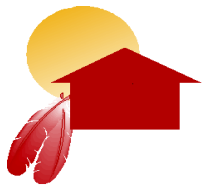
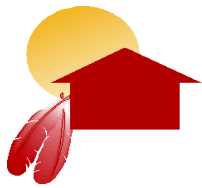


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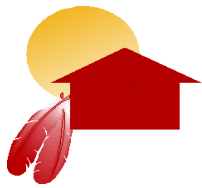
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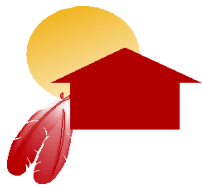
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
I. Purpose				
The purpose of the occupancy review is to ensure the recipient complies with the requirements of Sections 203 and 207 of NAHASDA and its own policies and procedures.	NAHASDA, Sections 203 & 207 24 CFR 1000.104 thru 110			
II. Pre-Visit Preparation				
<p>A. If available, review the following documents as they pertain to occupancy:</p> <ol style="list-style-type: none"> 1. Most recent IHP, approved IHP amendments, IHP amendments in process 2. Recipient's policies and procedures (see section III for review instructions) 3. Previous monitoring findings and corrective actions status for findings 4. Previous self-monitoring report(s) 5. Previous 2 CFR Part 200 and OIG audit findings, work papers, and management plan status for findings 6. Previous and current enforcement actions 7. Valid complaints 8. Relevant correspondence 	<p>NAHASDA, Section 203(d)</p> <p>24 CFR 1000.526</p>			



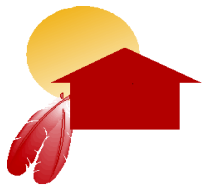
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
III. On-Site Review				
A. All Programs (including homeownership, rental, tenant-based rental assistance, down payment assistance, emergency assistance, etc.)				
1. Identify sampling of multiple program occupancy records.				
2. Review the sampling methods in the General Instructions for Monitoring Plans.	24 CFR 1000.503			
3. Review the identified files for adequacy, accuracy, and completeness.				
<p>a. <u>Low-income families.</u> Using the attached Tenant Files Review Form or the Occupancy Review Form, determine if the participating families were low income at the time they entered into the program.</p> <p>NOTE: It is up to the reviewer to select the most appropriate form for reviewing occupant files. The Tenant Files Review Form is good when the tribe/TDHE's files are program-based and the Occupancy Review Form is good for occupant-based filing systems.</p>	NAHASDA, Sec. 205(a)(1)(A) – (D)	Tenant Files Review Form Occupancy Review Form		



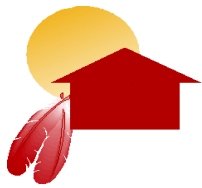
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
(1) Do the files have supporting documentation verifying income?				
(2) Do the files have supporting documentation verifying income prior to providing emergency housing assistance?				
(3) Does the tribe/TDHE's Admissions and Occupancy Policy state that families can continue to participate in the program if they subsequently become non low-income?				
b. <u>Non low-income families.</u> If participating families are not low-income, do the files contain documentation that verify:	24 CFR 1000.110	PIH 2014-02		
(1) The tribe/TDHE has determined there is a need for housing for those families that cannot be reasonably met without the assistance?				



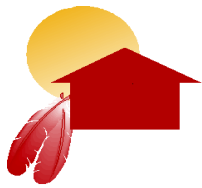
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
(i) Has the tribe/TDHE used less than 10% of its annual grant amount to assist families with incomes within 80-100% of median?				
(ii) If the tribe/TDHE used more than 10% of its annual grant amount for families with incomes within 80 – 100% of median, did it obtain prior HUD approval?				
(iii) If the tribe/TDHE assisted families whose income is over 100% median, did it obtain prior HUD approval?				
c. <u>Other eligible families</u> . Do the files contain documentation that verify:	24 CFR 1000.110	PIH 2014-02		
(1) The tribe/TDHE has determined and documented clearly that the presence of the family on the reservation or Indian area:	NAHASDA, Sec. 201(b)(3)			



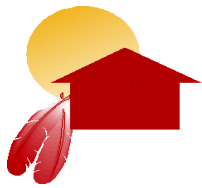
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
(i) Is essential to the well-being of Indian families, and				
(ii) The need for housing cannot be reasonably be met without IHBG assistance?				
(iii) Does the tribe/TDHE have a definition for “essential” families in its Admissions and Occupancy Policy?				
(2) If the participant is a law enforcement officer:	NAHASDA, Sec. 201(b)(4)			
(i) Is the participant employed full time as a law enforcement officer?				
(ii) As a full-time enforcement officer, is he/she sworn to uphold the law and make arrests?				



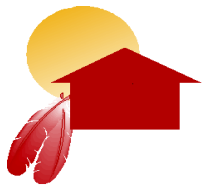
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
(iii)Has the tribe/TDHE determined that the law enforcement officer's presence may deter crime?				
4. Review participant selection practices.	NAHASDA, Section 207(b)			
a. Review recent selections to ensure they are in accordance with selection procedures.				
b. Review minutes from the Board of Commissioners' meetings to ensure compliance with selection policies and procedures.				
c. Determine if Native American status is verified.	NAHASDA, Section 201(b) 24 CFR 1000.104			
d. Review the requirements regarding conflicts of interest to determine if the recipient:				
(1) has included conflict of interest provisions in its policy(s),	2 CFR 200.308(c)(1) 24 CFR 1000.30			



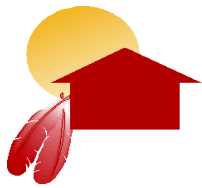
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
(2) is notifying HUD:				
(a) if a person who participates in the decision-making process or who gains inside information with regards to NAHASDA is provided housing-related services	24 CFR 1000.30(b)			
(b) of the nature of the assistance to be provided and the basis for selection of the person, and	24 CFR 1000.30(c)			
(c) is making public disclosure.	24 CFR 1000.30(c)			
B. Homeownership and Rental Programs	NAHASDA, Section 203(a)			
1. Using the tenant file sample and the Tenant Files Review Form or the Occupancy Review Form, review homebuyer and rent payments to determine if the practices comply with the tribe/TDHE's policies, NAHASDA, and regulations for computing payments and establishing rents.	24 CFR 1000.124 24 CFR 1000.126 24 CFR 1000.130 24 CFR 1000.132	Tenant Files Review Form Occupancy Review Form		



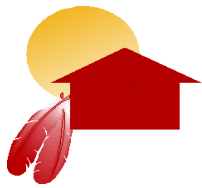
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
NOTE: It is up to the reviewer to select the most appropriate form for reviewing occupant files. The Tenant Files Review Form is good when the tribe/TDHE's files are program-based and the Occupancy Review Form is good for occupant-based filing systems.				
2. Review income eligibility verifications, using the Tenant Files Review Form or Occupancy Review Form to determine:				
a. If the tenant or homebuyer is income eligible at the time they entered into the program.	24 CFR 1000.128(a) 24 CFR 1000.146			
b. If re-certifications are performed, if required.	24 CFR 1000.128(b)			
c. That third-party verification is obtained.				
d. That practices are consistent with the recipient's policies.				
3. Review lease and homeownership agreements to determine if they comply with the IHBG regulations.	NAHASDA, Section 207(a) and (b)			



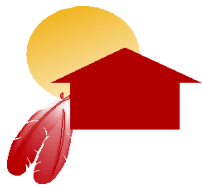
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
a. Do they contain unreasonable terms and conditions?	NAHASDA, Section 207(a)(1)			
b. Do they require the recipient to maintain housing in compliance with applicable housing codes and quality standards?	NAHASDA, Section 207(a)(2)			
c. Do they require the recipient to give the period of time established by tribal or local law for written notice of termination of the lease?	NAHASDA, Section 207(a)(3)			
d. Do they state that a resident has the opportunity to examine any relevant documents, records, or regulations directly related to their eviction or termination prior to any hearing or trial?	NAHASDA, Section 207(a)(4)			
e. Do they note that the recipient may not terminate the tenancy, during the term of the lease, except for serious or repeated violations of the terms or conditions of the lease, violation of Federal, State, tribal, or local law, or for other good cause?	NAHASDA, Section 207(a)(5)			



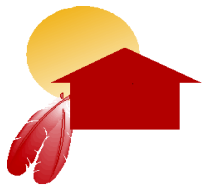
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
f. Do they provide for the recipient to terminate the tenancy of a resident for any activity the resident, a member of the household, or any guest or other person under the control of the resident may be engaged in that:	NAHASDA, Section 207(a)(6)			
(1) threatens the health or safety of, or right to peaceful enjoyment of the premises by, other residents or the recipient's employees;	NAHASDA, Section 207(a)(6)(A)			
(2) threatens the health or safety of, or right to peaceful enjoyment of the premises by, persons residing in the immediate vicinity of the premises; or	NAHASDA, Section 207(a)(6)(B)			
(3) includes criminal activity (including drug-related criminal activity) on or off the premises?	NAHASDA, Section 207(a)(6)(C)			
C. Tenant Accounts Receivable (TARs)				
1. Identify the current dollar amount and percentage of total TARs.				



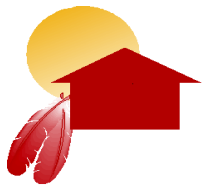
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>										
<p>NOTE. The TARs percentage equals the total TARs divided by the total tenant revenue due, including rent and other charges.</p> <p>NOTE: High TARs is not a violation of the statute or regulations; therefore, a finding cannot be made in this monitoring area. Instead, high TARs would be a concern.</p>														
<p>2. Using the rating scale below, is the recipient's TARs percentage poor or very poor? If yes, this is a concern.</p> <table border="1" data-bbox="111 857 701 1047"> <thead> <tr> <th>TARs Percentage</th> <th>TARs Rating Scale</th> </tr> </thead> <tbody> <tr> <td>0% - 9%</td> <td>Very good</td> </tr> <tr> <td>10% -24%</td> <td>Fair</td> </tr> <tr> <td>25% - 49%</td> <td>Poor</td> </tr> <tr> <td>50% and higher</td> <td>Very poor</td> </tr> </tbody> </table>	TARs Percentage	TARs Rating Scale	0% - 9%	Very good	10% -24%	Fair	25% - 49%	Poor	50% and higher	Very poor				
TARs Percentage	TARs Rating Scale													
0% - 9%	Very good													
10% -24%	Fair													
25% - 49%	Poor													
50% and higher	Very poor													
<p>3. Is the recipient abiding by its Occupancy Policy when it comes to:</p>														
<p>a. Rent collection?</p>														
<p>b. Repayment plans?</p>														
<p>c. Eviction for non-payment of rent?</p>														



RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
4. Does the recipient initiate counseling when a tenant begins to lag in rental payments?				
D. Down Payment Assistance				
1. If the recipient has a downpayment assistance program. If so:	24 CFR 207(b)			
a. Does the recipient have policies that address the requirements for this type of assistance?				
b. Does the recipient have an application process and select recipients from a waiting list?				
2. Select a sample of recipients and determine whether the recipients are eligible (low-income, Native American family). (Review the sampling methods in the General Instructions.)	24 CFR 1000.104			



RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
a. Did the recipient determine whether the home being purchased was within TDC limits?	24 CFR 1000.158(c)			
b. Is there documentation to demonstrate that there are no lead-based paint issues?		PIH Notice 98-54 (HA)		
c. Is there a binding agreement to ensure that the home remains affordable for a period of time? (A lien on property is also appropriate.)	24 CFR 1000.142 24 CFR 1000.144			
IV. Summary				
<p>A. Summarize the results of the review in a work paper.</p> <p>B. Discuss significant issues with Supervisor.</p> <p>C. Develop findings, including questioned costs and corrective actions, as appropriate.</p> <p>D. Develop concerns because they could lead to a violation</p> <p>E. Develop report language, including any findings and concerns.</p> <p>F. If there are any major issues identified in this review and the recipient has approval to invest, determine if a withdrawal of investment authority should be recommended.</p>				



Office of Native American Programs

Admissions and Occupancy
Monitoring Plan
RECIPIENT

Reviewer Name:	
Review Date(s):	