accepted. Please contact your Asset Manager with any questions regarding this matter.

Attachment

Office of Fair Housing and Equal Opportunity
And
Office of Multifamily Housing
Checklist for On-Site Limited Monitoring and Section 504 Reviews

ADDENDUM B

Multifamily Housing (Housing) staff or Performance-Based Contract Administrators/Traditional Contract Administrators (CA) must complete this Checklist when conducting on-site management reviews of subsidized and unsubsidized multifamily housing projects. The questions on this checklist cover topics that the Housing staff or CA can be expected to answer and is not intended to cover the full range of civil rights concerns.

NOTE: *This document does not require the Reviewer to make a determination of civil rights or Section 504 compliance.*

The Checklist is divided into four parts.

Part A: Occupancy/Accessible Units/Program Accessibility (This section, along with instructions, must be forwarded to the owner/agent for completion prior to the *on-site* review. This document must be included in the Documents Reviewer Should Obtain from Owner. See Part D)

Part B: Limited On-Site Monitoring Review (The Reviewer must complete this section during the on-site management review of all projects.)

Part C: Section 504 Review (The Reviewer must complete this section during the on-site management review for all federally-assisted projects.)

Part D: Documents Reviewer Should Obtain from Owner/Agent (during the on-site management review).

Please Note that a "No" response to any question does not necessarily mean there is a fair housing/civil rights/Section 504 violation.

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

To be completed by the Reviewer

Name of the Owner/General Partner: _____

Address of Owner/General Partner: _____

Name of Management Agent: _____

Address of Management Agent: _____

Type of Development: Cooperative Elderly Only Disabled Only
 Elderly/Disabled Family Other(Specify)_____

Total Number of Units: _____ Total Subsidized Units: _____

Type of Federal Financial Assistance (check all that apply):

Section 8 Section 202 Section 202/8 Section 202/PAC
 Section 202 PRAC Section 811 Section 221(d)(3)BMIR Section 236 Other _____

Number of Units of Each Size: 0 BR _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ 5 BR _____
Other (Specify)_____

Resident Manager's Unit: Yes No

Date of First Occupancy: _____

Service Coordinator Employed By Project: Yes No

<p>Reviewed by: <input type="checkbox"/> Housing <input checked="" type="checkbox"/> PBCA <input type="checkbox"/> CA</p> <p>Reviewer: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p>This Section is for Multifamily Housing Staff only: After a review of the information provided by the owner/agent in Part A, the following as been determined:</p> <p><input type="checkbox"/> The owner/agent is in compliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992</p> <p><input type="checkbox"/> Possible noncompliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992. Referred to the local Office of Fair Housing and Equal Opportunity for additional review and appropriate action.</p> <p><input type="checkbox"/> Title VI, Subtitle D of the Housing and Community Development Act of 1992 - Not Applicable</p> <p>Reviewed By: _____ (Name and Title)</p>

Project Name:

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Project Name:

FHA/Project#

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ADDENDUM B

**PART A
OCCUPANCY/ACCESSIBLE UNITS/PROGRAM ACCESSIBILITY**

Authority:
 Section 504 of the Rehabilitation Act of 1973 (24CFR Part 8)
 Fair Housing Act/Title VIII Regulations (24 CFR Part 100.200)
 Uniform Federal Accessibility Standards (UFAS) (24 CFR Part 40)
 Regulatory Agreement

For this Section, the reviewer must forward the form along with the instructions for completion to the owner/agent prior to the on-site review. For subsidized projects, the owner/agent must complete the project information above and the information in Sections I, II, and III below. (See attached instructions.) For unsubsidized projects, the owner/agent must complete the project information above and Sections I and II only. Section III consists of Section 504 compliance, which does not apply to projects that do not receive federal financial assistance. The reviewer will obtain the completed form from the owner/agent during the on-site review.

SECTION I - OCCUPANCY

1. This property was designed primarily for: <input type="checkbox"/> Exclusively Elderly <input type="checkbox"/> Exclusively Disabled <input type="checkbox"/> Elderly and Disabled <input type="checkbox"/> Family		2. Indicate the number of units currently occupied by client groups below Exclusively Elderly - ____ Exclusively Disabled - ____ Elderly/Disabled - ____ Near-Elderly Disabled - ____ Family - ____	
3. Is there a use agreement or any other document that indicates that this project must serve only elderly tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify type of document: ____ Effective Date: ____ (Please attach a copy of the document(s) indicated above.)			
4. If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, proceed to question 5. If yes, please indicate: a. the date of the elderly preference: ____ b. the number of units that must be reserved for occupancy by non-elderly persons with disabilities ____, and, c. the date used to determine the number of units reserved for non-elderly persons with disabilities ____			
5. Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1) <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Total Number of Units Exclusively for the Elderly ____		7. Total Number of Units Exclusively for Persons with Disabilities ____	
8. Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities ____			
I certify that this information is true and accurate.			
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Signature of Owner		Date:	

Project Name:

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SECTION II – ACCESSIBLE UNITS

Distribution of all wheelchair and other accessible units in the project.

