

Welcome To...

IHCDA Online Owner Certification Training

Indiana Housing Online Management System

How-to Guide

Adding Units & Utility Allowances

Entering Tenant Events and Finalizing the Annual Owner
Certification

Thank you for joining us today!

In this presentation, you will learn how to navigate the IHCDA online system.

You will also learn how to:

- Create units
- Create utility allowances
- Create tenant events
- Complete/Submit an AOC

ANNUAL OWNER CERTIFICATION TRAINING GUIDE



Topics and Order of Discussion



IHCDA Online

Slides 5-8

Adding Units

Slides 8-11

Adding Utility Allowances

Slides 12-18

Tenant Events

- Overview 19 -22
- Move In Event 23- 41
- Creating a TIC 41-42
- Recertification Event 43-55
- Transfer Event 56-62
- Other Events 63

AOC/Resources

- AOC Walk-through 64-90
- Resources 91

WEBSITE

[HTTPS://ONLINE.IHCDA.IN.GOV/](https://online.ihcda.in.gov/)

TO GET TO THE SIGN IN PAGE, CLICK THE **AUTHORITY ONLINE** BUTTON.



The screenshot shows the homepage of the Indiana Housing and Community Development Authority (ihcda). The header features the ihcda logo on the left and the text "Indiana Housing Online" on the right. Below the header, a welcome message reads "Welcome to Indiana Housing and Community services." followed by a brief description: "This site allows our partners to access resources for managing their aw". A central column contains four dark blue buttons with white text: "Authority Online", "DMS Online", "ClientTrack", and "Weatherization". To the right of these buttons, there are four lines of explanatory text: "The Authority Online site is u management, and reporting.", "The DMS Online site is for th 8/31/2017.", "ClientTrack is used for mana", and "The Weatherization Assistan". At the bottom of the page, a note states: "Please note that the link has changed. The new URL to this site is <https://online.ihcda.in.gov/>".

HOW TO LOG IN

Owners must grant access to their authorized users. If the project owner has granted access to you.

Log in using your username and password.

OR If you are a new user, click on

New User? Register Here

to get started

AND email Meagan Simpson at MSimpson1@ihcda.IN.gov let her know you registered as a new user.

Welcome to the Authority DMS Online Management System

This site will allow organizations working with the Indiana Housing and Community Development Authority to manage information about their awards. Some of the features of this site are claims management, Owner Certifications, IDA Awards, NAP Reporting, and the Single Family software download. This site continues to be expanded to allow our partners to work more closely with us and to streamline our processes. If you are having problems logging in or creating a profile please email claims@ihcda.in.gov.

Username: [New User? Register Here.](#)

Password:

[Forgot Your Password?](#)

Only continue if you are using a supported browser. The current supported browsers are:

- Internet Explorer 10.0
- Internet Explorer 9.0
- Firefox 17
- Firefox 18

[Online Resources and Training Videos](#)

Click [Here](#) to visit the IHcda website.

GETTING STARTED

Before you can complete your Annual Owner Certification you must set up your units and utility allowances and have all your tenant events in for the year.

Tenant events should be updated EVERY 30 DAYS throughout the year.

Normally, this will all be done when you sit down to do your AOC, but we are going to cover these topics now, as they are common sources of questions and concerns at AOC time.

READY TO GO?

You can skip to slide 64
to start the AOC walk-
through

CREATING A NEW UNIT



- 1) **CLICK ON THE BUILDING YOU WOULD LIKE TO ADD A UNIT TO.**
 - This will bring up the screen shown in the picture to the left.

- 2) **CLICK ON ADD NEW UNIT.**
 - This will bring up the screen shown in the picture to the right.

The screenshot shows the 'Building Details' page for 'Building 1'. The page includes a navigation menu on the left with 'Building 1' selected. The main content area contains form fields for building information: Building Name (Building 1), Address (1234 Main Street), City (Indianapolis), State (IN), Zip (46204), County (MARION), BIN (317891888), Unit Count (9), Actual Unit Count (8), and Applicable Fraction (0.00). There is a 'Placed In Service Date' field, an 'Owner Pays Utilities' checkbox, and a 'Notes' text area. Below the form is an 'Update' button and a table of units.

Unit Name	Num Bedrooms	Sq Footage	AMI Percent	Unit Status
001	1 Bedroom	900	60%	Occupied
002	2 Bedroom	1200	80%	Occupied
003	1 Bedroom	1000	60%	Occupied
004	2 Bedroom	1200	40%	Occupied
005	1 Bedroom	900	60%	Occupied
006	2 Bedroom	1200	50%	Occupied
007	1 Bedroom	900	40%	Occupied
008	3 Bedroom	1300	60%	Occupied
009	3 Bedroom	1300	60%	Occupied

At the bottom of the page, there is an 'Add New Unit' button and a copyright notice: 'Copyright © 2020, Authority DMS. All rights reserved.'

The 'Unit Information' form contains the following fields and options:

- Unit Name:
- Number Of Bedrooms: Studio (dropdown)
- Square Footage:
- AMI Percentage: 20% (dropdown)
- Unit Identity: Program Unit (dropdown)
- Status Date:
- Status:

At the bottom of the form, there are two buttons: 'Add Funding' and 'Update'.

- 3) Complete the required information (End Date is not required).
- Once filled in, select **Update**.

Return to Property Listing
Manage Users
View Documents
[-] Ryan Test
[-] **Building 1**
+ 001
+ 002
+ 003
+ 004
+ 005
+ 006
+ 007
+ 008
+ 009

Unit Information

Unit Name

Number Of Bedrooms

Square Footage

AMI Percentage

Unit Identity

Status Date

Status

Add Funding

Funding Program	Start Date	End Date
<input type="text" value="RHTC"/>	<input type="text"/>	<input type="text"/>

Update

CONGRATULATIONS

You created a new unit! ★



CREATING UTILITY ALLOWANCES



Indiana Housing & Community Development Authority

BEFORE WE START

If owner pays all utilities, DO NOT enter a Utility Allowance!

Follow the instructions on this slide, then skip to slide 19.



da
g & Community Development Authority

Welcome Ganee Natschke
IHODA
Ryan Test

Indiana Housing Online Management System

Property Listing
Users
Documents
Test
Building 1
001
002
003
004
005
006
007
008
009

Building Details

Building 1	BIN	3178918888	
1234 Main Street	Unit Count	9	
Indianapolis	Actual Unit Count	8	
IN	46204	Applicable Fraction	0.00
County	MARION		
Placed In Service Date			

Owner Pays Utilities

Notes:



Click the **Owner Pays Utilities** box.

Do this for each building.

Click **Update**

CREATING A UTILITY ALLOWANCE

- Click on the project name
 - This will bring up the screen pictured below
- Click on **Utility Allowances**
 - You now have 2 options
 - Add New
 - Copy

The screenshot displays the IHEDA Indiana Housing Online Management System interface. The top navigation bar includes the IHEDA logo, user information (Welcome Ganeer Natschke, Ryan Test), and system title (Indiana Housing Online Management System). The left sidebar contains navigation links: Return to Property Listing, Manage Users, View Documents, and a tree view for Ryan Test with Building 1 selected. The main content area shows Property Details for Ryan Test, including the address (IN, Scattered Site), restriction type (N/A), rental assistance, and owner certification year (2020). A table of utility allowances is visible, with columns for Utility Allowance, Floating Units, and Extended Use Dates. The table contains one row with a value of 9/19/2018. Below the table is a form for Owner Entity Information with fields for Name, Address, Tax ID Number, and Primary Owner Contact. On the right side of the property details, there are three buttons: Utility Allowances, Export Events, and Remove Property.

PLEASE NOTE: *Utility allowances expire yearly and **MUST** be updated every calendar year. Even if the UA amounts are the same, a new UA must be entered into the Utility Allowances section.*

ADD NEW:

[Return to Utility Allowance Listing](#)

Utility Allowance Entry

Property Name: Ryan Test Bin: 3178918888

Description:

Effective Date:

Bedrooms: Studio

Allowance Type: Utility Company Estimate

Utility Type	Source	Amount	Paid By	Allowance Type
Unit Heat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Heating	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cooking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit Electric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sewer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trash Removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD or Section 8 Approved Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Conditioning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Requires Description)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tenant-Paid Total: \$0.00

P.S.

This is the **ONLY** way to create UAs for new projects

Enter a description We suggest using the effective date of the UA and the type (i.e. 01/01/23 PHA)

The description is the only thing that tells you what UA you are choosing when entering tenant events later. Make sure you will be able to differentiate between UAs in the future! There is no need to label the UA with the bedroom size in the descriptions box bc that is later drop down.

If using different types of UAs like HUD and PHA, labeling them with the date and UA type will be useful in selecting the correct UA for each unit.

COMPLETED ADD NEW

[Return to Utility Allowance Listing](#)

Utility Allowance Entry

Property Name: Ryan Test
Description: 01/01/23 PHA
Effective Date: 1/1/2020
Bedrooms: 1 Bedroom
Allowance Type: HUD Schedule Approval

Utility Type	Source	Amount	Paid By	Allowance Type
Unit Heat	Gas	30.00	Tenant Paid	HUD Schedule Approval
Water Heating	Gas	5.00	Tenant Paid	HUD Schedule Approval
Cooking	Gas	8.00	Tenant Paid	HUD Schedule Approval
Unit Electric	Electric	20.00	Tenant Paid	HUD Schedule Approval
Water Service				
Sewer				
Trash Removal				
RD or Section 8 Approved Allowance				
Air Conditioning	Electric	10.00	Tenant Paid	HUD Schedule Approval
Other (Requires Description)				

Tenant-Paid Total: \$73.00

Bin: 317891888

Enter your Utility Type info next

Complete this top part first

This must be checked!



Before you click **SAVE!** You will need to click on the **BIN/Award Numbers** the UA pertains to. If you click save before assigning the UA to a BIN, your UA will not save!

THE COPY OPTION

Choose **Copy** and update the entry if needed. If the UA amounts **have not** changed, all you do is change the description and the effective date and select **SAVE**.

Utility Allowances

	Description	Allowance Type	Unit Type	Effective Date	Cert Year	
Show BINs	PHA 12/01/22	PHA	1 Bedroom	12/1/2022	2022	Copy
Show BINs	PHA 12/01/2022	PHA	2 Bedroom	12/1/2022	2022	Copy
Show BINs	HUSM 09/01/2022	HUD Schedule Approval	1 Bedroom	9/1/2022	2022	Copy
Show BINs	HUSM 09/01/2022	HUD Schedule Approval	2 Bedroom	9/1/2022	2022	Copy

Add New

MORE THAN ONE UA TYPE?

Remember! 

If using different types of UAs, like HUD and PHA, labeling them with the date and UA type will be useful in selecting the correct UA for each unit.

This will prevent many common UA issues during compliance checks!

Utility Allowances

	Description	Allowance Type	Unit Type	Effective Date	Cert Year	
Show BINs	01/01/2020 HUD	HUD Schedule Approval	3 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2020 PHA	HUD Schedule Approval	1 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2020 HUD	HUD Schedule Approval	2 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2020 PHA	PHA	2 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2020 PHA	PHA	3 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2020 PHA	PHA	1 Bedroom	1/1/2020	2020	Copy
Show BINs	01/01/2019 HUD	HUD Schedule Approval	3 Bedroom	1/1/2019	2019	Copy
Show BINs	01/01/2019 HUD	HUD Schedule Approval	1 Bedroom	1/1/2019	2019	Copy
Show BINs	01/01/2019 HUD	HUD Schedule Approval	2 Bedroom	1/1/2019	2019	Copy
Show BINs	01/01/2019 PHA	PHA	3 Bedroom	1/1/2019	2019	Copy
Show BINs	01/01/2019 PHA	PHA	2 Bedroom	1/1/2019	2019	Copy
Show BINs	01/01/2019 PHA	PHA	1 Bedroom	1/1/2019	2019	Copy

[Add New](#)


THIS IS WHAT YOU WILL SEE

CREATING TENANT EVENTS

TENANT EVENT TYPES

We will start with
Move-In.



