

FY____HOME-ARP Program Compliance Review Report

Choose an item.

Agency: **SAMPLE AGENCY**

Date of Review:

Agency Contact: **SAMPLE CONTACT**

Monitoring Completed by: **REVIEWER**

PROGRAM REVIEWED	Project Type
Final Monitoring Results	Choose an item.
Preliminary Report Status	Choose an item.
<i>Please submit requested documents by</i>	Click or tap to enter a date.
<i>(Insert # of findings) Findings</i>	
<i>(Insert # of findings) Concerns</i>	

CLIENT FILE REVIEW

1. **Verification of Qualifying Population Status** – *Final HOME-ARP Implementation Notice: Section IV (pg. 3-8)*
2. **Tenant Rent Calculation-TBRA-** *HOME Rent Limits & 24 CFR 92.252*
3. **Rent Reasonableness-** *HOME-ARP Program Fact Sheet*
4. **Proof of Income-** *HOME-ARP Income Regulation: Section IV (pg. 3)*
5. **HOME-ARP Contracted Services**
6. **Lease** – *Final HOME-ARP Implementation Notice Section VI C (pg. 41)*
7. **Property Standards-** *Final HOME-ARP Implementation Notice: Section C8 (pg. 40)*

AGENCY POLICIES & PROCEDURES

1. **Confidentiality of Client Records** – *Final HOME-ARP Implementation Notice: Section VIII F (pg. 86)*
2. **Intake Policy and Procedures** – *Final HOME-ARP Implementation Notice: Section VIII 2 (pg. 78)*
3. **Period of Record Retention** – *Final HOME-ARP Implementation Notice: Section VIII F7 (pg. 93)*
4. **Termination Policy** – *Final HOME-ARP Implementation Notice: Section VI C (pg. 39)*