Bedroom Size	0	1	2	3	4	5	Other	Total
1. All units								
2. Total units with project-based rental assistance								
3. Mobility <i>accessible</i> units								
4. Vision and/or Hearing <i>accessible</i> units								
*5. (Total Accessible Units)								
6. Number of persons on waiting list who have requested <i>accessible</i> units								
7. Number of accessible units <i>occupied</i> by elderly or family tenants								
8. Number of <i>accessible</i> units occupied by non-elderly tenants with disabilities who require the features of the unit								
9. Number of <i>accessible</i> units occupied by elderly tenants with disabilities who require the features of the unit								
10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) ____%								
11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) ____%								
12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) ____%								

***If a unit is both mobility accessible and vision or hearing accessible, count the unit only once in line 5.**

I certify that this information is true and accurate.	
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Signature of Owner	Date:

Project Name:

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**SECTION III – PROGRAM ACCESSIBILITY
SECTION 504 OF THE REHABILITATION ACT OF 1973**

Section 504 Coordinator [24 CFR 8.53 (a)]

1. Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?

Yes No

If "Yes", answer Question 2.; If "No" skip to Question 3.

2. Is at least one person designated to coordinate its Section 504 responsibilities?

Yes No N/A

If YES, provide the person's name and telephone number below.

Name: _____

Telephone Number: _____

Program Accessibility Under Section 504, a federally assisted Housing Development is required to ensure that its program is usable by and accessible to persons with disabilities. This includes, but is not limited to, maintaining housing and non-housing facilities that are structurally accessible for persons with disabilities. The extent to which facilities must be structurally accessible depends in part, on whether they are new, altered, or existing. In addition, owner/agents are required to ensure that effective communication methods are used while communicating with persons with disabilities.

	YES	NO	COMMENTS
3. Has the owner/agent taken steps to ensure effective communication using:			
a. Qualified sign language and oral interpreters?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Readers?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Use of tapes?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	
I certify that this information is true and accurate.			
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Signature of Owner		Date:	

Project Name: []

[]

FHA/Project# [] []

Section 8/PAC/PRAC# [] []

ADDENDUM B

INSTRUCTIONS FOR COMPLETING PART A

General instructions: Complete the project name, FHA/project number, and section 8/pac/prac information in the form header for each page:

SECTION I - Owner/Agent must respond to all questions in this section.

1. Check the appropriate box that the project was designed to serve. (Check only one box. Do not leave blank.)

Exclusively Elderly - defined as a person 62 years of age or older. (This option is for projects that were designed to serve only elderly persons/families, i.e. Section 202 PRAC properties)

Exclusively Disabled - Refer to HUD Handbook 4350.3, REV-1, Figure 3-6 for the applicable definition of disability. (This option is for projects that were designed to serve only persons with disabilities, i.e., Section 202/8 Projects for the Disabled and Section 811 projects. Please note that Section 202-8 Projects for the Disabled were developed to serve only non-elderly persons with disabilities. However, the Section 811 Projects were developed to serve persons with disabilities regardless of age as long as the minimum age requirement (age 18) is met.)

Elderly and Disabled - defined as a property that serves the elderly and non-elderly persons with disabilities. (This option is for projects that were originally designed to serve only elderly persons/families, however the owner may have elected a preference under Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) to reserve a percentage of units for non-elderly persons with disabilities in accordance with the provisions of Section 652, Title VI-D. See instruction 4 below for Section 651 definition.)

Family - defined as all persons regardless of age or disability. (This option is for projects that serve all families with no restrictions or preferences as long as the minimum age requirement is met. Please note that family projects may have some units that are reserved for persons with mobility/vision/hearing impairments which would require the applicant to meet the needs of the unit.)