Move-In





Recertify

**Transfer
In/Out**

There are 4 sections in each tenant event

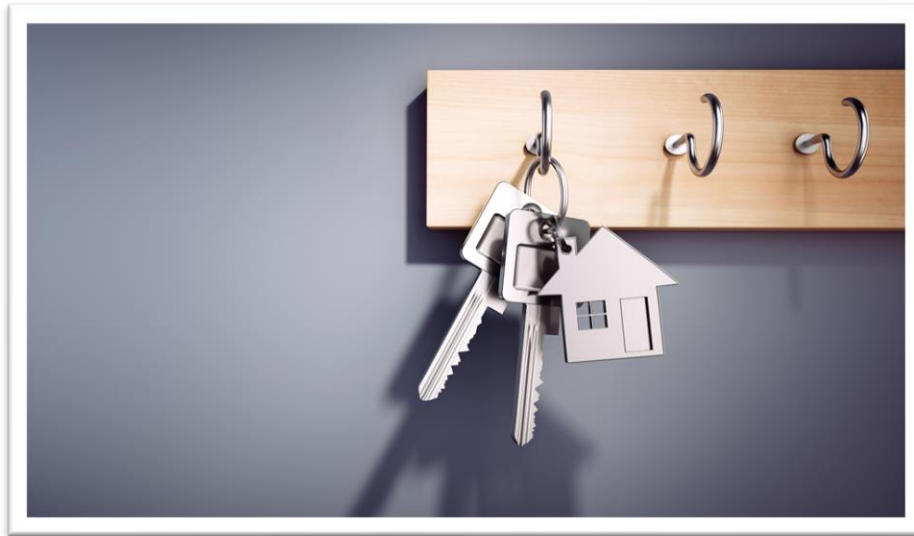
The first 2 are **REQUIRED**

The last 2 only need to be completed IF you plan to utilize IHCDA online for your TIC


-  **Event Details**
-  **Add Member**
-  **Add Non-Asset Income**
-  **Add Asset Income**

IN THIS SECTION

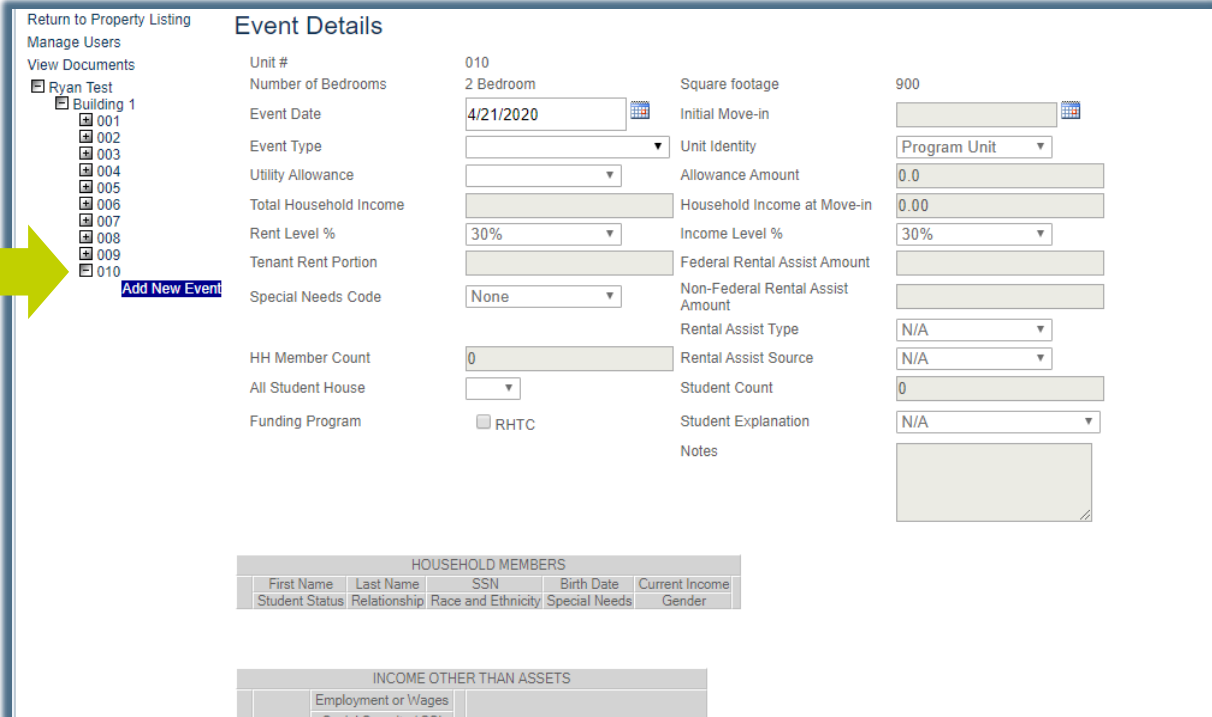
- We will cover Move-In, Recertify and Transfer In/Out events in detail.
- We will briefly cover Non-Asset Income and Asset Income entries.



MOVE IN

First, click on the  to open the unit

Second, click on **Add New Event** 



Event Details

Unit # 010
Number of Bedrooms 2 Bedroom
Square footage 900

Event Date 4/21/2020
Initial Move-in

Event Type
Unit Identity Program Unit

Utility Allowance
Allowance Amount 0.0

Total Household Income
Household Income at Move-in 0.00

Rent Level % 30%
Income Level % 30%

Tenant Rent Portion
Federal Rental Assist Amount

Special Needs Code None
Non-Federal Rental Assist Amount

HH Member Count 0
Rental Assist Type N/A

All Student House
Rental Assist Source N/A

Funding Program RHTC
Student Count 0

Student Explanation N/A
Notes

HOUSEHOLD MEMBERS				
First Name	Last Name	SSN	Birth Date	Current Income
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender

INCOME OTHER THAN ASSETS	
Employment or Wages	

Move-In Section 1

EVENT DETAILS

Enter the move-in date.

To the right of the Event Date field is the Initial Move-in field which SHOULD autofill.

If it does not autofill enter that date!

For Move-In Events, the Event Date and the Initial Move-In date should always be the same.

Return to Property Listing | Manage Users | View Documents | Ryan Test | Building 1 | Add New Event

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type		Allowance Amount	0.0
Utility Allowance		Household Income at Move-in	0.00
Total Household Income		Income Level %	30%
Rent Level %	30%	Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	
Special Needs Code	None	Rental Assist Type	N/A

Return to Property Listing | Manage Users | View Documents | Ryan Test | Building 1 | Add New Event

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	0.0
Utility Allowance		Household Income at Move-in	0.00
Total Household Income		Income Level %	30%
Rent Level %		Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	
Special Needs Code		Rental Assist Type	N/A
HH Member Count		Rental Assist Source	N/A
All Student House		Student Count	0
Funding Program		Student Explanation	N/A
		Notes	

HOUSEHOLD MEMBERS					
First Name	Last Name	SSN	Birth Date	Current Income	Gender
Student Status	Relationship	Race and Ethnicity	Special Needs		

Next, select the Event Type. For this part of our course, we are going to select Move-In...

- Unit Identity should have been chosen when the unit was created.
- You do not need to select anything from the dropdown box unless what's currently in there is incorrect.
- The next field is Utility Allowance.
- Once you have selected the current UA, the allowance amount field will self fill.
- For Owner Paid Utilities or Market Rate units you will click on the blank space (highlighted in yellow). The allowance amount will then autofill with 0.



Event Details

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	Program Unit
Utility Allowance		Household Income at Move-in	Manager
Total Household Income		Income Level %	Maintenance
Rent Level %	30%	Federal Rental Assist Amount	Model
Tenant Rent Portion		Non-Federal Rental Assist Amount	Security
Special Needs Code	None	Rental Assist Type	Market
HH Member Count	0	Rental Assist Source	
All Student House		Student Count	
Funding Program	<input type="checkbox"/> RHTC	Student Explanation	N/A

Event Details

Unit #	010
Number of Bedrooms	2 Bedroom
Event Date	3/27/2020
Event Type	Move In
Utility Allowance	01/01/2020 HUD
Total Household Income	
Rent Level %	
Tenant Rent Portion	
Special Needs Code	
HH Member Count	
All Student House	
Funding Program	<input type="checkbox"/> RHTC



Remember when we told you it was important how you name your UAs? This is where it matters (see slides 16 & 19) Current and previous UA's may show up in this dropdown box.

TOTAL HOUSEHOLD INCOME & HOUSEHOLD INCOME AT MOVE-IN

First, enter the Total Household Income.

Next, enter the Household Income at Move-In

Household Income at Move-In does NOT auto populate in a Move In event! It must be entered manually

PLEASE REMEMBER!

If you forget to enter the Household Income at Move-In before saving...

YOU WILL NOT BE ABLE TO FIX IT YOURSELF.

You also will not be able to add Household Income at Move-In to any event that comes after.

Move In

Event Details			
Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Total Household Income	
Rent Level %	30%	Household Income at Move-in	
		Income Level %	30%

Event Details			
Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Total Household Income	14400.00
Rent Level %	30%	Household Income at Move-in	
		Income Level %	30%

RENT AND INCOME LEVELS

The rent and income levels that appear in the dropdown box are the levels that pertain to the project.

Select the appropriate level for each.

Event Details

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	14400
Total Household Income	14400	Income Level %	30%
Rent Level %	30%	Federal Rental Assist Amount	
Tenant Rent Portion	30%	Non-Federal Rental Assist Amount	
Special Needs Code	40%	Rental Assist Type	N/A
HH Member Count	50%	Rental Assist Source	N/A
All Student House	60%	Student Count	0
Funding Program	<input type="checkbox"/> RHTC	Student Explanation	N/A
		Notes	

Event Details

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	14400
Total Household Income	14400	Income Level %	30%
Rent Level %	40%	Federal Rental Assist Amount	30%
Tenant Rent Portion		Non-Federal Rental Assist Amount	40%
Special Needs Code	None	Rental Assist Type	50%
HH Member Count	0	Rental Assist Source	60%
All Student House		Student Count	
Funding Program	<input type="checkbox"/> RHTC	Student Explanation	N/A
		Notes	

TENANT RENT PORTION

Tenant Rent Portion =

The portion of rent the
tenant pays

It **DOES NOT** include the
UA or any rental assistance
the tenant may be receiving



Federal Rental Assistance

If the tenant receives ANY Federal Rental Assistance like Section 8, Project Based Section 8 or Public Housing, the amount received on behalf of the tenant goes in the Federal Rental Assist Amount. If there is no Federal Rental Assistance for the household, please enter 0.

Non-Federal Rental Assistance

If the tenant receives ANY Non-Federal Rental Assistance (i.e. funds from a state homeless prevention program, a program administered by the Division of Mental Health, a post foster care program, etc.) the amount received on behalf of the tenant goes in the Non-Federal Rental Assist Amount. If there is no Non-Federal Rental Assistance for the household, please enter 0.

Move
In

Event Details			
Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	14400.00
Total Household Income	14400.00	Income Level %	60%
Rent Level %	40%	Federal Rental Assist Amount	500
Tenant Rent Portion	119.00	Non-Federal Rental Assist Amount	0
Special Needs Code	None	Rental Assist Type	Tenant Based
HH Member Count	0	Rental Assist Source	Section 8 Tenant f

Event Details			
Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	14400.00
Total Household Income	14400.00	Income Level %	60%
Rent Level %	40%	Federal Rental Assist Amount	0
Tenant Rent Portion	119.00	Non-Federal Rental Assist Amount	500
Special Needs Code	Homeless	Rental Assist Type	Owner Provided
HH Member Count	0	Rental Assist Source	Operating Subsidy

SPECIAL NEEDS CODE

You will enter this twice, once in the Event Details and again when you are entering the Member Details (see slide 38).

If there are no special needs for the household, select none.

Event Details			
Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	3/27/2020
Event Date	3/27/2020	Unit Identity	Program Unit
Event Type	Move In	Allowance Amount	92.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	14400
Total Household Income	14400	Income Level %	60%
Rent Level %	40%	Federal Rental Assist Amount	500
Tenant Rent Portion	119	Non-Federal Rental Assist Amount	0
Special Needs Code	None	Rental Assist Type	N/A
HH Member Count		Rental Assist Source	N/A
All Student House		Student Count	0
Funding Program		Student Explanation	N/A
		Notes	
Add Member			
HOUSEHOLD MEMBER			
First Name	Last Name	Household Income	Gender
Student Status	Relationship	Race	
Add Non-Asset Income <small>Inputting this information is OPTIONAL. Information must be input if you want to generate a T</small>			
INCOME OTHER THAN ASSETS			

RENTAL ASSISTANCE TYPE AND RENTAL ASSISTANCE SOURCE

If the tenant receives rental assistance
you MUST select:

Property Based · Tenant Based · Owner
Provided

Then select the source of the assistance:

RD · Section 8 Project · Section 8 Tenant ·
HOME · Operating Subsidy · Other



If you are going left to right, HH
Member Count is between these two
items, but we will cover that in the next
slide.

Rental Assist Type	→	N/A
Rental Assist Source		N/A
Student Count		Property Based
Student Explanation		Tenant Based
Notes		Owner Provided

Rental Assist Source	→	Section 8 Tenant I
Student Count		N/A
Student Explanation		Rural
Notes		Section 8 Project Based
		HOME
		Other
		Operating Subsidy
		Section 8 Tenant Based

HH MEMBER COUNT & ALL STUDENT HH/STUDENT COUNT

HH Member Count - Enter the number of people in the household. This number would include an unborn child (*if disclosed*)...

All Student House - If every person in the Household is in school, select Yes. If at least one person in the Household is not in school, select No.

Student Count - Enter the number of people in the Household that are students. If there are no students in the household, enter 0.

HH Member Count	<input type="text" value="1"/>	Rental Assist Source	Section 8 Tenant I ▾
All Student House	<input type="button" value="▼"/>	Student Count	<input type="text" value="0"/>
Funding Program	<input type="button" value="No"/>	Student Explanation	<input type="text" value="N/A"/>
	<input type="button" value="Yes"/>	Notes	<input type="text"/>

ALMOST DONE!

These are the last entries in the Event Details part of the Tenant Event

Funding Program – Select the type of Funding Program(s). In our sample, the only option is RHTC. You may have others! Make sure you are selecting all that apply.

Student explanation applies if you have an all-student household. If the household consists of one person not attending school, select N/A. Otherwise, you will need to select the exception for the household from the dropdown box.

