

## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

### Introduction

Several Public Funders in Washington created the Combined Funders Annual Report (CFAR) to meet the needs of all participating Funders and to facilitate reporting requirements for contractors with multiple public funding sources.

The CFAR is a valuable tool for monitoring the performance of housing projects and determining compliance with contract terms. You must complete all of the required forms and submit them to each Funder no later than the due dates stipulated in regulatory agreements. At this time, **Funders do not share copies of your report—you must send a full report to each of your Funders. See the Matrix at the end of these instructions for submission requirements. Please note that WSHFC will send all owners of tax credit and/or bond financed properties a letter every year with detailed submittal instructions specific to their program.** If you need a copy of your Regulatory Agreement or affordability requirements, call your Owner or Funder(s) to get a copy.

The Combined Public Funders group is continually growing. Funders participating in this reporting period are:

City of Seattle Office of Housing	<a href="http://www.seattle.gov/housing/PropertyManagers.htm">http://www.seattle.gov/housing/PropertyManagers.htm</a>
Community Trade and Economic Development – Housing Trust Fund	<a href="http://www.cted.wa.gov">www.cted.wa.gov</a>
King County	<a href="http://www.metrokc.gov/dchs/csd/Housing/APR">www.metrokc.gov/dchs/csd/Housing/APR</a>
Snohomish County	<a href="http://www.co.snohomish.wa.us">www.co.snohomish.wa.us</a>
Washington State Housing Finance Commission	<a href="http://www.wshfc.org/managers/">www.wshfc.org/managers/</a>
City of Tacoma	<a href="http://www.cityoftacoma.org/housing">www.cityoftacoma.org/housing</a>

**Please Note: If you report to King County you MUST obtain report forms directly from the King County website: [www.metrokc.gov/dchs/csd/Housing/APR](http://www.metrokc.gov/dchs/csd/Housing/APR)**

### Combined Funders' Annual Report Forms

The excel workbook containing the sheets requiring your input is in the Office 95/97 version. If you have a more recent version, such as Office XP or Office 2000, please save your completed file as a "Microsoft Excel 97-Excel 2003 & 5.0/95 Workbook (\*.xls)" prior to sending it to your Funders. We do not support Office 2007 documents at this time so do not save your annual report as an Excel 2007 document.

Several of the sheets are protected. The reason for this is to help guide you through the sheet in an orderly fashion. By using the "Tab" key, the cursor will move from cell to cell in a logical order. When the cursor enters a cell, key in the requested information, then tab to the next cell. **If you need to jump around, you can still use the arrow keys and/or the mouse.** If you get lost, just hit the tab key to go to the next cell, which invites input. When you think a sheet has been completed, it might be a good idea to go back to the beginning and tab through the entire sheet again to make sure nothing was overlooked.

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You may use the 2006 forms and input data on Part B/Table 1 throughout the year as tenants move-in and move-out, but be sure to cut and paste data to the new 2007 forms as soon as the 2007 forms are available in October 2007. **Only 2007 forms will be accepted by your Funders.**

When you enter the **Project Name** in the 1st sheet, that name will carry forward to most of the remaining sheets. As you move from sheet to sheet, please ensure that the project name appears where it should and as it should. Some of the sheets have calculated fields to return a running total, or some other result. These cells are protected to prevent inadvertent overwriting.

Remember as you proceed from sheet to sheet, you should be satisfying the reporting requirements for every Funder in your project. Report to your most restrictive contract requirements. There may be portions, which stress the needs of one Funder more than others, but by carefully providing all the requested information, you only need to prepare your report once. **You must send a full report to each of your Funders (see Matrix at end of instructions for submission requirements).**

## Certification/Signature Sheet

### Contract Identifiers

These are the specific contract or project identification numbers assigned by the Funder. Since this is a joint report, include the identifier for each funding source in your project. At this time, the City of Seattle and City of Tacoma do not use contract identifiers for this report.

CTED contract #: enter the contract number of your CTED contract for this project, if applicable. For example: 99-0000000. If you have not used State Trust Fund or State HOME monies in this project, you may not have such a contract. In that case, enter NA. If your project/property was funded in phases and you have more than one contract number for a project/property, you need to submit an annual report for each contract number associated with that project/property.

WSHFC contract #: enter the OID/OAR# if this is a tax credit funded property, otherwise, NA. For example: 99-175A.

King County Project #: enter the contract # if you received funding from King County, otherwise, NA. For example: D28051D/E

Snohomish County Project #: enter the project # if you received funding from Snohomish County, otherwise, NA. For example: AHTF2006#4

### Contractor/Owner Information:

Agency would be the name of the organization. The name is typically the Executive Director of the organization that owns the project and/or was the developing contractor.

### Project Information:

Your name for the project is entered on the Project Name line, followed by the street address of the project, not a post office box number. If your name for the Project has changed since you were funded or since your last report, include the original name in parentheses behind the new name.

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**Property Tax ID # (Tax Parcel ID #):**

Enter the property tax identification number from your county or other local taxing authority on this line, whether you are required to pay property tax or not. If there is more than one, list all of them. Please be sure that each property tax ID # corresponds with the appropriate street address.