2. Enter the number of units occupied by each client group. (Please note that the term "near-elderly disabled" is defined as a person who is at least 50 years of age and below the age of 62 with a disability as defined in HUD Handbook 4350.3, REV-1.) (Enter zero "0" if there are no units occupied by the listed client group - do not leave blank)

3. If there is a use agreement or other document that references that the property must serve only elderly persons, answer "Yes", indicate in the space provided, and attach a copy of the document(s) listed. If there is no use agreement or other document that references that the property must serve only elderly persons, answer "No". If you are unclear on the term "use agreement," or are not able to locate the "use agreement" or any other document that defines the occupancy of your project, the answer is "unknown". Other documents include the regulatory agreement, loan commitment papers, financial documents, bid invitation, owner's management plan, application for funding, and/or application for mortgage insurance. Please refer to HUD Handbook 4350.3, REV-1, paragraphs 3-17 and 3-18. If you do not have a copy of HUD Handbook 4350.3, REV-1, copies can be obtained from www.hudclips.org or the HUD Customer Service Center at (800) 767-7468. (Do not leave blank).

4. Section 651 of Title VI-D permits an owner to give *preference to elderly families if (1) the project was originally developed to serve the elderly and (2) it is a "covered Section 8 housing project." "Covered Section 8 housing projects" are projects that were constructed or substantially rehabilitated pursuant to assistance provided under section 8(b)(2) of the United States Housing Act of 1937, as in effect before October 1, 1983, that are assisted under a contract for assistance under such section.

*A "preference" allows an owner to give priority to elderly persons when selecting tenants for occupancy.

Section 651 of Title VI-D applies to the following programs:

- The Section 8 New Construction Program, 24 CFR part 880
- The Section 8 Substantial Rehabilitation Program, 24 CFR part 881
- The State Housing Agencies Program (insofar as it involves new construction and substantial rehabilitation), 24 CFR part 883
- The New Construction Set-Aside for Section 515 Rural Rental Housing Projects Program, 24 CFR part 884
- The Section 8 Housing Assistance Program for the Disposition of HUD-Owned Projects (insofar as it involves substantial rehabilitation), 24 CFR part 886 subpart C

"Covered Section 8 housing projects" do not include those developed with funding under the following programs:

- Section 202;
- Section 202/8;
- Section 202 or 811 PRAC;
- Section 221 (d)(3); and/or
- Section 236.

If an owner elects a Section 651 preference for the elderly, the owner must reserve a number of units for non-elderly persons/families with disabilities. Title VI-D requires that the owner review the occupancy records on January 1, 1992 and October 28, 1992 (the date of enactment for Title VI-D), determine the number of non-elderly persons with disabilities that occupied units on those two dates, take the higher of the two numbers and then take the lesser of that number and 10 percent.

For example, an owner has a "covered Section 8 project" that consists of 100 units and decides to implement an elderly preference under Section 651. The first thing the owner has to do is find the occupancy records for January 1992 and see how many units were occupied by non-elderly persons or families with disabilities on January 1. In this example, it was 10 units.

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Then the owner must find the occupancy records for October 1992 and see how many units were occupied by non-elderly persons/families with disabilities on October 28th (the date of the enactment of the Act). In this example it was 15 units. To obtain the number of units that must be reserved for non-elderly disabled persons or families, the owner must take the higher number of the two dates (January 1, 1992 and October 28, 1992), which, in this example is 15.

Then the owner must compare that number with 10 percent of the total project units (in this example, it's 10) and use the lower number for the number of units that must be reserved. Since 10 is less than 15, for this example the owner must reserve 10 units for non-elderly disabled persons or families.

If an owner determines that there were no non-elderly persons or families occupying units on either January 1, 1992 or October 28, 1992, the required number of units to be reserved for non-elderly persons with disabilities would be zero (0). However, owners are encouraged to exceed the number of reserved units for non-elderly persons with disabilities if the need exists in the community.

Answer question 4 as follows:

If there is an elderly preference in accordance with Section 651 of Title VI-D, answer "Yes". If there is no preference provided to elderly families, answer "No". (Do not leave blank).

If yes, answer the following:

- If there is an occupancy preference in accordance with Section 651, indicate the effective date of the preference.
- If there is an occupancy preference in accordance with Section 651, indicate the total number of units that must be reserved for non-elderly persons with disabilities based on the two dates above.
- If there is an occupancy preference in accordance with Section 651, indicate which date (see above) was used to determine the number of units that must be reserved for non-elderly persons with disabilities.

5. Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) permits owners of "other federally assisted housing" to continue to restrict occupancy to elderly families in accordance with the rules, standards, and agreements governing occupancy in such housing in effect at the time the housing was developed. If (A) the project was originally developed to serve the elderly and (B) the project has continually served elderly tenants. These projects include:

- Section 202 Direct Loans (prior to the Section 202 PRAC program)
- Section 221(d)(3) BMIR properties (New Construction and Substantial Rehabilitation)
- Section 236 properties

Answer question 5 as follows:

If there is an elderly restriction in accordance with Section 658 of Title VI-D, answer "Yes." If there is no elderly restriction and occupancy is not limited to elderly applicants, answer "No." (Do not leave blank).

- If the property designates a number of units that can be occupied only by elderly persons, indicate the number of units. If the property does not have units that can only be occupied by elderly persons, enter zero "0". (Do not leave blank).
- If the property designates a number of units that can be occupied only by persons with disabilities, indicate the number of units. If the property does not have units that can only be occupied by persons with disabilities, enter zero "0". (Do not leave blank).
- If the property has units that must be occupied by non-elderly persons with disabilities, indicate the number of units. If the property does not have units that must be occupied by non-elderly persons with disabilities, enter zero "0". (Do not leave blank).

CERTIFICATION:

Self-Explanatory (Must be signed and dated by the owner)

SECTION II - Owner/Agent must respond to all questions in this section.

- Enter the total number of units (by bedroom size) and enter total in the "Total" column. (Total must match numbers entered for each bedroom size. Do not leave blank.)
- Enter the total number of units (by bedroom size) that are receiving project based rental assistance. (Total must match numbers entered for each bedroom size. Do not leave blank.)
- Enter the number of mobility accessible units (by bedroom size) and enter total in the "Total" column. A mobility accessible unit is one that is located on an accessible route, and when designed, constructed, altered, or adapted, can be approached, entered, and used by individuals with physical disabilities, including those who use wheelchairs. (Although accessibility features include items such as grab bars, flashing fire alarms, widened doorways, entrance ramps, etc, this question should be answered by stating the number of subsidized units that (when constructed) are fully accessible in accordance with the Uniform Federal Accessibility Standards (UFAS) which is used to ensure compliance with Section 504 of the Rehabilitation Act of 1973. These standards were jointly developed by the General Services Administration, the Department of Housing and Urban Development, the Department of Defense, and the United States Postal Service, under the authority of sections 2, 3, 4, and 4a, respectively, of the Architectural Barriers Act of 1968, as amended, Pub. L. No.90-480, 42 U.S.C. 4151-4157. Copies of the UFAS are available from the Architectural and Transportation Barriers Compliance Board, 1331 F Street, NW, Suite 1000, Washington, D.C. 20004-1111, Telephone: (202) 272-0080, email address: info@access-board.gov. If the property is accessible in accordance with Minimum Property Standards (MPS), indicate the number of units that are MPS accessible. Unsubsidized units should also be counted if they meet UFAS compliance requirements. (Total must match numbers entered for each bedroom size. Do not leave blank)

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4. Enter the number of units (by bedroom size) that are accessible for vision or hearing impairments and enter total in the "Total" column. (Refer to UFAS. See instruction number 3 above) **(Total must match numbers entered for each bedroom size. Do not leave blank)**
5. Total the units from rows 3 and 4 for each bedroom size and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
6. Enter the number of persons currently on the waiting list for an accessible unit (by bedroom size) requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
7. Enter the number of accessible units (by bedroom size) that are currently occupied by elderly or family tenants and enter total in the Total column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
8. Enter the number of accessible units (by bedroom size) occupied by non-elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
9. Enter the number of accessible units (by bedroom size) occupied by elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
10. Self-explanatory **(Do not leave blank.)**
11. Self-explanatory **(Do not leave blank.)**
12. Self-explanatory **(Do not leave blank.)**

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

SECTION III – Owner/Agent must respond to all questions in this section. (Not applicable to unsubsidized projects)

1. The Section 504 Coordinator is required if the owner employs 15 or more employees in all its activities. This includes this project combined with other projects they may own and/or manage. Answer Yes or No. If yes, proceed to Question 2; if no skip to Question 3.
2. Answer Yes or No to this Question. If yes, please provide the name and telephone number of the coordinator for Section 504 related activities at the project and go to Question 3.
3. Answer Yes or No to each item and provide comments as necessary.