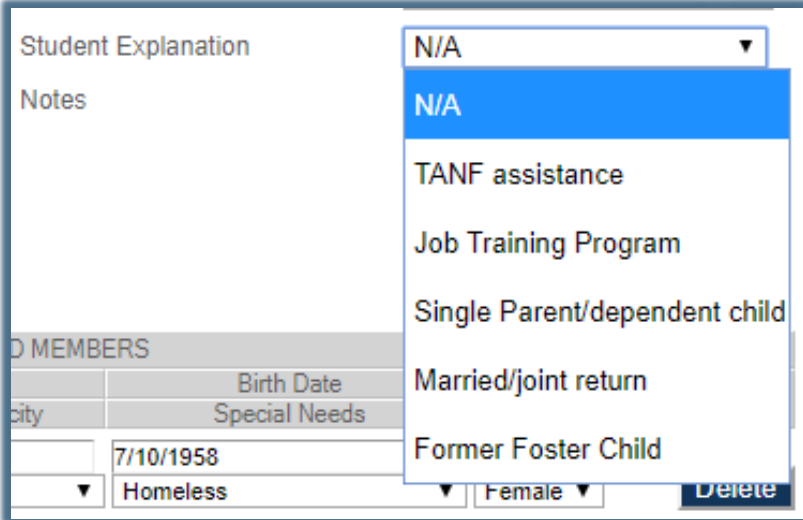
Move In

All Student House

No ▼

Funding Program

RHTC



The screenshot shows a web form with a dropdown menu open for the 'Student Explanation' field. The dropdown menu is currently set to 'N/A' and lists several other options: 'N/A', 'TANF assistance', 'Job Training Program', 'Single Parent/dependent child', 'Married/joint return', and 'Former Foster Child'. Below the dropdown, there is a table with columns for 'City', 'Birth Date', and 'Special Needs'. The 'Birth Date' field contains '7/10/1958' and the 'Special Needs' field contains 'Homeless'. There are also dropdown menus for 'Female' and a 'Delete' button.

Move-In Section 2

ADD MEMBER

Click on **Add Member**

Fill in the required fields: First Name, Last Name, Birth Date, Current Income, Student Status, Relationship, Special Needs and Gender.

Add Member

HOUSEHOLD MEMBERS					
First Name	Last Name	SSN	Birth Date	Current Income	
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender	
N/A	None of the above	D - Not disclosed	4/22/2020	0.00	
		<input type="checkbox"/> Hispanic Or Latino	None	N/A	Delete

Add Non-Asset Income *Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.*

INCOME OTHER THAN ASSETS

Race and Ethnicity is not a required field

If they choose to disclose fill in, including the Hispanic or Latino box



Social Security number is no longer a required field and should **NOT** be filled in!

Move In

CURRENT INCOME

After filling in First Name, Last Name and Birth Date, fill in Current Income.

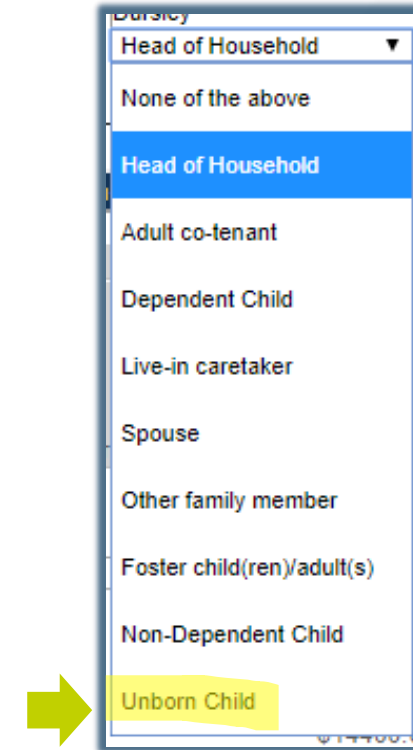
- Current Income should be filled in for **each individual** that has income. When all HH members' Current Income are added together, it should equal the Total Household Income that was entered in the Event Details Section.

HOUSEHOLD MEMBERS					
First Name	Last Name	SSN	Birth Date	Current Income	
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender	
Adam	Smith		10/29/1980	28140.00	
Non-Student ▼	Head of Household ▼	D - Not disclosed ▼	None ▼	Male ▼	Delete
<input type="checkbox"/> Hispanic Or Latino					
Anneisen	Smith		12/12/1981	29050.00	
Non-Student ▼	Adult co-tenant ▼	D - Not disclosed ▼	None ▼	Female ▼	Delete
<input type="checkbox"/> Hispanic Or Latino					

Total Household Income	56190.00	Household Income at Move-in	55177.00
Rent Level %	60% ▼	Income Level %	60% ▼

RELATIONSHIP, STUDENT STATUS, AND GENDER

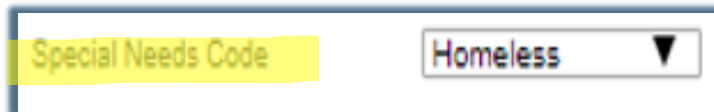
- **Student Status**
 - This field is required
 - The options are Student, Non-Student or N/A
- **Gender**
 - This field is required
 - At this time there are only 3 options in our system
 - N/A, Female or Male
- **Relationship**
 - This field is required
 - Pictured right are the selections
 - Notice that there is a selection for unborn child.
 - An unborn child is considered a Household Member and must be included (*if disclosed*).



SPECIAL NEEDS, RACE AND ETHNICITY

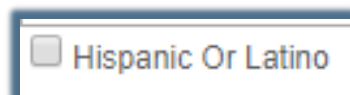
Special Needs

- This field is required
- If there are no special needs, please select “none”
- **This MUST match the Special Needs Code selected in the Event Details Section!**
(see slide 31)

A screenshot of a form field. On the left, the text "Special Needs Code" is displayed in a yellow highlighted box. To the right is a dropdown menu with the word "Homeless" selected and a downward-pointing arrow.

Race and Ethnicity

- This field is NOT required
- If HH member CHOOSES to disclose complete this field
- Check the Hispanic or Latino box (if applicable)

A screenshot of a form field containing a checkbox and the text "Hispanic Or Latino". The checkbox is currently unchecked.

A COMPLETED HOUSEHOLD ENTRY

Here is an example of a completed Household entry.

- Complete one entry for EACH household member, ***including*** Unborn Child (*if disclosed*).

Add Member

HOUSEHOLD MEMBERS					
First Name	Last Name	SSN	Birth Date	Current Income	
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender	
Petunia	Dursley		7/10/1958	14400.00	
Non-Student ▼	Head of Household ▼	D - Not disclosed ▼	Homeless ▼	Female ▼	Delete
<input type="checkbox"/> Hispanic Or Latino					

Those were the required parts of your Add Member tenant event. If you don't plan to use IHEDA online for the TIC, you are now DONE!



Select *Update* at the bottom of the page to the left to finish!

NON-ASSET INCOME

Add Non-Asset Income

- This is only filled out if you want to use DMS to generate a TIC
- Click on **Add Non-Asset Income**
Add Employment, Social Security, Pension, Etc.
- Click on the dropdown box to choose the HH member's income to be entered.
Choose the appropriate income source and enter the income
- To add income for multiple people, click on Add Non-Asset Income for all applicable HH members

Add Non-Asset Income *Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.*

Member	INCOME OTHER THAN ASSETS			Gross Annual Income other than Assets
	Employment or Wages			
	Social Security / SSI			
	Pensions			
	Public Assistance			
Other Income				
	0.00		Delete	
	14400.00			
Petunia Dursley	0.00			
Petunia Dursley	0.00			
	0.00			
	\$0.00			\$14400.00
	\$14400.00			
Totals:	\$0.00			
	\$0.00			
	\$0.00			

ASSET INCOME

Add Asset Income

- This is one of the two sections we told you we would not be covering in detail, but we will touch on this just briefly now
- **Again, this is only filled out if you want to use DMS to generate a TIC**

DIRECTIONS: Click on Add Asset Income.

Click on the dropdown box to choose the Household members you will be entering assets for.

Next, you will type in the Type of Assets: checking, savings, retirement, life insurance, CD, etc.

In the case below, we are entering a checking account as the asset source.

Next, you will choose if the asset is current or imputed. Enter the Cash Value of Assets and Annual Income from Assets. Once everything is entered click on *Calculate Total Household Income & Member Income*. This completes the optional Asset Section of the tenant event.

Add Asset Income Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.

INCOME FROM ASSETS (USE ANNUAL AMOUNTS)							
Member	Type of Assets	Current / Imputed	Cash Value of Assets	Annual Income from Assets		Total Imputed Income from Assets if Cash Value of Assets is over \$5,000	Income from Assets
Petunia Dursley	Checking	Imputed	100.00	0.00	Delete		
Totals:			\$100.00	\$0.00		Passbook Rate is 0.0600% \$0.00	\$0.00

Calculate Total Household Income & Member Income

Update TIC Delete This Event

FINISH YOUR MOVE-IN EVENT

Need a TIC?
Click the TIC button at the bottom right. Then click on the tenant income pdf tab that appears at the bottom of the webpage.

Complete the Move-In Tenant Event by selecting the **Update** button at the bottom of the page.

Return to Property Listing
Manage Users
View Documents
Ryan Test
Building 1
001
002
003
004
005
006
007
008
009
010
Add New Event
Move In - 03/27/2020

Event Details

Unit # 010
Number of Bedrooms 2 Bedroom
Event Date 3/27/2020
Event Type Move In
Utility Allowance 01/01/2020 HU
Total Household Income 14400.00
Rent Level % 40%
Tenant Rent Portion 119.00
Special Needs Code Homeless
HH Member Count 1
All Student House No
Funding Program RHTC

Square footage 900
Initial Move-in 3/27/2020
Unit Identity Program Unit
Allowance Amount 92.00
Household Income at Move-in 14400.00
Income Level % 80%
Federal Rental Assist Amount 500.00
Non-Federal Rental Assist Amount 0.00
Rental Assist Type Tenant Based
Rental Assist Source Section 8 Tenant
Student Count 0
Student Explanation N/A
Notes

Add Member

First Name	Last Name	Relationship	Race and Ethnicity	Birth Date	Current Income	Special Needs	Gender
Petunia	Dursley	Head of Household	D - Not disclosed	7/10/1958	14400.00	Homeless	Female

Add Non-Asset Income *Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.*

Member	Employment or Wages	Social Security / SSI	Pensions	Public Assistance	Other Income	Gross Annual Income other than Assets
Petunia Dursley						\$14400.00
Totals:						\$14400.00

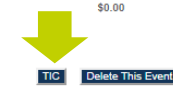
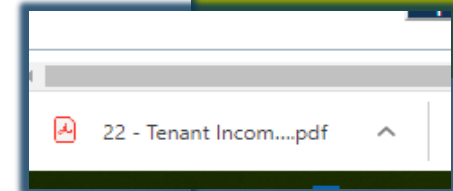
Add Asset Income *Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.*

Member	Type of Assets	Current / Imputed	Cash Value of Assets	Annual Income from Assets	Total Imputed Income from Assets if Cash Value of Assets is over \$5,000	Income from Assets
Petunia Dursley	Checking	Imputed	\$00.00	\$0.00		
Totals:			\$100.00	\$0.00	Passbook Rate is 0.0800%	\$0.00

Calculate Total Household Income & Member Income

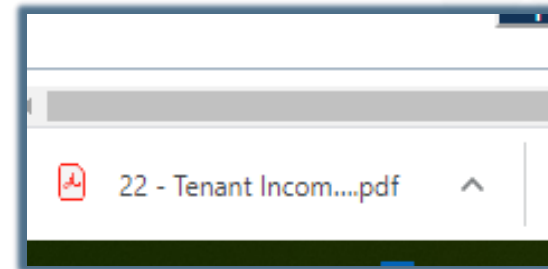
Update

TIC **Delete This Event**



THE TENANT INCOME PDF

- The pdf is fillable, so non-optional charges can be entered as needed.
- Select the Yes or No square for Household Income Exceeds 140% at recertification.
It should always be **NO** for a move in certification.



On to the next event!

REMEMBER THE TENANT EVENT TYPES?

Time to Learn About
the Recertification
Events



Move In




DONE

Recertify

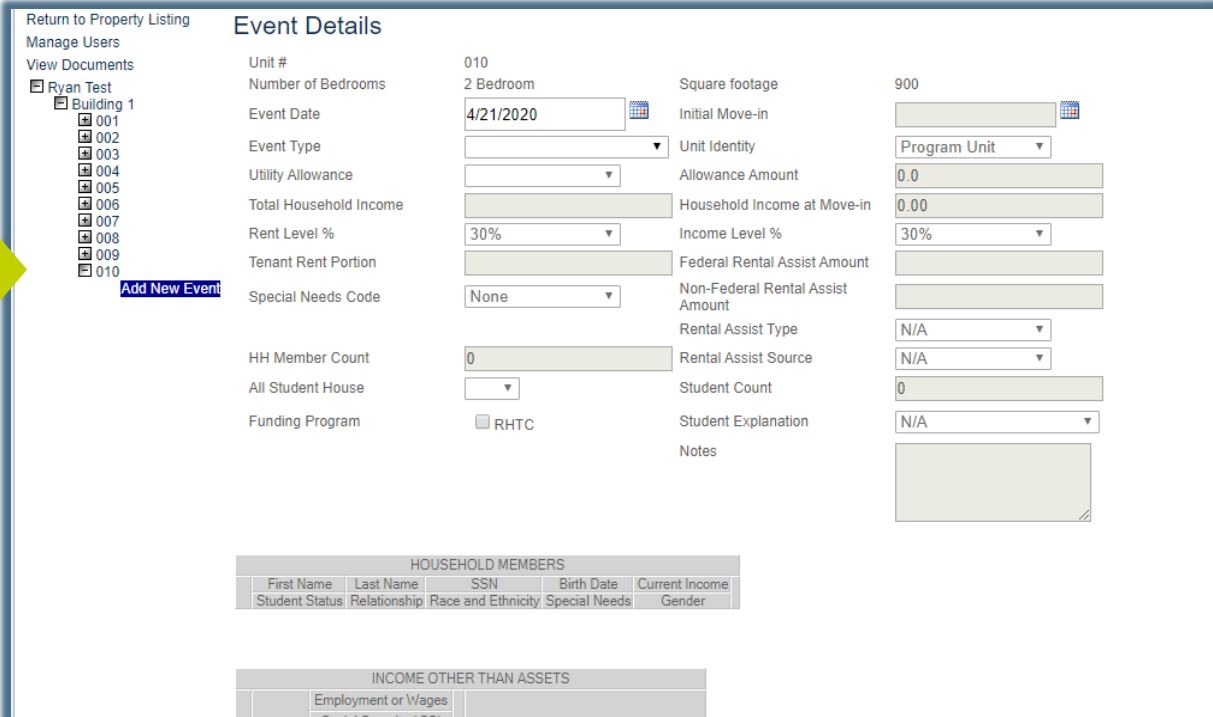
NEXT UP!