**Project Property Manager:**

Enter the name of the organization and primary contact person that funding agencies should go to when discussing this project and/or this annual report, along with that person's address, telephone number, fax number and e-mail address, if one is available.

**Project Update:**

Enter brief but complete descriptive information here pertaining to unusual activities or circumstances during the reporting period that have had an impact on the operations of the project, especially if these circumstances resulted in negative cash flow or your project not being able to meet the contractual obligations you have to your Public Funders. If you need more space for your explanation, send a detailed cover letter.

**Certification:**

**Review the complete annual report to ensure accurate information has been compiled by your staff.** If required to send a hard copy sign and date the signature sheet. If electronic submission, type name and date. The person's name on the certification must have authority from the board of directors to sign such documents and should be the same person that is accountable to the public funder's contract. See Matrix at end of instructions for submission requirements.

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## Part B/Table 1: Certificate of Continuing Project Compliance

These instructions apply for all Funders. Some parts are Tax Credit specific.

**Total # Units:** should be equal to the total number of units in the project including Market Rate units.

**Column 1-Unit**

Enter unit number. Tax credit compliance is done on a building-by-building basis. Start by listing the Building Identification Number (BIN) on the first row. Then sequentially enter each unit in that building in the following rows. Projects with multiple buildings should continue in this pattern until all buildings and units have been accounted for.

Non-tax credit properties may define units as apartments, single-family homes, rooms or beds. Identify each unit in Column 1 and report on all the activity for each unit sequentially before moving on to the next unit. Projects with multiple buildings and/or multiple addresses should be listed sequentially until all buildings and units have been accounted for.

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### **Column 2-Resident Name**

Enter name for each household. Use a separate row for each household that occupied the unit during the reporting period (January 1 through December 31, 2007). List each household in order of occupancy, first to last. (For example: Unit 101 had 2 different households occupying Unit 101 in 2007. The first household is listed on line 1 and the second household is listed on line 2). In tax credit properties, monitoring staff must be able to identify resident(s) by name to confirm eligibility for programs. Note: For Market Rate Units list name, then "(Market)" in parenthesis. For Households that moved to another unit within the property, list name, then "(Moved to/from unit #\_\_\_\_)" in parenthesis. **DO NOT add rows for vacant periods in a unit. But, if a unit is vacant all year, note "Vacant" in Column 2.**

In non-tax credit properties, where another method of identification is used, contact your Public Funder for guidance. In a single-family group home a household is defined as each individual resident.

### **Column 3-Move-In Date**

Enter date household moved in/lease start date. The date formatting should be mm/dd/yy.

### **Column 4 – 2006 Income Certification Date**

Enter date household was income certified in 2006. The date formatting should be mm/dd/yy. If the household is a new move-in during 2007 this date will be blank.

### **Column 5 – 2007 Income Certification Date**

Enter date household's annual income certification was effective in 2007. Do NOT show interim recertifications. The date formatting should be mm/dd/yy.

### **Column 6-Move-Out Date**

Enter date household moved out. The date formatting should be mm/dd/yy.

### **Column 7-Vacant Unit**

Was the unit vacant? Enter "Y" only if the unit was vacant at end of reporting period (December 31, 2007). If the unit was not vacant on December 31, 2007, leave this field blank. Do NOT put an "N".

### **Column 8-Special Needs**

Select "D" for Disabled, "L" for Large Household, "H" for Homeless, "F" for Farmworker, "T" for Transitional or select "FD", "FH", "FL", "TD", "TL" if unit qualifies for more than one set-aside. For more information see "Explanation of WSHFC Special Needs Set-Asides/Commitments" on chart that follows this section of instructions.

### **Column 9-Percentage**

Enter the percentage of median income for the level that the unit is restricted and for which the household is qualifying. For example, 60%, 40%, 30%. If the unit is market rate, place nothing in this column. Always list percentage of your most restrictive Funder. For example, if the WSHFC restricts a unit to 60%, but the City of Seattle restricts that same unit to 30%, put 30 in Column 9.

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### **Column 10-Household Size**

Enter the total number of persons in the household.

### **Column 11- Maximum Annual Household Income**

Enter the Maximum Annual Income a household could earn for 2007 based on the unit restriction noted in Column 9. These amounts are on the schedules the Commission issues each year, or use the link shown below. In properties with multiple Funders, enter the most restrictive income for which the unit is qualified. Income limits may also be found on all Funder websites.

<http://www.wshfc.org/limits/map.asp>

### **Column 12-Actual Annual Gross Income**

Enter the household's actual *verified* gross annual income for the initial certification or annual recertification whichever is applicable.

### **Column 13-Over 140% (Tax Credit Only)**

(This will automatically calculate on electronic form—Do not input anything into this column.) "Yes" means the household's income at the time of re-certification exceeds 140% of the Income Limit indicated in column 11. If income does not exceed 140% this cell will be blank. If a household exceeds 140% on their first re-certification, you must provide a copy of their initial move-in package and their re-certification package with your report.

### **Column 14-Square Footage**

Enter the square footage of the unit. This is not required for Group Homes.