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

Project Name:

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**PART B
ON-SITE LIMITED MONITORING REVIEW**

Authority: 24 CFR 5, 108, 110

Questions 1 through 4 apply to owners of subsidized and unsubsidized projects.

	YES	NO	COMMENTS
1. Was this project built or substantially rehabilitated after February 1972? (If NO, skip to Question 5.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the owner have an approved Affirmative Fair Housing Marketing Plan (AFHMP) on site? If Yes, proceed to question 3. If No, proceed to question 5.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the owner/agent reviewed the AFHMP within the last 5 years to ensure that the information is current and applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Date of last AFHMP Update			Date: _____
5. Does the project maintain Project Profile Data which shows the composition of the occupants by the following categories (24 CFR 121):			
a. Race	<input type="checkbox"/>	<input type="checkbox"/>	
b. National Origin/Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	
c. Sex	<input type="checkbox"/>	<input type="checkbox"/>	
d. Disability	<input type="checkbox"/>	<input type="checkbox"/>	
e. Familial Status	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the owner/agent developed and implemented a written Tenant Selection Plan?	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	NO	COMMENTS
7. Does the management agent maintain a waiting list of applicants by:			
(a) Name	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Bedroom size	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Application date and time?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Requests for accommodations and/or accessible units?	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Preferences?	<input type="checkbox"/>	<input type="checkbox"/>	
8. When a tenant/applicant notifies the owner/agent that he/she has been subject to unlawful discrimination, does the owner/agent provide the applicant/tenant with information about how to file a complaint with HUD?	<input type="checkbox"/>	<input type="checkbox"/>	Unable to Observe _____
9. Does the owner/agent maintain a record of fair housing complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there a local residency preference?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it approved by HUD?	<input type="checkbox"/>	<input type="checkbox"/>	Date of HUD Approval:

Project Name:

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**PART C
SECTION 504 REVIEW**

The Reviewer must complete this section to ensure compliance with Section 504 of the Rehabilitation Act of 1973 (Section 504). Please note that unsubsidized projects are not required to comply with Section 504, therefore if the project is unsubsidized, the Reviewer may proceed to Part D.

	YES	NO	COMMENTS
1. Is there a formal, written grievance procedure that provides for resolution of complaints alleging discrimination based on disability, as required by Section 8.53(b)?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, document date procedures were adopted:			Date: _____
2. Does the owner/agent utilize a telecommunications device for the hearing impaired (TTY)?	<input type="checkbox"/>	<input type="checkbox"/>	
If No: Is there an alternative procedure? Describe under "Comments"	<input type="checkbox"/>	<input type="checkbox"/>	
3. When necessary, are auxiliary aides used to communicate with persons with disabilities? Describe under "Comments"	<input type="checkbox"/>	<input type="checkbox"/>	

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**PART D
DOCUMENTS REVIEWER SHOULD OBTAIN FROM OWNER/AGENT**

The Reviewer will only bring back documents upon request from FHEO. If the Reviewer receives a request from FHEO to obtain certain documents, indicate in column a. During the on-site review, request the documents and indicate the status in columns b, c, or d. For items checked in column c, the Reviewer must provide the owner/agent the FHEO address for forwarding the documents.

Document(s)	a. FHEO has requested that the Reviewer obtain the following documents.	b. The document has been gathered and is attached to the Checklist	c. The Owner/Agent agrees to forward the checked document to FHEO within ten (10) business days.	d. The document is not available.
For Part A				
1. Accessible Units/Program Accessibility, Sections I, II, and III (as applicable)		<input type="checkbox"/>		<input type="checkbox"/>
For Part B:				
2. Most recent Affirmative Fair Housing Marketing Plan (AFHMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any of the following documents that are used for outreach as specifically stated in the project's AFHMP or used for other affirmative fair housing marketing.				
Newspapers/Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Radio Ads and Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of TV Ads and Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photograph of billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letterhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures and Leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photograph and site signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project Profile showing occupancy data (See Part B, Question 5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Tenant Selection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please Note: The information below only pertains to Section 504 compliance. If this project is unsubsidized, the Reviewer should not complete this section.	a. FHEO has requested that the Reviewer obtain the following documents:	b. The document has been gathered and is attached to the Checklist.	c. The Owner/Agent agrees to forward the checked document to FHEO within ten (10) business days.	The document is not available.
For Part C:				
6. Written Grievance Procedure (Part C, Question 3 and 24 CFR 8.53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Application for Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reasonable Accommodation Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FHEO requested that the reviewer observe the following:

The result of the observation is: