**REPORTING YEAR (January 1st – December 31st):**

Project Name:       Contract #:

Project Address:

Borrower Name:

Borrower Contact Person/Phone #:

Borrower Mailing Address:

Name/Phone/Email of Report Preparer:

**All sections of this Report must be completed and submitted as follows to HCD:**

* **Email** completed and certified EHAPCD Annual Report to AMC by January 31st for the previous year report to:

[**AMCBranch@hcd.ca.gov**](mailto:AMCBranch@hcd.ca.gov)

* The email subject line **must** indicate the HCD Project Name, HCD Contract Number and the Annual Report year. Include “Annual Report” and year in the file name *e.g.:*

***Happy House 07-EHAPCD-0001 Annual Report 2016***

* Separate Reports must submitted for each individual contract number, even if a project/address has multiple contracts.

**CHECKLIST OF REQUIRED ITEMS**:

**Annual Report Workbook**

**Current Certificate of Property and Liability Insurance**

**Current Rent Roll**

**Accounting of Client Rent and Set-Aside *(if applicable)***

**CERTIFICATION:**

**I hereby certify that I am the Authorized Signer for the above noted project and that the information contained in this EHAPCD Annual Report Workbook is accurate to the best of my knowledge.**

Name:       Date:

Title:

Phone/Email:

***Has the Authorized Signer changed in the last year?  Yes  No.***

***If “Yes”, provide documentation of change.***

**I. DEVELOPMENT (Project) SPECIFICS**

**A. Activity Type** (check all that apply):

Emergency Shelter (ES)

Transitional Housing (TH)

Safe Haven (SH)

**Other:**

**B. Target Population** (check all that apply):

Domestic Violence Victims

Dually - Diagnosed

Families

General Homeless

Homeless Youth

Mentally Ill

Persons Living with HIV/AIDS

Physically Disabled

Seniors

Single Adults

Single Men

Single Women

Substance Abusers

Veterans

Others (explain):

**C. Physical Condition of Facility**:

Explain any “Poor” condition or “Much” deferred maintenance. Submit additional pages if needed to complete explanations:

1.Rate the overall condition of the property: Excellent Average Poor

Explain:

2. Estimated building exterior deferred maintenance: None Some Much

Explain:

3. Estimated building systems deferred maintenance: None Some Much

(heating, cooling, electrical, plumbing systems, etc.)

Explain:

4. Estimated common area deferred maintenance: None Some Much

(meeting rooms, laundry, trash, kitchens, bathrooms, etc.)

Explain:

5. Frequency of unit inspections: Monthly Weekly Other

Explain “Other”:

**D. Bed Count:**

What is the Regulatory Agreement required number of EHAPCD Beds?      

Is there a change in the EHAPCD approved bed count ? Yes No   
If YES above, please explain:

**E. Project Financial:**

1. Are you aware of any risks to the short or long term Yes No

financial viability of the project?

If **“Yes”**, please explain:

2. Since the recorded date of the EHAPCD Regulatory Agreement Yes No

have any other loans been secured against the Project property?

If **“Yes”**, please explain:

3. Are Property Taxes paid current? Yes No

If **“No”**, please explain:

4. Are the Certificates of Property Insurance and Yes No

Liability Insurance in compliance with HCD Insurance Requirements?

(*see* [*http://www.hcd.ca.gov/financial-assistance/asset-management-and-compliance/*](http://www.hcd.ca.gov/financial-assistance/asset-management-and-compliance/)*)*

**Submit Current Insurance Certificates with transmission of Annual Report**

**II. OCCUPANCY**

**A.** Average number of persons served daily this calendar year:

**B.** Total number of persons served during this calendar year:

# of Adults:       # of Children:

**C.** Annual Vacancy Rate:

**D.** Do you have a waiting list? Yes No # on Waiting list:

If **“No”** waiting list, please explain:

**E.** Is there a coordinated entry system in your area? Yes No

**F.** If yes, does this project use this entry system? Yes No

**G.** Any occupancy issues (high/low vacancy; high/low waiting list, etc.).

Explain:

**H.** What method is used to track the dates of stay, services provided, rents collected (if any) and other client and program information?

Explain:

**III. HOUSING COSTS**

**A.** Are clients required to pay any fee, rent, lease payment, Yes No

submit vouchers, or provide contributions?

**If “No”, skip to Question B.**

**If “Yes”:**

1. What method is used to determine the amount to be charged?

Explain:

2. Is ten percent (10%) of the rent "set aside" to be used Yes No

for the client to obtain permanent housing?

3. Are the rent "set-aside" funds for each client accounted for separately? Yes No

Explain:

**Submit an accounting of set-aside funds with transmission of Annual Report**

***(client identifying information may be redacted)***

**B.**  If NO rent is charged, what actions are taken to prepare client to pay for entry into permanent housing?

**IV. Client Services**

**A.** Does your organization require client participation in at least one self-sufficiency service as a condition of housing?       Yes/No

1. If YES, please list a sample of services offered to your clients:



1. Are clients charged for self-sufficiency services?
   * If YES, please explain:
2. How is client participation in self-sufficiency services and progress toward obtaining permanent housing tracked?

4. Is transportation provided to clients? Yes No

* If YES, please list the types of transportation provided to clients

* If NO, how do clients access/pay for transportation needs?

**B.** Are clients provided referrals or placement to permanent housing?       Yes/No

* How are clients referrals or placement to permanent housing processed?

* How are clients referrals or placement to permanent housing tracked?

**V. Comments/Notes**

Please provide any comments, including any changes to the originally funded project.