### **Column 15-Number of Bedrooms**

Enter the number of bedrooms in the unit. Enter "0" for Studio or SRO; 1, 2, 3, 4 or 5 Bedrooms. In non-tax credit properties a unit may be a bed or a room. Enter "0" for Group Homes, Studio or SRO.

### **Column 16-Maximum Allowed Rent**

Enter the Maximum Allowable Rent that can be charged for that size unit. These are based on the rent schedules the Commission and other Funders issue each year based on unit size or household size (see links below). Make sure the selection is based on the same percentage (for example, 60%, 40%, 30%) as selected in Column 9 and unit or household size selected in Columns 10 or 15.

In properties with multiple Funders, enter the most restrictive rent for which the unit is qualified. **PLEASE NOTE** that HOME rents may be less than WSHFC maximum rents.

For single-family group homes look to your most restrictive program requirements.

**Commission Rent Limits** – <http://www.wshfc.org/limits/map.asp>

**Seattle Office of Housing Rent Limits** – [www.seattle.gov/housing](http://www.seattle.gov/housing)

**City of Tacoma Rent Limits** – [www.cityoftacoma.org/housing](http://www.cityoftacoma.org/housing)

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### **Column 17-Utility Allowance**

If the project owner pays **ALL** utilities, leave blank. If tenants pay some or all utilities, enter the utility allowance for the unit based on the appropriate allowance from the local Public Housing Authority, Rural Development Rural Housing Service or Public Utility District in effect as of 12/31 or as of the move-out date if appropriate.

### **Column 18-Resident Payment**

Enter the amount the household actually pays in rent as of 12/31 or as of the move out date if appropriate. If the household is on rental assistance (such as Section 8), enter only the portion the household actually pays in rent.

### **Column 19-Resident Subsidy Type**

If applicable write in the type of rental subsidy applied to this unit. For example: Section 8 (Sec 8), Shelter Plus Care (SPC), Tenant Based Rental Assistance (TBRA), Transitional Housing Operating Rental Assistance (THOR), King County Veterans Levy (KC Vets-Levy), King County Human Services Levy (KC HS-Levy), Homeless Housing Services Funds (HHSF), Other (O). If none, leave blank.

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### Explanation of Washington State Housing Finance Commission Special Needs Set-Asides/Commitments

(Verify with your property's Regulatory Agreement [RA])

Special Needs Set-Aside	Definition	Initial lease-up	Re-leasing of Units	Part B/Table 1 Special-Needs Set-Aside Commitment Codes*
Elderly	a. 55 or older b. 62 or older c. RD or HUD Definition	a. Age 55, one person per household b. 62 and older only, all residents c. Elderly or Disabled per agreement	Same rules as initial lease-up	No code necessary
Disabled	One qualifying resident per Household. Disabled resident may occupy a Market rate unit. (No double counting D and L).	Disabled only	30-day rule when below threshold	(D) 10% or 20% Disabled set-aside
Large Household	3 or more BR's; 4 or more individuals, not necessarily related. (No double counting D & L.)	Large Household only	30-day rule when below threshold	(L) 10% or 20% Large Household set-aside
Farmworker	For definitions and additional explanations, see <b>Farm Work Household Initial Certification</b> and <b>Farm Work Reference</b> forms on our website at <a href="http://www.wshfc.org/managers/forms-RC.htm#commission">http://www.wshfc.org/managers/forms-RC.htm#commission</a>  Farmworker properties are required to complete a <b>Farm Work Move-In Report</b> . Form is available from our website at <a href="http://www.wshfc.org/managers/forms-tc.htm#farm">http://www.wshfc.org/managers/forms-tc.htm#farm</a> .	Farmworker only	30-day rule when below threshold	(F) 75% or More Farmworker set-aside (FL) 75% or more Farmworker property with Large Household set-aside (FD) 100% Farmworker property with Disabled set-aside (Properties with OID number 01- and prior only - check Regulatory Agreement) (FH) 75% or more Farmworker property with Homeless set-aside
Transitional	Section 42 Code rules for Transitional. See <b>Tax Credit Compliance Manual Glossary</b> for definition.  Properties with Transitional/Homeless units must complete a <b>Homeless/Transitional Report</b> available from the Tax Credit Reports portion of our website (see below) **	Transitional only	Transitional only	(T) Transitional Building (TD) 75% or more Transitional property with Disabled set-aside (TL) 75% or more Transitional property with Large Household set-aside
Homeless	Commission's set-aside. See <b>Tax Credit Compliance Manual Glossary</b> for definition.  Properties with Transitional/Homeless units must complete a <b>Homeless/Transitional Report</b> (see below). **	Homeless only	Homeless only	(H) 10% or 20% or 75% Homeless set-aside (HD) 75% or more Homeless property with Disabled set-aside (HL) 75% or more Homeless property with Large Household set-aside

\* More information is available in **Chapter 3-Washington State Requirements**, and in **Appendix A-Glossary** of the **Tax Credit Manual** at <http://www.wshfc.org/managers/ManualTaxCreditIndex.htm>

\*\* See the WSHFC website for related Tax Credit Compliance Forms and Reports-  
<http://www.wshfc.org/managers/formsindex.htm>

If your property does not have enough households to meet "D", "L" or "F" set-asides or commitments at end of reporting period, complete a Vacancy Report. This spreadsheet is also available from our web site.  
<http://www.wshf87c.org/managers/forms-tc.htm#vacancy>

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### Table 1A – HOME only

Report on each HOME-assisted unit as of December 31, 2007. You must use the numeric code for each report item.

**Project Name:** Enter the project's name. If the project name has changed since you were funded or since your last report, include the old name in parentheses behind the new name.

**# Of HOME Units Per Contract:** Enter the total number of housing units in the project that are subsidized by the federal HOME funds by all Funders (i.e. if State funded 5 HOME units and the City funded 5 HOME units, then you must show all 10 units).

**# 50% and Below/Low HOME Rent:** Enter the number of units required by your contract to be committed to this income group. **Low HOME rent:** At least 20% of the project units (more, if specified in the contract) must have rents affordable to households with incomes at or below 50% of the area median income. Affordability is defined as a rent payment of no more than 30% of the adjusted gross monthly household income (including the utility allowance).

**# 65% and Below/High HOME Rent:** If applicable, enter the number of units required by your contract to be committed to this income group. **High HOME rent:** rents which are the lesser of a Fair Market Rent (FMR) or affordable to households with incomes at 65% of the area median income. Affordability is defined as a rent payment of no more than 30% of the adjusted gross monthly household income (including the utility allowance).

**Unit #:** Enter the unit number of each HOME-assisted unit in your project. Report on each HOME-assisted unit as of December 31, 2007.

**# of Bdrms:** Enter the unit size by number of bedrooms.

Note: For Group Homes you must combine individual information and count as one household. Total rent payment cannot exceed the HOME rents for that size single family home.

**Is Unit Occupied?:** This column asks for one of the following **numeric codes**. Enter:

- "1" If occupied by a tenant;
- "2" If occupied by the owner or;
- "9" If vacant as of December 31, 2007.

**Tenants Before HOME:** Asks if the current tenant was a tenant before the HOME subsidy was applied to the unit. Enter one of the following **numeric codes**.

- "1" If yes
- "2" If no

Note: if the tenant was in residence before HOME assistance was provided, then the Uniform Relocation Act (URA) normally protects the tenant. Usually, either the rent plus utilities paid by a low-income tenant may not increase from rents paid before the project was assisted, or may not exceed 30% of monthly-adjusted household income.



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In the next set of columns, **Monthly rent including utilities**, enter the tenant's contribution, including utilities, toward their rent in the Tenant Contrib column. The next column calls for the amount of subsidy provided to that unit for that tenant in the Rent Subsidy column. The sum of the Tenant Contrib column and the Rent Subsidy column should be the Total Rent figure entered into that column.

Under the **Income Data** set of columns, in the gross monthly median income column, enter the **MONTHLY** income of the tenant. In the case of tenants with sporadic income, this figure should be a monthly average based on annualized income.

Please enter the appropriate numeric code for the percentage of the local median income level that the tenant's monthly income represents in the **% of Area Median** column. Use one of the following **numeric codes**:

- "1" 0 – 30% Median
- "2" 31 – 50% Median
- "3" 51 – 60% Median
- "4" 61 – 80% of Median
- "5" over 80% Median

**Sample 2007 Income Chart for King, Snohomish & Island Counties**

Household Size	1	2	3	4	5	6
30%	\$ 1,363	\$ 1,558	\$ 1,754	\$ 1,946	\$ 2,104	\$ 2,258
50%	\$ 2,271	\$ 2,596	\$ 2,921	\$ 3,246	\$ 3,504	\$ 3,767
60%	\$ 2,725	\$ 3,115	\$ 3,505	\$ 3,895	\$ 4,205	\$ 4,520
80%	\$ 3,475	\$ 3,975	\$ 4,471	\$ 4,967	\$ 5,363	\$ 5,763

**Sample 2007 Income Chart for Tacoma / Pierce County**

Household Size	1	2	3	4	5	6
30%	\$ 1,087	\$ 1,242	\$ 1,400	\$ 1,554	\$ 1,679	\$ 1,804
50%	\$ 1,812	\$ 2,071	\$ 2,329	\$ 2,587	\$ 2,796	\$ 3,000
60%	\$ 2,175	\$ 2,485	\$ 2,795	\$ 3,105	\$ 3,355	\$ 4,600
80%	\$ 2,900	\$ 3,312	\$ 3,729	\$ 4,142	\$ 4,475	\$ 4,804

The ethnicity of the head of the assisted household in the unit is entered in the column **Ethnicity Head of Household**. To respond to the Ethnicity choices, please report one of the following **numeric codes**:

- "1" Yes, Hispanic or Latino
- "2" Not Hispanic or Latino

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The race of the head of household is entered in the column **Race Head of Hshld**. Please select only one code per household, whichever the tenant indicates is his or her affiliation. If the tenant will not declare an affiliation, select the number that seems best based on staff observation. Use one of the following **numeric codes**.

- "1" White
- "2" Black/African American
- "3" Asian
- "4" American Indian or Alaska Native
- "5" Native Hawaiian or Other Pacific Islander
- "6" American Indian or Alaska Native and White
- "7" Asian and White
- "8" Black or African American and White
- "9" American Indian or Alaska Native and Black or African American
- "10" Other Multi-Racial

Please enter the **number of persons in the household** in the column labeled **Size Hshld**.

In the column, **Type Hshld**, please describe the type of household by entering one of the following **numeric codes**:

- "1" Single-Non Elderly
- "2" Elderly
- "3" Related Single Parent
- "4" Related Parent
- "5" Other
- "9" Vacant unit

The last column, **Source of Rental Assistance**, asks for the source of rental assistance subsidy for the unit or household. Please use one of the following **numeric codes** to identify the type of assistance:

- "1" Section 8
- "2" HOME Tenant Based Rental Assistance
- "3" Other
- "4" None
- "9" Vacant unit

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### Table 2: Occupant Characteristics

#### 1 Units/Beds:

Renters - If your program provides housing for low income renters (including transitional housing projects and single family group homes), please put the number of units on the renters line. If you do not provide this type of housing enter 0.

Owners - If your program provides housing for low-income homeowners, please put the number of units on the Owners Line. If you do not provide this sort of housing opportunity, enter 0.

The sum of the two lines will be generated under the total units. **The total should equal the total number of units reported on Table 1, "Total # Units".**

#### 2 Occupancy:

Occupied - Indicate the number of units that were occupied on 12/31/07.

Vacant – Indicate the number of units vacant on 12/31/07.

**Vacant units should equal the total number of vacant units reported on Table 1, Column 7 which were reported vacant as of 12/31/07.**

#### 3 Households Served:

Family Households - Number of households with related individuals living under one roof

Individual Households Served - Number of individuals living alone or unrelated individuals living together in a group facility.

**Please Note: Total Households should equal the number of households served as Reported in Table 1, Column 10. Each unique household should be counted only once.**

#### 4 Race and Ethnicity of Households Served:

(A) Race – Enter the number of head of households categorized by each race. All household must have a race.

A household can be an individual or a family. **Total households served for question 4 should be equal to the number of households reported in #3 above.**

(B) Ethnicity is a sub set of race categories. – Enter the number of Hispanic households by each race category. Hispanic is an ethnicity category that cuts across all races.

**NOTE: Make sure that you complete both race and ethnicity for each head of household. The total under race must equal the total households served.**

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**5 Household Income:**

Summarize household income from Table 1. **Only count each household's income once.** Tally under the percentage of median income for which the household most recently qualifies. **Total Households counted should equal the total number of households served as reported in #3 above.**

**6 Single Parent Households:**

Report the number of single-headed households by gender category. A single-headed household is a family of two or more that includes only one adult and at least one child.

**7 Households Served:**

Summarize the number of renter and owner households served in the project.

**Total Households should equal the sum of households served as reported in #3 of above.**

### **Table 3: Special Needs information**

**1 Special Needs Population:**

For individuals or head of households with special needs choose the one most appropriate characteristic to report. Not all households will have a special need. If a household cannot easily be classified using one of the listed characteristics, please use the multiple special needs category and identify needs on line to right.

**Please do not double count. Total Households will be less then or equal to the number of households reported under #3 of Table 2 above.**

**2 Homeless Households Served:**

Homeless Families Households Served - Number of Family households served that were homeless.

Homeless Individual Households Served - Enter the number of homeless

Individual households served.

**Total Households counted should be equal to or less than the total number of households served as reported in #3 of Table 2 above.**

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### Table 4: Income and Expenses

Table 4 is intended to be a simple income and expense report using accrual accounting that can tell your Funders how your project is performing. It is intended to report only operational activity (not development) as a means of assessing project performance from a property management point of view. If a Funder wants more detail, they can get that from building/project financials and/or audit depending on what your contract requires you to submit. Table 4 Income and Expenses report needs to be supported by year-end internal accounting. Income and expense data should be reported as it relates to the entire project.

Some line items have formulated cells that will calculate the totals for you.

#### **DO NOT add or change line items**

#### **Actual Rental Income:**

Enter total amount of actual gross potential rent, less actual vacancy loss to equal actual rent charged to all tenants for the year by project. See example below:

Please note: Include total unit rent amount for Manager's unit in actual gross potential rent. If Manager receives a "rent free" unit, note the cost of the free rent in Expenses under "On-site Management".

Do not put rent concessions in rental income. Note the cost of rent concessions in Expenses "Other".

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(Assumes a 22 unit project, rents vary)

#### ACTUAL GROSS POTENTIAL RENT:

7 units x \$1051 (rent) x 12 months	\$88,284
10 units x \$701 (rent) x 12 months	\$84,120
5 units x \$584 (rent) x 12 months	\$35,040
TOTAL	\$207,444

#### LESS VACANCY LOSS:

4 units x \$1051 (rent) x 2 months each	\$8,408
1 unit x \$701 (rent) x 3 months	\$2,103
TOTAL	\$10,511

#### EQUALS ACTUAL RENT CHARGED:

\$207,444
<u>(\$10,511)</u>
\$196,933

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Please note: Put BAD DEBT in Expenses "Other" line  
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### **Other Residential Income:**

Enter all other income generated by the project and deposited into the operating account. Do NOT report development funds/activity on this report. Specify source with exact amounts noted separately for each source. Do not add rows to the form. If you have more sources than lines allow, show detail in text column (see Table 4 Sample).

### **Use the following source choices for Other Residential Income:**

Agency Contribution  
Damage, NSF & Late Fees, Screening Fees, Other Fees  
Fundraising/Donations  
Interest Income (this is interest on your operating account, NOT your reserve accounts)  
Laundry  
Parking  
Prior year's rent arrears  
Other (please identify and explain)

### **Gross Rental Income:**

Add all income lines and enter the total.

### **Commercial Net Income:**

Commercial net income is calculated by adding all income generated by non-residential (retail, office etc.) space including rent, commercial reimbursables etc. and then subtracting all commercial expenses (taxes, insurance, utilities etc.) associated with the commercial lease(s).

### **Subsidy Income:**

List the specific revenue source(s) and the amounts of all subsidy income. Use the following source choices:

ADATSA (Alcohol Drug Abuse Treatment & Support Act)  
City General Fund  
County 2163 document recording fee (i.e. Snohomish, Pierce)  
HOPWA (Housing Opportunities for Persons with AIDS)  
HUD Section 8—Agency Based  
HUD Section 8—Project Based  
HUD Section 8—Tenant Based  
HUD—CDBG  
King County DDD  
King County 2060—RAHP Operating (Transitional)  
King County General Fund  
King County Homeless Housing Services  
King County Human Services Levy  
King County Suburban City  
King County Veterans Levy  
King County Washington Families Fund  
McKinney—Shelter Plus Care (SPC)  
McKinney—Single Room Occupancy (SRO)  
McKinney—Supportive Housing Program (SHP)  
Medicaid  
Medicare  
Seattle 1986 Levy O&M

*List continues on next page...*

## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

Seattle 1995 Levy O&M  
Seattle 2002 Levy O&M  
Seattle HSD Shelter & Transitional Housing  
Seattle Jobs Initiative (SJI)  
Sound Families  
State 2060 O&M  
State 2163—HGAP  
State—DSHS  
Tacoma Homeless Encampment  
THOR (Transitional Housing Operating and Rental Assistance)  
United Behavioral Health (Prepaid Health Plan)  
United Way  
Veterans Administration  
Seattle Weatherization/Conservation Grants  
Other (please identify and explain)

### **Effective Gross Income:**

Verify calculated totals with your records. Total income should match building financial statements.

### **Expenses:**

Enter the annual operating expenses incurred by the project (not the overall organizational expenses). Do not change line items. If there were no expenses incurred for a specific line item such as elevator, enter \$0 or leave blank. If the project has expenses not included in the line items, please specify the expense and the dollar amount in the "Other" lines. **Note:** Do your best to fit your expense categories into Table 4's line items. The "Other" line should be used **ONLY** if there is absolutely no other place to put the expense (client case management, rent concessions, or bad debt are examples of "Other"). Please itemize expenses.

If your project receives social service subsidy, please itemize the operating and service costs accordingly. Projects without social service subsidy should list all expenses in the operating column.

### **On Site management:**

Could include salaries, benefits, training, office supplies—anything related to staff and staff management activity on-site.

### **Off site management:**

Could include management fees, training for property managers, book keeping that agency staff perform, business taxes—anything related to staff and staff management activity off-site.

## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

### **Replacement Reserve and Operating Reserve:**

Reserve line items should show only the total gross payment you made in that year out of your operating account and into your replacement reserve and operating reserve accounts. Do not show net amounts of reserve account activity. Expenses paid directly out of replacement or operating reserve accounts should be reported separately on the next page (Tables 4a & 4b). Do not show on Table 4 the interest that the bank paid on your reserve accounts. That interest should show only on Tables 4a & 4b.

### **Total Expenses:**

Verify calculated totals with your records. Total expenses should match building financial statements.

### **Net Operating Income:**

This calculated field subtracts the total expenses from the total effective gross income.

### **Debt Service Payments:**

List all of the amortized debt being carried by the project and for which payments are being made. For amortized debt that is deferred, enter only name of lender, rate %, amortization, term. Do not put any payment amount in Funds Paid column until payments are due and being made. For each lender, please identify the lender, the monthly payment amount, the interest rate, the period of amortization in years for the loan and the term in years of commitment for service with the property. If you have more than 2 loans, combine the total annual debt payments into the two lines provided and then attach a sheet with details of each loan.

### **Total Debt Service:**

This calculated field totals the payments made on the loans above.

### **Cash Flow:**

This calculated field subtracts the Total Debt Service from the Net Operating Income and shows Cash Flow. Cash Flow is the amount of cash available after all payments have been made for operating expenses and mortgage principal and interest. If cash flow is negative, please attach an explanation and a plan that addresses the problem.



## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

**Please Note:** It is strongly recommended that the staff responsible for occupancy and collections in your projects be responsible to prepare and calculate the Occupancy and Collection Rates monthly. The report does not calculate these numbers for you, it is the preparer's responsibility to do the calculation and enter the data into the appropriate cells of the report. Be sure to set goals and celebrate success.

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### **Occupancy Rate**

Calculate Occupancy Rate by dividing occupied days by total days: (move-in and move-out days are counted as occupied—not vacant—in calculating occupancy rates)

$$\frac{\text{Total Days in the period (\# days in the year x \# units) minus Vacant Days in year}}{\text{Total Days}}$$

Example:

A building with 22 units has 8,030 Total Days in the period (22 x 365 days a year).

4 units were vacant for 30 days each for a total of 120 vacant days (4 x 30).

8,030 days - 120 days = 7,910 occupied days divided by 8,030 Total days = occupancy rate of 98.5%

A good performance goal is to keep occupancy rates above 95%.

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### **Collection Rate**

Calculate Collection Rate by taking the Total Actual Rent collected during the period minus the amount collected on arrears during the same period and then dividing by the Gross Potential Rent minus the Vacancy Loss.

$$\frac{\text{Total Rent Collected - Amount of Arrears Collected}}{\text{Gross Potential Rent (GPR) - Vacancy Loss}}$$

Example: A building has 22 units, rents vary (see Actual Rental Income example for unit rent detail) If the total rent collected for the year was \$196,933 and the amount collected on arrears was \$1,000 the numerator would be \$195,933 (\$196,933-\$1000).

The Gross Potential Rent (GPR) is \$207,444 (see Actual Rental Income example for unit rent detail) minus \$10,511 vacancy loss (see Actual Rental Income example for vacancy loss detail) which makes the denominator \$196,933.

\$195,933 divided by \$196,933 = a Collection Rate of 99.4%.

A good performance goal is to keep collection rates above 97%.

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## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

### Table 4(a) and 4(b): Replacement and Operating Reserves

**Please Note: If account activity exceeds the amount of lines available, combine similar items. Do NOT add lines.**

Most capital funds contracts require that the contractor maintain a replacement reserve account and an operating reserve account for each project. Many Funders require separate interest bearing accounts for replacement and operating reserves. Review your specific loan and regulatory agreements for your specific project requirements. At a minimum, these funds must be reflected in your organization's accounting system's chart of accounts and all activity with these funds must be reported annually. If your organization has not been maintaining such records, begin doing so immediately, as failure to maintain such accounts may be a violation of your contract requirements. Please refer to your contract for specific information about reserve requirements such as minimum yearly deposits, account restrictions etc.

#### **Table 4(a)**

##### **Replacement Reserve Deposits and Withdrawals During Reporting Period**

Track your use of replacement reserves on Table 4(a), not on Table 4-Income and Expense sheet. Begin this table by entering the balance in the replacement reserve account at the beginning of the reporting period. This balance should be the same ending balance amount you reported on your previous year's annual report and must match with the actual bank balance in your reserve account(s).

Check the Matrix at end of instructions for submission requirements to see if you need to submit a copy of your reserve account bank statement with your annual report as of 12/31/07.

If this is a new project (or a new account) enter 0 in this column. Remember to include reserve deposits that were required as capitalized reserves at the beginning of the project. The remainder of the table is much like a checkbook register. Enter the date of an activity in the Date column. It is okay to combine similar activity in one line, but note that you are combining this activity. For example, interest deposits throughout the year can be combined on one line. Explain all deposits and withdrawals in the next column.. Enter the amount of the withdrawal in the 3rd column, if appropriate. Enter reserve deposits in the 4th column. Interest earned on your reserve account should be entered as a deposit. Running balances are calculated automatically. Your ending balance will become your beginning balance on next year's report. (Please see example provided.)

Note: Replacement Reserves are intended to be used for scheduled capital improvements and/or replacements. It is recommended that a 20-year schedule of reserves and/or Capital Needs Assessment (deposits and projected uses) be developed for every project. See <http://seattle.gov/housing/management/annualreport.htm> for a sample CNA spreadsheet.

# COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

## Table 4(b)

### Operating Reserve Deposits and Withdrawals During Reporting Period

Track your use of operating reserves on Table 4(b) not on Table 4-Income and Expense sheet. Begin this table by entering the balance in the operating reserve account at the beginning of the reporting period. This balance should be the same ending balance amount you reported on your previous year's annual report and must match with the actual bank balance in your reserve account(s).

Check the Matrix at end of instructions for submission requirements to see if you need to submit a copy of your reserve account bank statement with your annual report as of 12/31/07.

If this is a new project (or a new account) enter 0 in this column. Remember to include reserve deposits that were required as capitalized reserves at the beginning of the project. The remainder of the table is much like a checkbook register. Enter the date of an activity in the Date column. It is okay to combine similar activity in one line, but note that you are combining this activity. For example, interest deposits throughout the year can be combined on one line. Explain all deposits and withdrawals in the next column.. Enter the amount of the withdrawal in the 3rd column, if appropriate. Enter reserve deposits in the 4th column. Interest earned on your reserve account should be entered as a deposit. Running balances are calculated automatically. Your ending balance will become your beginning balance on next year's report. (Please see example provided.)

Note: Operating Reserves are intended to be used for unexpected or unusual operating costs that exceeded the yearly operating budget.

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## **MATRIX of Supplemental Material**

The list of materials in this Matrix is not all inclusive of the documents that must be maintained in order to run a long term and effective affordable housing program. They do, however, represent many of the materials that Public Funders are required to review from time to time. Some of the following materials will be submitted annually, others only if a change has occurred. Check the Matrix carefully to see what each Funder requires and only send what each Funder asks for.

**Financial statement or audit** – This item should be submitted in accordance with the requirements for financial statement and/or audit submission in your contract for this project. Over the years, audit requirements have changed, but unless your contract has been amended to reflect those changes you should be abiding by the language in your contract with us. If you have met the requirement in a prior report and are not required to enclose another this year, enter the date the audit was last submitted in the appropriate column. If you have enclosed an audit, check the appropriate column. Include notes if necessary.

**Copy of current insurance certificate** – This item should be submitted each year, if it is required by your contract. If your insurance extends for more than one year, include the date a copy of the current policy was submitted.

## COMBINED FUNDERS' ANNUAL REPORT

Instructions for the Reporting Period of: January 1 to December 31, 2007

**Copy of reserve account(s) bank statements** – If required by your Funder, this item should be as of 12/31/07 and must match with the reserve account balances as noted on Tables 4(a) and 4(b).

**Marketing materials or statement explaining approach to affirmative marketing** – If your affirmative marketing plan has not changed from the previous year, and a copy was submitted previously, do not send again. Otherwise, send all new and/or revised marketing plans. Include copies of any marketing materials that occurred in the reporting year. This could include ads, flyers, notices, etc.

**Copy of fair housing complaints and disposition** – These items will be submitted for the year in which they occur and/or for previous year's disposition of an earlier complaint. Include any notes or comments you think are appropriate.

**Description of any neighborhood complaints and outcomes** – These items should be submitted for the reporting period in which they occur. Include notes and remarks as appropriate.

**Management plans** – Submit this item only if changes have been made from previous versions of the project's management plan. If a plan had not been submitted, submit it now.

**Capital Needs Assessment** – If you have a CNA, submit a copy for the project. If we have your most current CNA, do not send again.

**Changes in services** – If your project is required to provide services to your tenants and changes to those services have been implemented or are being planned, submit a copy of the changes.

## Matrix of Supplemental Materials Required by Public Funders for Submittal with the 2007 Annual Report

	CTED State HTF	King County	City of Seattle	Snohomish County	City of Tacoma	WSHFC
<b>Method to Submit Annual Report &amp; Supplemental Materials</b>	<b>E-Mail to:</b> <a href="mailto:HSDAR@cted.wa.gov">HSDAR@cted.wa.gov</a>	<b>E-Mail to:</b> <a href="mailto:KCAPR@kingcounty.gov">KCAPR@kingcounty.gov</a> also FAX or mail signed Certification	<b>Mail to:</b> PO Box 94725 Seattle, WA 98124	<b>E-mail to:</b> <a href="mailto:m.dalpozzo@co.snohomish.wa.us">m.dalpozzo@co.snohomish.wa.us</a> <b>and Mail to:</b> 3000 Rockefeller Ave. Mail Stop 305 Everett, WA 98201	<b>Email to:</b> <a href="mailto:mchisholm@cityoftacoma.org">mchisholm@cityoftacoma.org</a> <b>and Mail to:</b> 747 Market St. Room 1036 Tacoma, WA 98402	<b>E-mail to:</b> <a href="mailto:compreport@wshfc.org">compreport@wshfc.org</a> A letter will be sent to all owners with property specific submittal instructions. See also: <a href="http://wshfc.org/managers">wshfc.org/managers</a>
<b>Due Dates</b>	<b>June 30</b> Certification Tables: 1, 1A, 2, 3, 4, 4a, 4b	<b>January 31</b> Certification Tables 1, 1A, 2, 3  <b>June 30</b> Tables 4, 4a, 4b	<b>June 30</b> Certification Tables: 1, 1A, 2, 3, 4, 4a, 4b	<b>June 30</b> Certification Tables 1, 1A, 2, 3, 4, 4a, 4b	<b>January 31</b> Certification Tables 1, 1A, 2, 3  <b>June 30</b> Tables 4, 4a, 4b	<b>January 31</b> Table 1  <b>June 30</b> Table 4
<b>If there is an 'X' under a public funder's name for a specific item then it is required to be submitted on a yearly basis. If box is blacked out DO NOT send.</b>						
Supplemental Material	CTED HTF	King County	City of Seattle	Snohomish County	City of Tacoma	WSHFC
Submit <b>hard copy</b> of the Combined Public Funders Annual Report			X	X	X	<b>Table 1 only</b>
Financial statement or audit per contract conditions (Submit only if not previously submitted for the year)	X	X	X	X	X	
Copy of current insurance certificate (Submit only if not previously submitted for the year)	X	X	X	X	X	
Copy of reserve account(s) bank statements as of 12/31/2007		X	X	X	X	
Marketing materials or statement explaining approach to affirmative marketing		X	X	X	X	
Copy of fair housing complaints and disposition (if any for the year)	X	X	X	X	X	X
Description of any neighborhood complaints and outcomes			X	X	X	
Management plan change summary (Submit only if changes in the past year)	X	X	X	X	X	
Capital Needs Assessment (Submit only if not previously submitted or if updated)	X	X	X	X	X	
Summary of tenant service changes (Submit only if changes in the past year)	X	X	X	X	X	