Transfer
In/Out

RECERTIFY

First, click on the  to open the unit

Second, click on **Add New Event** 



Return to Property Listing
Manage Users
View Documents
Ryan Test
Building 1
001
002
003
004
005
006
007
008
009
010
Add New Event

Event Details

Unit #	010	Square footage	900
Number of Bedrooms	2 Bedroom	Initial Move-in	
Event Date	4/21/2020	Unit Identity	Program Unit
Event Type		Allowance Amount	0.0
Utility Allowance		Household Income at Move-in	0.00
Total Household Income		Income Level %	30%
Rent Level %	30%	Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	
Special Needs Code	None	Rental Assist Type	N/A
HH Member Count	0	Rental Assist Source	N/A
All Student House		Student Count	0
Funding Program	<input type="checkbox"/> RHTC	Student Explanation	N/A
		Notes	

HOUSEHOLD MEMBERS				
First Name	Last Name	SSN	Birth Date	Current Income
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender

INCOME OTHER THAN ASSETS	
Employment or Wages	



Recertify Section 1:

EVENT DETAILS

Enter the Recertification date into the Event Date field.

For Tax Credit projects, this should be the anniversary of the move in date.

Select the Event Type. In this part of our course, we are going to select Recertify.

Event Details

Unit #	009	Square footage	1300
Number of Bedrooms	3 Bedroom	Initial Move-in	1/8/2018
Event Date	1/8/2020	Event Type	Program Unit
Utility Allowance		Utility Allowance	155.00
Total Household Income		Total Household Income at Move-in	55177.00
Rent Level %		Rent Level %	30%
Tenant Rent Portion		Tenant Assist Amount	0.00
Special Needs Code		General Rental Assist	0.00
HH Member Count	2	Rental Assist Type	N/A
All Student House	No	Rental Assist Source	N/A
Funding Program	<input checked="" type="checkbox"/> RHTC	Student Count	0
		Student Explanation	N/A
		Notes	

Event Details

Unit #	009
Number of Bedrooms	3 Bedroom
Event Date	1/8/2020
Event Type	Move In Move Out Recertify
Utility Allowance	
Total Household Income	
Rent Level %	
Tenant Rent Portion	
Special Needs Code	



- Once you select Recertify, the system will open up the fields that need to be completed.
- The next field is Utility Allowance. Select the current UA, the allowance amount field will autofill.
- For Owner Paid Utilities or Market Rate units click on the blank space (highlighted in yellow). The allowance amount will autofill with 0.

Event Details

Unit #	009	Square footage	1300
Number of Bedrooms	3 Bedroom	Initial Move-in	1/8/2018
Event Date	1/8/2020	Unit Identity	Program Unit
Event Type	Recertify	Allowance Amount	155.00
Utility Allowance		Household Income at Move-in	55177.00
Total Household Income		Income Level %	
Rent Level %		Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	
Special Needs Code		Rental Assist Type	
HH Member Count		Rental Assist Source	
All Student House		Student Count	
Funding Program	<input checked="" type="checkbox"/> RHTC	Student Explanation	
		Notes	

Event Details

Unit #	010
Number of Bedrooms	2 Bedroom
Event Date	3/27/2020
Event Type	Move In
Utility Allowance	01/01/2020 HUD
Total Household Income	
Rent Level %	
Tenant Rent Portion	
Special Needs Code	
HH Member Count	
All Student House	
Funding Program	<input type="checkbox"/> RHTC



Remember when we told you it was important how you name your UAs? This is where it matters ((see slides 16 & 19) Current and previous UA's may show up in this dropdown box.



TOTAL HOUSEHOLD INCOME, RENT LEVEL % AND INCOME LEVEL %

Enter the Total Household Income.

Select the correct Rent and Income Levels from the drop-down box.

Event Details			
Unit #	009	Square footage	1300
Number of Bedrooms	3 Bedroom	Initial Move-in	1/8/2018
Event Date	1/8/2020	Unit Identity	Program Unit
Event Type	Recertify	Allowance Amount	110.00
Utility Allowance	01/01/2020 HUD	Household Income at Move-in	55177.00
Total Household Income	37740.52	Income Level %	60%
Rent Level %	60%	Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	30%
Special Needs Code		Rental Assist Type	40%
HH Member Count		Rental Assist Source	50%
All Student House		Student Count	60%
Funding Program	<input checked="" type="checkbox"/> RHTC	Student Explanation	
		Notes	



TENANT RENT PORTION

Tenant Rent Portion =

The portion of rent the
tenant pays

It DOES NOT include the
UA or any rental assistance
the tenant may be receiving



Federal Rental Assistance

If the tenant receives ANY Federal Rental Assistance like Section 8, Project Based Section 8 or Public Housing, the amount received on behalf of the tenant goes in the Federal Rental Assist Amount. If there is no Federal Rental Assistance for the household, please enter 0.

Non-Federal Rental Assistance

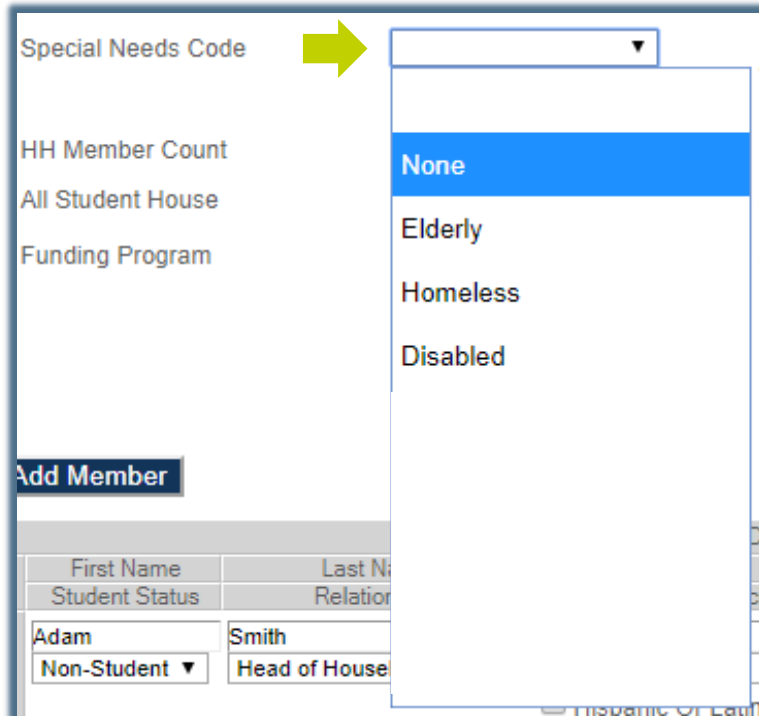
If the tenant receives ANY Non-Federal Rental Assistance (i.e. funds from a state homeless prevention program, a program administered by the Division of Mental Health, a post foster care program, etc.) the amount received on behalf of the tenant goes in the Non-Federal Rental Assist Amount. If there is no Non-Federal Rental Assistance for the household, please enter 0.

Recertify

Event Details

Unit #	009	Square footage	1300
Number of Bedrooms	3 Bedroom	Initial Move-in	1/8/2018
Event Date	1/8/2020	Unit Identity	Program Unit
Event Type	Recertify	Utility Allowance	01/01/2020 HUD
Utility Allowance	01/01/2020 HUD	Allowance Amount	110.00
Total Household Income	37740.52	Household Income at Move-in	55177.00
Rent Level %	60%	Income Level %	60%
Tenant Rent Portion	775	Federal Rental Assist Amount	0
Special Needs Code		Non-Federal Rental Assist Amount	0

SPECIAL NEEDS CODE



Special Needs Code

HH Member Count

All Student House

Funding Program

Add Member

First Name	Last Name	Student Status	Relationship
Adam	Smith	Non-Student	Head of House

You will enter this twice, once in the Event Details and again when you are entering the Member Details (see slide 38).

If there are no special needs for the household, select none.



RENTAL ASSIST TYPE AND RENTAL ASSIST SOURCE

If the tenant receives rental assistance
you must select:

Property Based · Tenant Based · Owner
Provided

Then select the source of the assistance:

RD · Section 8 Project · Section 8 Tenant ·
HOME · Operating Subsidy · Other

Rental Assist Type	N/A
Rental Assist Source	N/A
Student Count	Property Based
Student Explanation	Tenant Based
Notes	Owner Provided

Rental Assist Source	Section 8 Tenant I
Student Count	N/A
Student Explanation	Rural
Notes	Section 8 Project Based
	HOME
	Other
	Operating Subsidy
	Section 8 Tenant Based



Do many of these slides look familiar?

Good eye! Many of these steps are the
same ones we went through to enter a
Move-In event.



HH MEMBER COUNT & ALL STUDENT HOUSE/STUDENT COUNT

HH Member Count - Enter the number of people in the household. This number would include an unborn child (*if disclosed*)...

All Student House - If every person in the Household is in school, select Yes. If at least one person in the Household is not in school, select No.

Student Count - Enter the number of people in the Household that are students. If there are no students in the household, enter 0.

HH Member Count	→	<input type="text" value="1"/>	Rental Assist Source	→	Section 8 Tenant I ▾
All Student House	→	<input type="button" value="▼"/>	Student Count	→	<input type="text" value="0"/>
Funding Program		<input type="button" value="No"/> <input type="button" value="Yes"/>	Student Explanation		N/A ▾
			Notes		<input type="text"/>



ALMOST DONE!

These are the last entries in the Event Details part of the Tenant Event

Funding Program – Select the type of Funding Program(s). In our sample, the only option is RHTC. You may have others! Make sure you are selecting all that apply.

Student explanation applies if you have an all-student household. If the household consists of one person not attending school, select N/A. Otherwise, you will need to select the exception for the household from the dropdown box.



All Student House

No ▼

Funding Program



RHTC

Student Explanation	N/A ▼
Notes	N/A
	TANF assistance
	Job Training Program
	Single Parent/dependent child
	Married/joint return
	Former Foster Child
AD MEMBERS	
	Birth Date
City	Special Needs
	7/10/1958
▼	Homeless
	Female ▼
	Delete

Recertify



Indiana Housing & Community Development Authority

Recertify Section 2:

HH MEMBER DETAILS

During a Recertification, update anything that has changed including the Current Income for each household member.

When each HH members' Income is added up, it should equal the Total Household Income that was entered in the Event Details section.

Add Member

HOUSEHOLD MEMBERS					
First Name	Last Name	SSN	Birth Date	Current Income	
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender	
N/A	None of the above	D - Not disclosed	4/22/2020 None	0.00 N/A	Delete
		<input type="checkbox"/> Hispanic Or Latino			

Add Non-Asset Income *Inputting this information is OPTIONAL. Information must be input if you want to generate a TIC.*

INCOME OTHER THAN ASSETS

Update the Current Income for each HH member



Total Household Income
Rent Level %

56190.00
60%

Household Income at Move-in
Income Level %

55177.00
60%



SUCCESS



You have completed the required parts of the Recertify Tenant Event. If you don't plan to use IHCDCA online for the TIC, you are now DONE!

Select *Update* at the bottom left of the page to finish!



OUR FINAL EVENT TYPE!

Let's Finish Up Our
Course Today with
Transfer Events



Move In

DONE


Recertify

DONE

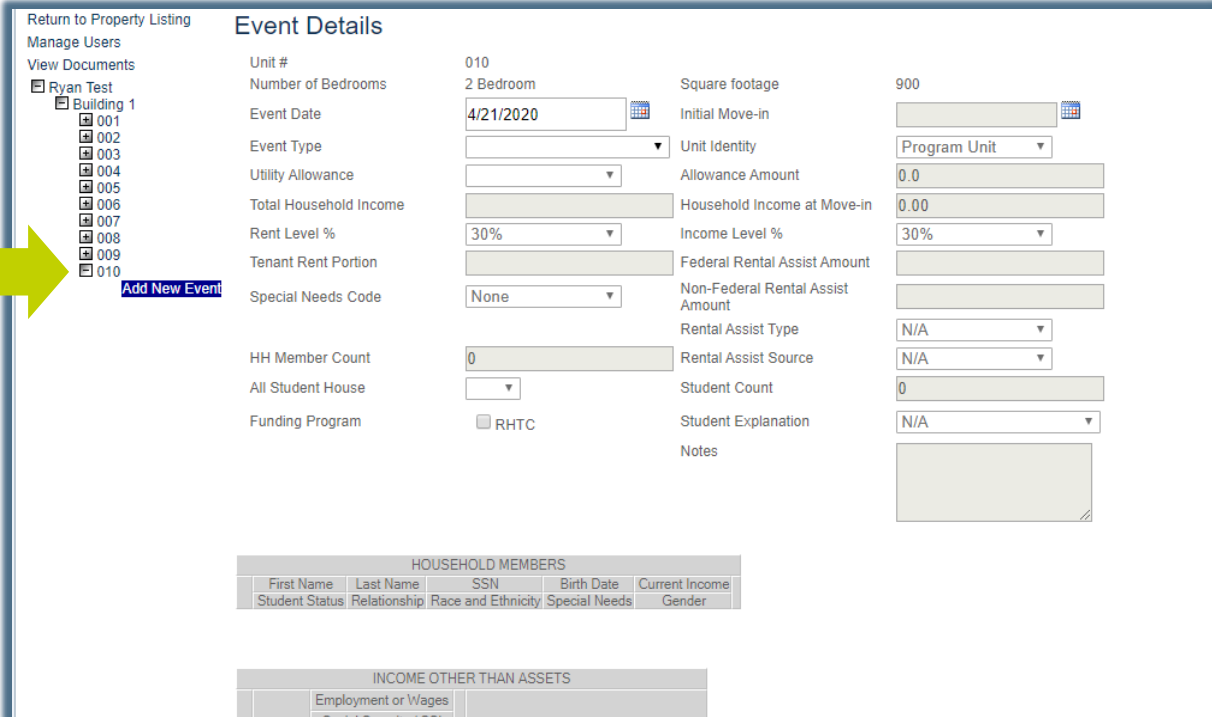
**Transfer
In/Out**

NEXT UP

TRANSFER IN/OUT

First, click on the  to open the unit

Second, click on **Add New Event** 



Event Details

Unit #: 010
Number of Bedrooms: 2 Bedroom
Square footage: 900

Event Date: 4/21/2020
Initial Move-in:

Event Type:
Unit Identity: Program Unit

Utility Allowance:
Allowance Amount: 0.0

Total Household Income:
Household Income at Move-in: 0.00

Rent Level %: 30%
Income Level %: 30%

Tenant Rent Portion:
Federal Rental Assist Amount:

Special Needs Code: None
Non-Federal Rental Assist Amount:

HH Member Count: 0
Rental Assist Type: N/A

All Student House:
Rental Assist Source: N/A

Funding Program: RHTC
Student Count: 0

Student Explanation: N/A
Notes:

HOUSEHOLD MEMBERS				
First Name	Last Name	SSN	Birth Date	Current Income
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender

INCOME OTHER THAN ASSETS	
Employment or Wages	Other Income
<input type="text"/>	<input type="text"/>



Transfer In/Out Section 1: **EVENT DETAILS**

Enter the Transfer date into the Event Date field.

Select the Event Type. We are going to start with a Transfer Out.

Event Details			
Unit #	007	Square footage	900
Number of Bedrooms	1 Bedroom	Initial Move-in	6/20/2018
Event Date	5/1/2020	Unit Identity	Program Unit
Event Type	<ul style="list-style-type: none">Move InMove OutRecertifyTransfer OutComposition UpdateRent UpdateStudent Update	Allowance Amount	120.00
Utility Allowance		Household Income at Move-in	9800.00
Total Household Income		Income Level %	30%
Rent Level %		Federal Rental Assist Amount	
Tenant Rent Portion		Non-Federal Rental Assist Amount	
Special Needs Code		Rental Assist Type	

There is not a **Transfer In** event type in the dropdown box. That is because a Transfer Out Event auto creates a Transfer In Event.

TRANSFER TO BUILDING / UNIT

Once you have selected Transfer Out, two new fields will populate

- Transfer to Building
- Unit

Event Details			
Unit #	007		
Number of Bedrooms	1 Bedroom	Square footage	900
Event Date	<input type="text" value="5/1/2020"/>	Initial Move-in	<input type="text" value="6/20/2018"/>
Event Type	<input type="text" value="Transfer Out"/>	Unit Identity	<input type="text" value="Program Unit"/>
Transfer to Building	<input type="text"/>	Unit	<input type="text"/>



The unit the HH is transferring to **must not be currently occupied in the online system**. If the unit has been occupied, a move out event will have to have been entered before the transfer event can be started.

THE FINAL STEPS

The Transfer to Building drop-down box has a list of all the buildings that have a vacant unit available.

The Unit drop-down box has a list of all vacant units.

Event Type	Transfer Out
Transfer to Building	Building 1
Utility Allowance	
Total Household Income	9890.00
Rent Level %	30%

Unit Identity	Program Unit
Unit	002
Allowance Amount	
Household Income at Move-in	9800.00
Income Level %	30%

Select **Update** at the bottom left of the page to finish.



TRANSFER IN EVENT

Here is what it looks like when you complete a Transfer Out Event

- Highlighted is the Transfer In Event that has been auto-created by the Transfer Out Event

Return to Property Listing
Manage Users
View Documents
Training Project
Building 1
001
002
Add New Event
Transfer In - 05/01/2020
Move Out - 04/28/2020
003
004
005
006
007
Add New Event
Transfer Out - 05/01/2020
008
009
010

Event Details

Unit #	007	Square footage	900
Number of Bedrooms	1 Bedroom	Initial Move-in	6/20/2018
Event Date	5/1/2020	Unit Identity	Program Unit
Event Type	Transfer Out	Unit	002
Transfer to Building	Building 1	Allowance Amount	120.00
Utility Allowance	6/1/2018 1 bdrm	Household Income at Move-in	9800.00
Total Household Income	9890.00	Income Level %	30%
Rent Level %	30%	Federal Rental Assist Amount	0.00
Tenant Rent Portion	1.00	Non-Federal Rental Assist Amount	0.00
Special Needs Code	Elderly	Rental Assist Type	N/A
HH Member Count	1	Rental Assist Source	N/A
All Student House	No	Student Count	0

Click on the **Transfer In** event. You will then need to go in and complete the remaining fields. This is the last step!

TRANSFER IN EVENT DETAILS

Once you click on your newly created Transfer In Event...

- Be sure to update the information that transferred over.
 - The transferred information comes from the unit the HH transferred out of
 - The Rent and Income levels may be different as well as any of the other fields

Event Details

• Warning: Tenant rent portion is zero.

Unit #	002	Square footage	1200
Number of Bedrooms	2 Bedroom	Initial Move-in	6/20/2018
Event Date	5/1/2020	Unit Identity	Program Unit
Event Type	Transfer In	Allowance Amount	0
Utility Allowance		Household Income at Move-in	9890.00
Total Household Income	9890.00	Income Level %	30%
Rent Level %	30%	Federal Rental Assist Amount	0.00
Tenant Rent Portion	0.00	Non-Federal Rental Assist Amount	0.00
Special Needs Code	Elderly	Rental Assist Type	N/A
HH Member Count	1	Rental Assist Source	N/A
All Student House	No	Student Count	0
Funding Program	<input checked="" type="checkbox"/> RHTC	Student Explanation	N/A
		Notes	



Once all fields are updated, click on the **Submit** button to save your event.



YOU ARE DONE!

Transfers

OTHER EVENT TYPES

- Composition Update, Rent Update or Student Status Update are similar to Recertify. Once you select the event type, certain fields will open. Once you have completed the necessary fields, select the update button to save your event.
- For the Move Out Event - you will only be able to select first the event date, then the event type. Once you have entered these 2, select update to save your Move Out event.

ANNUAL OWNER CERTIFICATION



HOW TO LOG IN

Owners must grant access to their authorized users. If the project owner has granted access to you

Log in using your username and password.

OR If you are a new user, click on


New User? Register Here

to get started

AND email Meagan Simpson at MSimpson1@ihcda.IN.gov let her know you registered as a new user.

Welcome to the Authority DMS Online Management System

This site will allow organizations working with the Indiana Housing and Community Development Authority to manage information about their awards. Some of the features of this site are claims management, Owner Certifications, IDA Awards, NAP Reporting, and the Single Family software download. This site continues to be expanded to allow our partners to work more closely with us and to streamline our processes. If you are having problems logging in or creating a profile please email claims@ihcda.in.gov.

Username: [New User? Register Here.](#) 

Password:

[Forgot Your Password?](#)

Only continue if you are using a supported browser. The current supported browsers are:

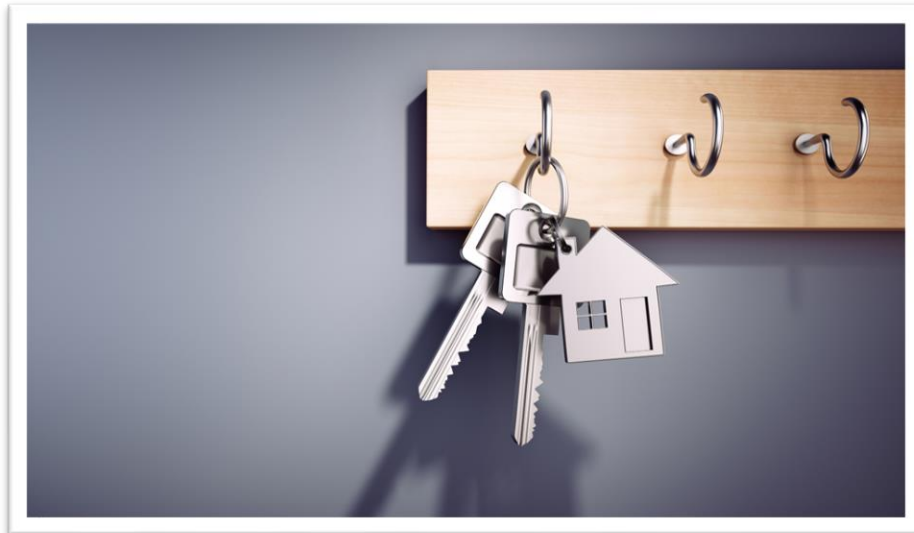
- Internet Explorer 10.0
- Internet Explorer 9.0
- Firefox 17
- Firefox 18

[Online Resources and Training Videos](#)

Click [Here](#) to visit the IHEDA website.

IN THIS SECTION

- We will Walk-through an Annual Owner Certification from start to finish
- Remember, you must have all your tenant events in for the year before starting this process



GETTING STARTED

Once you have signed in, click **Owner Certification**.
This will take you to your properties listing page:

Programs	
Owner Certification	This will allow a property manager to complete their Owner Certifications for the RHTC, CDBG, HOME, and Development Fund programs.
Progress Report	This will allow the owner or developer to enter the Semi-Annual 8609 progress report.
My Profile	Manage your profile including your password, contact information, your organization information, and other information about your organization.

Many features of the Authority Online system are based your organization. In some cases, you may need to share your 'Organization Code' with another organization or with someone in your organization who is registering as a new user. This organization code can be found from your profile screen on the 'My Organization' page.

YOUR LISTING PAGE

This is a partial Properties Listing page

- Column 1 is a list of your properties
- Column 2 is Annual Certification
Clicking on this will take you straight into submitting the AOC
- Column 3 is the effective year
- Column 4 is the status of your tenant events
- Column 5 is the status of your Annual Owner Certification
Click the name of the project you need. Be sure to select the correct year

Properties Listing

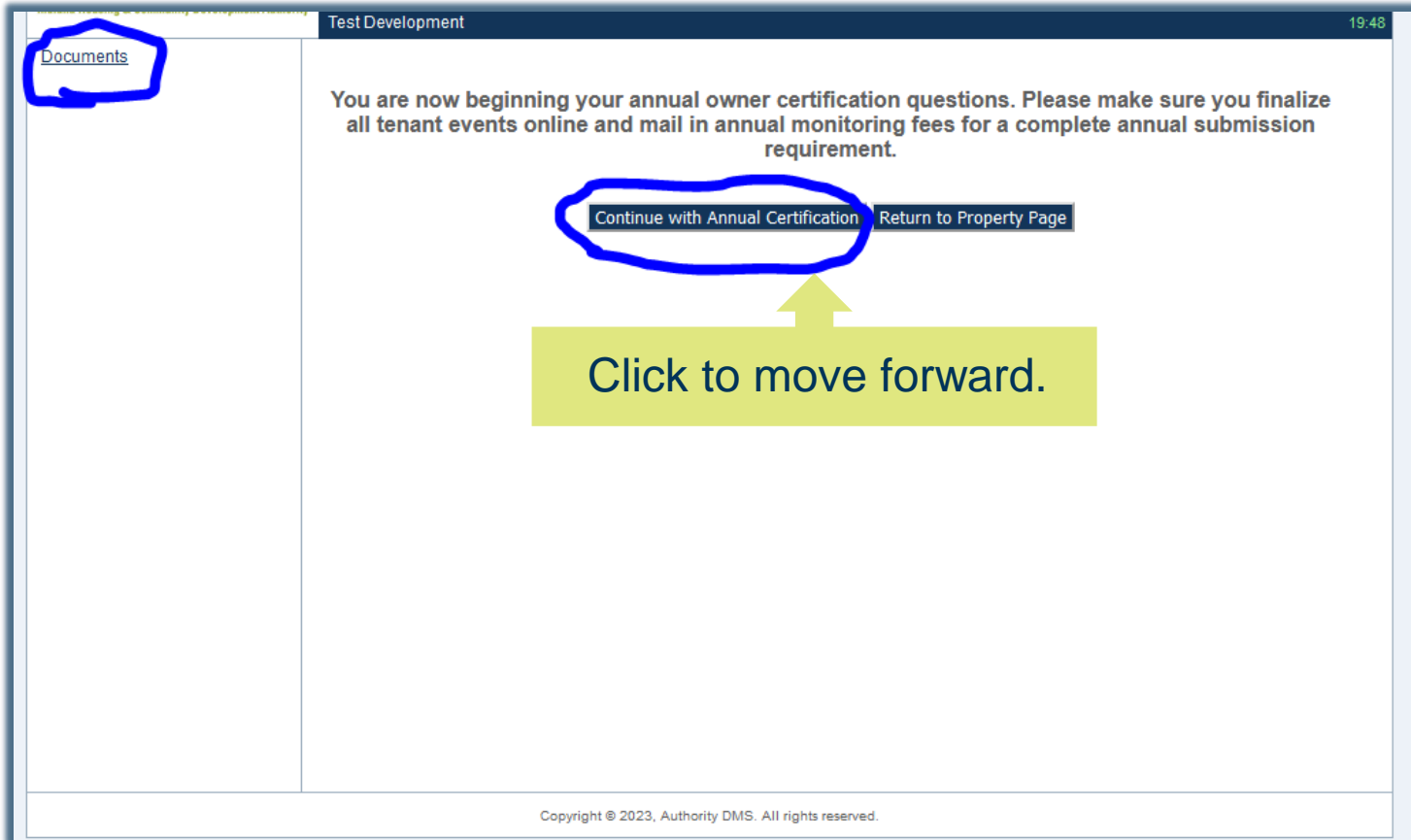
IHCDA 317-232-7777
30 S. Meridian Street
Indianapolis IN 46204-3565
 Show All Owner Certificates

Properties Assigned to you:
For Annual Tenant Certifications, click on the property name, for Annual Owner Certification, click on the 'Annual Cert' button

Training Project	Annual Cert	2019	Active	Active
Training Project	Annual Cert	2020	Active	Active

CONTINUE WITH ANNUAL CERTIFICATION

Clicking on the correct year's **Annual Cert** will pull up this page.



The screenshot shows a web application interface. At the top, there is a dark blue header with the text "Test Development" on the left and "19:48" on the right. On the left side, there is a sidebar with a "Documents" link, which is circled in blue. The main content area has a white background and contains the following text: "You are now beginning your annual owner certification questions. Please make sure you finalize all tenant events online and mail in annual monitoring fees for a complete annual submission requirement." Below this text are two buttons: "Continue with Annual Certification" and "Return to Property Page". The "Continue with Annual Certification" button is circled in blue. A yellow arrow points from a yellow box below the buttons up to the "Continue with Annual Certification" button. The yellow box contains the text "Click to move forward." At the bottom of the page, there is a small copyright notice: "Copyright © 2023, Authority DMS. All rights reserved."

HOW TO COMPLETE THE AOC

The First Year Certs require submission of 8609 II for LIHTC Projects

Welcome Carol Farzetta [Logout](#)
IHCDA **Indiana Housing Online Management System** [Help](#)
Test Development 19:47

Questions

Is this the first Annual Owner Certification submission for this property? ▾

Please upload the following documents along with any other required forms.
Copy of the completed and signed IRS form 8609 for each building (if applicable)
Authorized signatory form

Documents

There are no documents to display

No file chosen

Upload completed 8609 Part II

PROPERTY GENERAL INFORMATION



Property General Information

Changes will not be saved. This was submitted on 1/17/2023 12:43:49 PM

Make sure you are in the correct certification year.

Review all project, unit, management, and owner information. At the bottom of each section there is a "Yes" or "No" dropdown. Yes or No must be selected in each section to proceed to the certification questions. If the information in the indicated section is incorrect, choose "No". A text box will appear. Note the necessary change(s). For example, if the owner contact has changed please put in the text box "Owner contact changed to xxxx".

After completing the change entries in the text boxes or if there is no change to the information, click "Save" and then "Next" at the bottom of the page.

* While completing the Certifications, clicking on save will enable the user to return to the Certification at a later time.

Project Information

Project Name	Test Development	Award(s)	TEST INTEGRATION ERR, C
Address	100 N Shadow Creek Rd.		
City	Indianapolis	State	IN
Zip	46240	County	MARION
Project information is up to date:	Yes <input type="button" value="v"/>		

Building's Gross Rent Floor Date

Building Name	Gross Rent Floor Date
---------------	-----------------------

(All)

Building One
Building Three
Building Two
New Building 13

Chose correct
response from
the dropdown

ENSURING ACCURACY KEY CONTACTS

Management	
Project Manager - Entity Address City Zip Phone Number Email Address	30 S. Meridian Street Suite Indianapolis 46204 (317) 233-9564 MRayburn@ihcda.in.gov
Manager Contact	Matt Rayburn
State County	IN
On-site Manager	
Name Phone Email	
Management information is up to date:	<input type="text" value="Yes"/>
Has the Management Entity changed?	<input type="text" value="No"/>
Owner	
Project Owner - Entity Address City Zip Phone Number Federal ID Number	Manwell Professional Hou
Owner Contact	Irwin Underhill
State County Email	 irwin.underhill@mpha.org
Owner information is up to date:	<input type="text" value="Yes"/>
Has the Project Owner Entity changed?	<input type="text" value="No"/>
Signatory	
Signatories	No Signatories found!
Signatory Information is up to date?	<input type="text" value="Yes"/>
Has the Signatory Information changed?	<input type="text" value="No"/>
Utility Information	
Does the property pay for all utilities (Heat, Water, Sewer and Trash)?	<input type="text" value="Yes"/>
If no, please select the source of utility allowances used for the property and upload documentation.	
Extended Use	
Project is in post 15 year compliance and approved for extended use policy?	<input type="text" value="No"/>
Documents	
<input type="button" value="Back"/> <input type="button" value="Next"/>	

Some changes may require submission of Compliance Forms #29 and/or #30

SELECTING CERTIFICATION TYPE

- Ensure that the proper funding source or sources for the project are appropriately selected.
- Information can be obtained by reviewing the original award documentation for the project.
- Failure to properly identify the certification type may impact the ability to finalize the AOC.

Welcome Carol Farzetta Logout

IHCDA Indiana Housing Online Management System Help

Test Development 19:46

Annual Certification

Changes will not be saved. This was submitted on 1/17/2023 12:43:49 PM

Select the applicable certification using the drop down below.

a. 'RHTC' must be submitted for projects financed with only tax credits
b. 'Combined RHTC and Federal Programs' must be submitted for projects financed with RHTC and HOME/CDBG/NSP
c. 'Federal Programs Only' must be submitted for projects financed with HOME, CDBG, NSP, or DF only.

Click Load. The certification questions should appear.
a. If a certification type is not selected, click Save for answered questions, then click on Reset and select the required certification(s). Select Load. The missing questions should appear.

Certification Type

RHTC Only
Federal Programs Only
Combined RHTC & Federal Programs

(i) The undersigned has received an annual income certification form from each tenant occupying a RHTC, HOME-assisted, and/or HOME-eligible, CDBG, CDBG-D, NSP, or Development Fund unit in the development and sufficient documentation to support that certification; and/or
(ii) Each RHTC, HOME-assisted and/or HOME-eligible, CDBG, CDBG-D, NSP, or development fund unit in the development was restricted as provided under the Code and/or Act.
(iii) The development is in continuing compliance with all promises, covenants, set-asides and agreed upon restrictions as set forth in the application for credits, HOME, CDBG, CDBG-D, NSP, or Development Fund funds for the development
(iv) All units in the development are for use by the general public and are used on a non-transient basis (except for units located in a building whose primary purpose is transitional housing for homeless as allowed for in the code or applicable program regulations and requirements.)
(v) The owner has not refused to lease a unit in the development to a Section 8 applicant solely because the application holds a Section 8 voucher or certification. The Owner has complied with the non-discrimination requirements of the Fair Housing Act, The Equal Access to Housing in HUD Programs regardless of Sexual Orientation of Gender Identity rule, and the Violence Against Women Reauthorization Act of 2013.

1. Year of Owner Certification

2022

FAIR HOUSING AND REASONABLE ACCOMMODATION REQUESTS

2. Additionally, please mark the appropriate certification:

No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this development. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, and adverse final decision by a substantially equivalent state or local Fair Housing Agency, 42 U.S.C. 3616(a)(1), or an adverse judgment from a Federal court.

A finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred & the owner has attached documentation of the findings to this certification.

3. Were there any reasonable accommodations and/or modifications requested in the past year?

3.1. If yes, please indicate the number of requests

3.2. What accommodations/modifications were you able to provide

3.3. What kind of requests were you unable to accommodate?

- Accurately document if any findings of discrimination occurred or not. Ensure to upload supporting documentation if a finding has occurred during the AOC reporting period.
- Accurately document if any RA/RM requests were made
- If yes, complete 3.1-3.3
- If no, move on to question 4.

CONDITION OF PROPERTY AND AFFIRMATIVE FAIR MARKETING

4. Please mark the appropriate certification(s)

All units in the Development are suitable for occupancy, taking into account all federal, state, and local health, safety, and building (or other habitability standards), and the state or local unit responsible for making building code inspections did not issue a report of a violation for any building or low-income unit in the Development

The state or local unit responsible for making building code inspections issued a report of a violation for any building or low-income unit in the Development during the certification year. Documentation of the violations is attached to this certification

5. Please mark the appropriate certification:

The Development includes five (5) or more HOME-assisted or HOME-eligible, CDBG, CDBG-D, or NSP rental units under common ownership or developed by a single entity

Yes

The owner utilized the following affirmative marketing practices in soliciting renters, determining their eligibility, and concluding all transactions

(1) Advertising of vacant units includes the Equal Housing Opportunity logo or slogan or both. (Advertising media may include, but is not limited to, newspapers, radio, television, brochures, leaflets, or an on-site sign);

(2) Applications for vacant units are solicited from persons in the housing market who are least likely to apply for the housing without the benefit of special outreach efforts. (In general, persons who are not of the race/ethnicity of the residents of the neighborhood in which the assisted units are located shall be considered those least likely to apply);

(3) The local housing market has been analyzed to identify those persons who are least likely to apply and then specific marketing techniques have been formulated to reach the persons identified. An Affirmative Fair Housing Marketing Plan has been created using HUD Form 935-2A and is updated at least once every five (5) years.

(Resources for this targeted outreach may include, but are not limited to, community organizations, places of worship, employment centers, fair housing groups, housing counseling agencies, and social service centers);

(4) The housing market has been re-assessed at least annually to determine persons who are least likely to apply for housing;

(5) Each year, the marketing techniques utilized in the previous year have been analyzed to determine effectiveness in reaching those persons identified. Based on the annual analysis, marketing efforts have been modified to increase participation from those persons identified as being least likely to apply for housing.

(6) A file documenting all marketing efforts (e.g. copies of newspaper ads, memos of phone calls, copies of letters, etc.) is being maintained throughout the Development's affordability period, compliance period, and/or extended use period and is available for inspection by IHCD and/or HUD.

(7) Each beneficiary has been given a fair housing brochure. Documentation of each beneficiary's receipt of the brochure is maintained throughout the affordability period and is available for inspection by IHCD or HUD.

(8) A listing is being maintained of all residents from the time of application submittal through the end of the affordability period, compliance period, and/or extended use period. This list includes but is not limited to each resident's age, race, sex, and income and is available for inspection by IHCD and/or HUD.

6. The Development has at least one (1) smoke detector on each level of the rental dwelling unit

- Were there any inspections that found deficiencies?
- Were there any casualty losses during the reporting period?
- Ensure that if a federally funded program meets the criteria, the appropriate certification is selected for the AFMP.

REPORTING VACANT UNITS

7.

- No RHTC, HOME-assisted and/or HOME-eligible, CDBG, CDBG-D, NSP, or Development Fund units in the Development became vacant during the applicable reporting period
- One or more RHTC, HOME-assisted and /or HOME-eligible CDBG, CDBG-D, NSP or Development Fund units in the Development became vacant during the applicable reporting period for less than 90 days. Reasonable efforts were or are being made to rent such units or the next available (if HOME units are floating) unit or units of comparable size in the building to tenants having qualifying income.
- One or more units became vacant for more than 90 days. Upload documentation showing reasonable efforts were or are being made to rent units.

Upload documentation showing reasonable efforts were or are being made to rent units

Drop files here

Select FilePlease select file(s) to upload.

8. For RHTC with HOME, CDBG, CDBG-D, NSP and Development Fund Developments only, the lease between the tenant and the owner of the HOME-assisted or HOME-eligible rental housing is not for less than one year, unless by mutual agreement between the tenant and the owner.

9. The Development is otherwise in compliance with the Code and/or the Act, including any IRS and/or HUD Regulations pursuant thereto, and applicable laws, rules, regulations, and ordinances

10. For HOME, CDBG, CDBG-D, NSP and Development Fund Developments only, the lease between the tenant and the owner of the HOME-assisted or HOME-eligible rental housing does not contain any of the prohibited lease terms as set forth in 24 CFR 92.253(b).

11. For HOME, CDBG, CDBG-D, NSP and Development Fund Developments only, the owner of the HOME-assisted or HOME-eligible rental housing has adopted written tenant selection policies in accordance with 24 CFR 92.253(d).

12. The owner has not terminated the tenancy or refused to renew the lease of a tenant except for serious or repeated violations of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing; or for other good cause.

13. For HOME, CDBG, CDBG-D, NSP, and Development Fund Developments only, when terminating or refusing to renew tenancy, the owner has served written notice upon the tenant specifying the grounds for the action at least 30 days before the termination of the tenancy.

- If vacant units apply, select an applicable option and provide documentation to show efforts to rent the vacant unit(s).
- Review questions 8-13 are responded to appropriately if applicable.

EXHIBIT C AND OVER INCOME HOUSEHOLDS

14. For HOME, CDBG, CDBG-D, NSP and Development Fund only, Fair housing, equal employment opportunity, and lead-based paint informational posters, as required by IHCD, are conspicuously displayed at the Development. Additionally, each beneficiary of the CDBG and HOME assistance has been given lead-based paint and fair housing brochures as required by IHCD. Documentation of each beneficiary's receipt of the brochures is being maintained throughout the affordability period and is available for inspection by IHCD and/or HUD.

15. The Development is in continuing compliance with the Declaration of Extended Rental Housing Commitment / Lien and Restrictive Covenant Agreement applicable to the Development and filed in the office of the Recorder of the applicable County in the State of Indiana; and

16. There have been no changes in the ownership entity or if there have been, IHCD has been provided with all details and all necessary documentation.

Exhibit C

HOME Certification of Compliance

This form is mandatory for all properties using IHCD HOME funds. If your development does not have HOME funds, leave the questions blank and jump to the next Exhibit

17. Please mark the appropriate certification regarding over-income households:

- No household of any HOME-assisted unit in the Development has experienced an increase in income above eighty percent (80%) of Area Median Income, as defined by the U.S. Department of Housing and Urban Development, during the applicable reporting period.
- One or more households occupying HOME-assisted units in the Development have experienced an increase in income above eighty percent (80%) of Area Median Income, as defined by the U.S. Department of Housing and Urban Development, during the applicable reporting period. Such units are in temporary noncompliance with program requirements. Household is paying 30% of adjusted household income in rent, not to exceed market rent for a comparable unit in the area. When the over-income household vacates the unit, the unit will once again be occupied by an income-qualified household.

18. Please mark the appropriate certification regarding household student status:

- No household of any HOME-assisted unit is occupied by a student ineligible household.
- One or more households occupying HOME-assisted units in the Development have experienced a change in student status and are no longer eligible HOME households, as defined by the U.S. Department of Housing and Urban Development. Such units are in temporary noncompliance with program requirements. Household is paying 30% of adjusted household income in rent, not to exceed market rent for a comparable unit in the area. When the student ineligible household vacates the unit, the unit will once again be occupied by a HOME program qualified household.

- Mandatory Exhibit C Certifications must be provided for HOME-Funded Projects currently in their period of affordability. Review the initial close-out monitoring letter to determine the POA.
- Document over-income households and student status for HOME Assisted Units.

ASSET MANAGEMENT

Exhibit D

23. Debt Coverage Ratio as of 12/31

Money owed in proportion to money available for use, calculated by taking net operating income – total debt service (includes principle and interest). The ratio measures the ability to use cash flow to make payments. Total debt service does not include cash flow note or deferred debt.

DCR = NOI – Hard Debt Principle and Interest

1

24. Total Accounts Payable as of 12/31

Money owed to vendors for products and services purchased on credit. This can be found on the company's balance sheet as a current liability.

\$1.00

25. Total Accounts Receivable as of 12/31

Money owed to the property. This is treated as a current asset on your balance sheet.

\$1.00

26. Property Taxes

- Property taxes are paid up-to-date.
- Property taxes are not paid up-to-date. A narrative explanation is attached.

27. Property Insurance

- Property insurance is up-to-date.
- Property insurance is not paid up-to-date or there is no property insurance coverage. A narrative explanation is attached.

28. Amount of replacement reserve as of 12/31

An amount of money set aside because building components or equipment will eventually wear out and need to be replaced.

\$1.00

21.1. Did the property deposit the required contributions into the reserve account?

Yes

22. Net Operating Income / Net Operating Loss as of 12/31

A property's operating income after operating expenses are deducted, but before deduction of interest payments, depreciation, amortization, and taxes (property tax, partnership tax, etc.) (NOTE: money moved to reserve accounts is considered an expense and deducted from operating income). If this is a positive value, it is referred to as net operating income (NOI), while a negative value is called a net operating loss (NOL). Net operating loss occurs when expenses exceed the income or total revenue produced for a given period of time.

NOI = Operating income – Operating expense – reserve contributions

\$1.00

Money owed in proportion to money available for use, calculated by taking net operating income – total debt service (includes principle and interest). The ratio measures the ability to use cash flow to make payments. Total debt service does not include cash flow note or deferred debt.

DCR = NOI – Hard Debt Principle and Interest

1

24. Total Accounts Payable as of 12/31

Money owed to vendors for products and services purchased on credit. This can be found on the company's balance sheet as a current liability.

\$1.00

25. Total Accounts Receivable as of 12/31

Money owed to the property. This is treated as a current asset on your balance sheet.

\$1.00

26. Property Taxes

- Property taxes are paid up-to-date.
- Property taxes are not paid up-to-date. A narrative explanation is attached.

27. Property Insurance

- Property insurance is up-to-date.
- Property insurance is not paid up-to-date or there is no property insurance coverage. A narrative explanation is attached.

- Must be completed by all properties except CDBG-funded shelters and farmworker housing.

ANTICIPATED CHANGES AND DISCLOSURE OF NON-COMPLIANCE

- Reporting anticipated changes to property ownership or management can be done here.
- Additionally, owners must identify if they discovered any non-compliance findings, are currently on a watch list, or are currently considered out of compliance with any funding sources including but not limited to other finance agencies. The owner should provide supporting documentation if applicable.

The screenshot shows a web form with three main sections:

- 28. Changes in Ownership:** Two radio button options. The first is "No anticipated change in property ownership over the next twelve months." The second is "There is an anticipated change in property ownership over the next twelve months. The mandatory IHCD form entitled 'Property Ownership Change Form' along with all support documents will be submitted when change is finalized."
- 29. Changes in Management:** Two radio button options. The first is "No anticipated change in property management over the next twelve months." The second is "There is an anticipated change in property management over the next twelve months. The mandatory IHCD form entitled 'Property Management Change Form' will be submitted when change is finalized."
- 30. Status with other funding sources:** Two radio button options. The first is "Development is in good standing with other funding sources, investors, etc." The second is "Development is on a watch-list or considered out of compliance with requirements of other funding sources, investors, etc. A narrative explanation is attached."

Section **31. Program Noncompliance:**

- Radio button 1 (selected): "Owner/management did not identify any noncompliance for the previous year."
- Radio button 2: "Owner/management identified issues of noncompliance and has made appropriate corrections. A narrative explanation is attached."
- Radio button 3: "Owner/management identified issues of noncompliance, but has not yet made appropriate corrections. A narrative explanation is attached."

Below the radio buttons is a text prompt: "Upload Noncompliance Explanation Letter if 'issues of noncompliance' above is selected." Below that is a file upload area with a dashed border containing the text "Drop files here". At the bottom left of the upload area is a "Select File" button. At the bottom right is the text "Please select file(s) to upload."

ERRORS

Test Development 19:08

Event Details

- The selected event is invalid, it may not be immediately preceded by the Move In event. (Failing Event: Move In , Failing Event Date: 4/1/2022)

Unit # 001

Number of Bedrooms 2 Bedroom Square footage 858

Event Date 1/17/2023 Initial Move-in 01/17/2023

Event Type Move In Unit Identity Market

Utility Allowance Allowance Amount 0

Total Household Income 0.00 Household Income at Move-in 0.00

Rent Level % M Income Level % M

Tenant Rent Portion 200.00 Federal Rental Assist Amount 0.00

Special Needs Code None Non-Federal Rental Assist Amount 0.00

HH Member Count 1 Rental Assist Type N/A

All Student House No Rental Assist Source N/A

Funding Program RHTC HOME CDBG Student Count 0

Student Status Exemption N/A

Notes

Add Member

Red errors, like the one pictured left, should pop up as you enter errant data.

If the error color is **RED**, it must be corrected before the system will allow you to proceed.

Student Status Exemption N/A

Notes

HOUSEHOLD MEMBERS

SSN	Birth Date	Current Income
Race and Ethnicity	Special Needs	Gender

Orange and other errors will show up on an error list after you click Submit. Left is an Orange error that can be resolved by adding clarification in the Notes section in the event details.

COMMERCIAL SPACE

Exhibit E --- Commercial Space

This form is mandatory for all developments that contain commercial space. If your development does not have commercial space, leave the questions blank.

The purpose of this form is for IHCD to maintain an inventory of vacant commercial space in an effort to help property owners connect with potential renters, including but not limited to, small businesses and entrepreneurs.

Please report on commercial space contained within the development, regardless of whether it is included in the tax credit project ownership. Commercial space does not include the leasing office, clubhouse, or other common areas for resident use such as fitness centers or laundry rooms.

32. Total size of commercial space sq ft

33. How many spaces is the commercial space divided into? 0, 1, 2, etc.

34. Please select the appropriate item below, as of December 31st of the certification year.

- All commercial space is currently occupied
- Some commercial space is currently occupied, but some is vacant.
- All commercial space is currently vacant

35. If applicable, briefly describe the use of the currently occupied commercial space:

- If the award agreement, Extended Use, or original documentation notes commercial space within the project, this section must be completed.

36. If applicable, briefly describe the size/layout of currently vacant and available commercial space:

37. What challenges, if any, have you faced with leasing or maintaining the commercial space?

38. Are there any units that are considered to be offline? Offline units are units that cannot be rented due to extensive damage to the unit or in need of serious repair. No

38.1. If yes, complete the following information for each building/unit considered offline.

[Add](#)

[Back](#) [Next](#)

PERMANENT SUPPORTIVE HOUSING AND EXHIBIT F

EXHIBIT F
Supportive Housing

This form is mandatory for all developments that contain supportive housing units. If your development does not contain supportive housing units, leave the questions blank.

Total number of supportive housing units:

There is an active Memorandum of Understanding (MOU) between the Development and a supportive services provider describing the nature and delivery of supportive services provided to households in supportive housing units.

Yes No

If yes, please upload a copy of the MOU.

Data for supportive housing households, including move-ins and move-outs, are being recorded using IHCD's Homeless Management Information System (HMIS).

Yes No

If no, is the data being recorded in another HMIS? Yes No

Please provide the following information effective as of December 31st of the reporting year.

Vacancy rate of supportive housing units (%):

A vacancy is a supportive housing unit that is not currently occupied. Please provide a percentage by taking the number of vacant units ÷ total number of supportive housing units. If vacancy rate exceeds 7%, please attach explanation and efforts to decrease vacancy.

Rate of service engagement (%):

Households regularly receiving case management or other services from the supportive services provider at least monthly are considered engaged in services. Please provide a percentage by taking the number of households in supportive housing units who are engaged in services ÷ total number of households in supportive housing units.

Number of evictions or early exits from supportive housing:

The number of formal evictions of households residing in supportive housing units in the reporting year, plus the number of households in supportive housing units who left the property due to early lease cancellation or termination to avoid eviction during the reporting year.

Please indicate whether the Development needs any technical assistance or training to more successfully operate the supportive housing component:

- Permanent Supportive Housing must complete Exhibit F and upload an MOU as applicable.
- PSH Projects should ensure compliance with the PSH Manual
- The PSH team will review these documents, however, RED Compliance will review PSH projects to ensure this is completed as needed.

FINALIZING CERTIFICATION YEAR AND ERRORS

Welcome Carol Farzetta [Logout](#)

IHCDA **Indiana Housing Online Management System** [Help](#)

Test Development 19:51

Property Details

There are 11 errors for this property. [Click to display.](#)

Test Development IHCDA

100 N Shadow Creek Rd.

Indianapolis IN, 46240

Scattered Site: No

Restriction Type: Rent Floating Units: False

Rental Assistance: N/A Extended Use Dates: 10/15/2014

Owner Certification Year: 2022

- Utility Allowances
- Export Events
- Finalize Year
- Annual Certification
- Property

Select Finalize Year to see errors and finalize the AOC.

FINALIZING CERTIFICATION YEAR

- Once finalize is selected, if any errors are identified, a finalize Errors detail report will be generated.
- There are two types of errors, **Orange** and **Red**

Finalize Errors

[Refresh Error List](#)

Building	Unit	Description	Severity	Event
Building One	001	Allowable Rent Exceeded		Move In - 04/01/2022
Building One	001	Total Household Income Is Zero		Move In - 04/01/2022
Building One	001	Rent Level Is Not Valid for the Funding Program		Move In - 04/01/2022
Building One	001	Income Level Is Not Valid for the Funding Program		Move In - 04/01/2022
Building One	002	Income Exceeds County AMI Income Schedule		Recertify - 10/04/2022
Building One	002	Income Exceeds 140% Rule		Recertify - 10/04/2022
Building One	003	Tenant Rent Portion Is Zero and Rental Assist Portion Is Zero		Transfer In - 03/18/2022
Building Two	003	Allowable Rent Exceeded		Rent Update - 04/01/2022
Building Two	004	Income Exceeds County AMI Income Schedule		Recertify - 03/17/2022
Building Two	004	Utility Allowance Is Required.		Recertify - 03/17/2022
Building Two	004	Income Exceeds 140% Rule		Recertify - 03/17/2022

[Proceed to Finalize](#)

Select the Event link to see the error type.

ORANGE ERRORS

- Warnings
- Can be clarified by using Notes section in the error details.
- Some Common warnings may include getting an over-income error for units with Section 8 subsidies. Utilizing the notes section to clarify will ensure the auditor is aware and can remove the error from any potential findings or issues notice.

IHCDA Indiana Housing Online Management System Help 19:45

Test Development

Event Details

• Warning: Total household income is zero.

Unit # 001
Number of Bedrooms 2 Bedroom Square footage 858
Event Date 4/1/2022 Initial Move-in 4/1/2022
Event Type Move In Unit Identity Program Unit
Utility Allowance Allowance Amount 0
Total Household Income 0.00 Household Income at Move-in 0.00
Rent Level % 30% Income Level % 30%
Tenant Rent Portion 200.00 Federal Rental Assist Amount 0.00
Special Needs Code None Non-Federal Rental Assist Amount 0.00
Rental Assist Type N/A
HH Member Count 1 Rental Assist Source N/A
All Student House No Student Count 0
Funding Program RHTC HOME CDBG
Student Status Exemption N/A
Notes

HOUSEHOLD MEMBERS				
First Name	Last Name	SSN	Birth Date	Current Income
Student Status	Relationship	Race and Ethnicity	Special Needs	Gender

Use notes to alert the auditor of any warnings that may require clarification.

RED ERRORS

- Require correction prior to being able to submit the AOC.
- Failure to correct RED Errors could result in non-compliance up to and including late fees being assessed.

Test Development 19:08

Event Details

• The selected event is invalid, it may not be immediately preceded by the Move In event. (Failing Event: Move In , Failing Event Date: 4/1/2022)

Unit #	001	Square footage	858
Number of Bedrooms	2 Bedroom	Initial Move-in	01/17/2023
Event Date	1/17/2023	Unit Identity	Market
Event Type	Move In	Allowance Amount	0
Utility Allowance		Household Income at Move-in	0.00
Total Household Income	0.00	Income Level %	M
Rent Level %	M	Federal Rental Assist Amount	0.00
Tenant Rent Portion	200.00	Non-Federal Rental Assist Amount	0.00
Special Needs Code	None	Rental Assist Type	N/A
HH Member Count	1	Rental Assist Source	N/A
All Student House	No	Student Count	0
Funding Program	<input type="checkbox"/> RHTC <input type="checkbox"/> HOME <input type="checkbox"/> CDBG	Student Status Exemption	N/A
		Notes	

COMPLETING THE AOC


- To successfully complete the AOC payment if required the following steps must be completed:
 - AOC Fees Must be paid, if applicable, on IHCDOnline on or before 01/31.
 - All tenant events must be entered
 - All applicable questions must be answered in the Owner Certification with the appropriate supporting exhibits/documentation uploaded, where applicable.Once all the steps are completed, select Proceed to Finalize.

Test Development 19/46

Finalize Errors

[Refresh Error List](#)

Building	Unit	Description	Severity	Event
Building One	001	Allowable Rent Exceeded		Move In - 04/01/2022
Building One	001	Total Household Income Is Zero		Move In - 04/01/2022
Building One	001	Rent Level Is Not Valid for the Funding Program		Move In - 04/01/2022
Building One	001	Income Level Is Not Valid for the Funding Program		Move In - 04/01/2022
Building One	002	Income Exceeds County AMI Income Schedule		Recertify - 10/04/2022
Building One	002	Income Exceeds 140% Rule		Recertify - 10/04/2022
Building One	003	Tenant Rent Portion Is Zero and Rental Assist Portion Is Zero		Transfer In - 03/18/2022
Building Two	003	Allowable Rent Exceeded		Rent Update - 04/01/2022
Building Two	004	Income Exceeds County AMI Income Schedule		Recertify - 03/17/2022
Building Two	004	Utility Allowance Is Required.		Recertify - 03/17/2022
Building Two	004	Income Exceeds 140% Rule		Recertify - 03/17/2022

[Proceed to Finalize](#) 

CERTIFYING COMPLIANCE AND PRINTING AOC

Welcome Carol Farzetta Logout
 IHCDCA Help
 Test Development 19:53

Indiana Housing Online Management System

Submit Annual Certification


Changes will not be saved. This was submitted on 1/17/2023 12:43:49 PM

I certify that this development is in compliance with section 42 of the IRS code, including any Treasury Regulations, the U.S. Department of Housing and Urban Development regulations, as applicable and all other applicable laws, rules, and regulations. The undersigned hereby represents, certifies and warrants to IHCDCA that the undersigned is an authorized agent of the Owner of the development and/or the company listed below, and the company is active and in good standing under the laws of the state of Indiana, and any and all information provided herein is true and accurate and complete as of the date hereof. I understand that any information, documentation, etc., submitted by me is related to the programs that are funded with deferral and state funding sources, and any false claims, statements, information, documents, falsifications, or concealment of material fact(s) may subject me to prosecution under applicable federal and state laws for perjury or fraud, or may result in criminal and/or civil penalties or subject me to repayment of assistance or recapture of tax credits as applicable.

Name:
 Title:
 Company:
 Email Address:
 Direct Telephone Number:

Completing the Name, Title, Company, Email Address, and Direct Telephone Number fields serves as an electronic signature confirming the Certification is being submitted by a person with authority to act on behalf of the owner.

Any questions or concerns regarding uploading documents or answering any OC questions should be directed to the Real Estate Department Systems and Data Specialist.
 * The Certification cannot be modified once submitted. If a Certification is submitted in error, contact the Real Estate Dept. Systems and Data Specialist for assistance.
 * To return to a previous screen click "Return to Property Details" link, click on Annual Certification, and navigate to the correct page and follow the steps above. Provided answers were saved, re-entering information should not be necessary.



- Once finalized, the Submit Annual Certification Screen will populate.
- Select the Print Option to obtain a copy of your AOC.

Indiana Housing and Community Development Authority

Annual Rental Housing Owner Certification of Compliance

Year of Owner Certification: 2022

The undersigned, having been allocated:

HOME Investment Partnerships Program funds (the "HOME funds") pursuant to Title II of the Cranston-Rovinsky National Affordable Housing Act, as amended, the "NAH" through the Indiana Housing and Community Development Authority, the HOME administration agency for the State of Indiana (the "IHCDCA"), and/or

Community Development Block Grant funds (CDBG) pursuant to Title I of the Housing and Community Development Act of 1974, as amended, 42 U.S.C. 3301, through the Indiana Housing and Community Development Authority, the CDBG housing administration agency for the State of Indiana, and/or

Low Income Housing Development Fund (Demolition Trust Fund) as created and authorized by Indiana Code 5-20-4-1, 4-203 and administered by the Indiana Housing and Community Development Authority, a corporate body public of the State of Indiana.

For the purpose of purchasing, constructing, and/or improving a certain low-income rental housing development (the "Development"), and pursuant to the monitoring requirements of the Code and all regulations promulgated thereunder, as applicable, and of the Authority and the requirements of the Act and all regulations promulgated thereunder, as applicable, does hereby certify as follows:

The Development consists of the following IHCDCA funding:

Development is an IHCDCA funded HOME, CDBG, CDBG-D, NSP, or DF only development.

CERTIFICATIONS

(i) The undersigned has received an annual income certification form from each tenant occupying a RHTC, HOME-assisted, and/or HOME-eligible, CDBG, CDBG-D, NSP, or Development Fund unit in the Development and sufficient documentation to support that certification, and/or

(ii) Each RHTC, HOME-assisted and/or HOME-eligible, CDBG, CDBG-D, NSP, or Development Fund unit in the Development was restricted as provided under the Code and/or Act.

(iii) The Development is in continuing compliance with all promises, covenants, set-aside and agreed upon restrictions as set forth in the application for Credits, HOME, CDBG, CDBG-D, NSP, or Development Fund funds for the Development.

(iv) All units in the Development are for use by the general public and are used on a non-tenant basis (except for units located in a building whose primary purpose is transitional housing for homeless as allowed for in the Code or applicable program regulations and requirements).

The owner has not refused to lease a unit as the development to a Section 8 applicant solely because the applicant holds a Section 8 voucher or certificate.

The owner has complied with the non-discrimination requirements of the Fair Housing Act, the Equal Access to Housing in FED Programs Regardless of Sexual Orientation or Gender Identity rule, and the Violence Against Women Reauthorization Act of 2013.

Additionally, please mark the appropriate certification:

Annual Rental Housing Owner Certification of Compliance

AUDITOR NOTICES AND RESPONSES TO ISSUES NOTICES

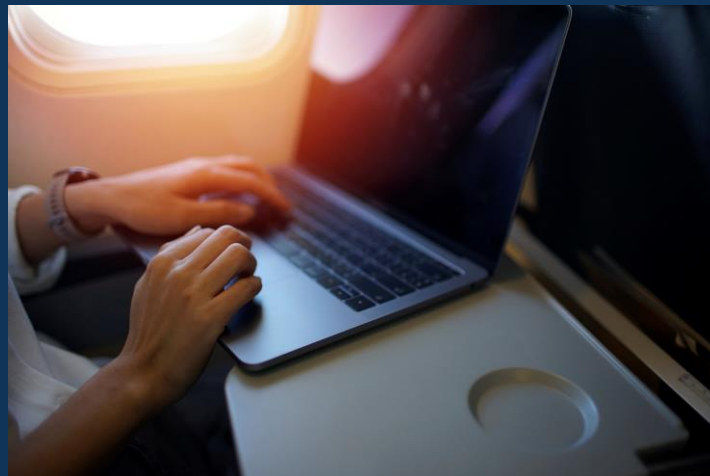
1. Notice of Issues Letter
2. Notice of Issues Resolved
3. Notice of Successful Completion of AOC



- If an issues letter is sent, please work with the identified auditor to ensure remediation by the timeline provided.
- Respond to issues, and if assessed, ensure late payment is paid to successfully close out the AOC monitoring review.
- All letters will be addressed to the identified Owner and any current property management company unless required updates were noted in advance.

OUR RESOURCES PAGE AGAIN

<https://www.in.gov/ihcda/developers/red-compliance/>



INSTRUCTIONS AND RESOURCES

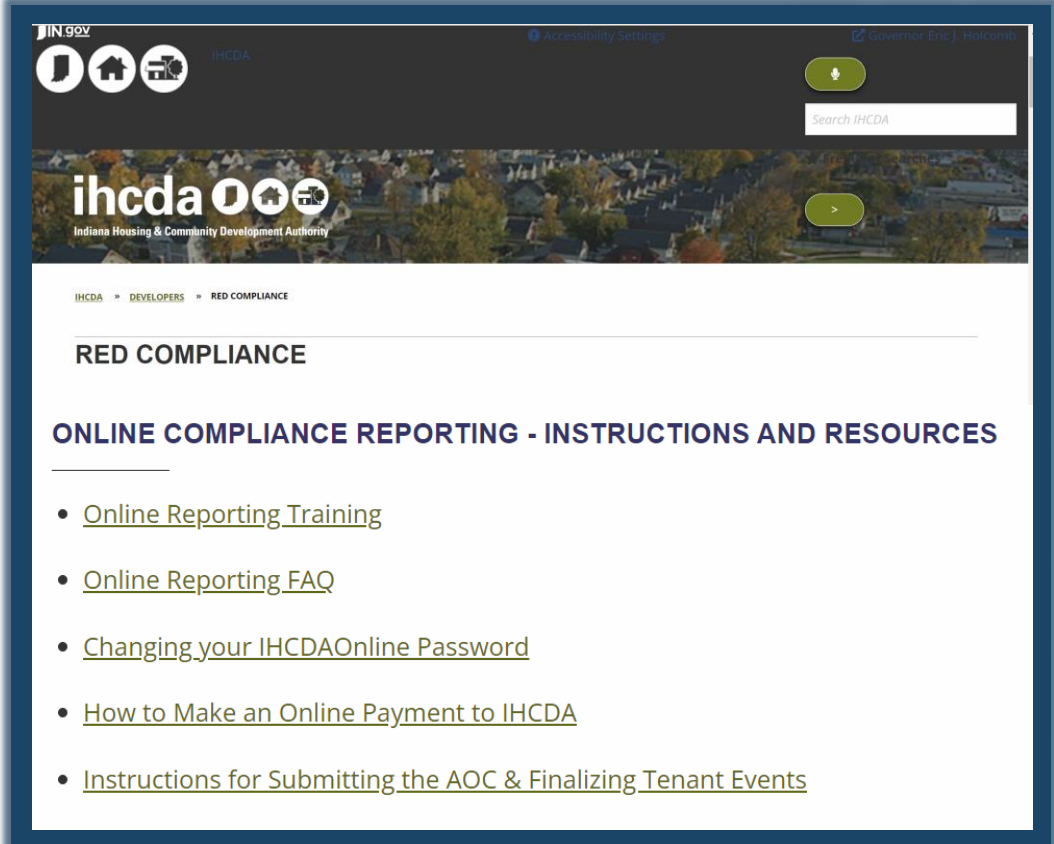
What If I forget everything I just learned?

Don't fear!

You can visit our website:

<https://www.in.gov/ihcda/developers/red-compliance/>

Our RED Compliance page has a wealth of resources and instruction materials including this presentation!



The screenshot shows the IHCD A website interface. At the top, there is a navigation bar with the IN.gov logo, IHCD A logo, and icons for accessibility settings and developer login. Below the navigation bar is a search bar and a large banner image of a residential neighborhood. The main content area features a breadcrumb trail: IHCD A > DEVELOPERS > RED COMPLIANCE. The page title is "RED COMPLIANCE" and the sub-heading is "ONLINE COMPLIANCE REPORTING - INSTRUCTIONS AND RESOURCES". A list of resources is provided, including links to "Online Reporting Training", "Online Reporting FAQ", "Changing your IHCD A Online Password", "How to Make an Online Payment to IHCD A", and "Instructions for Submitting the AOC & Finalizing Tenant Events".

This concludes the How To Guide for:
Creating Units, Utility Allowances and
Tenant Events

THANK YOU FOR JOINING US!



QUESTIONS?

