



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Office of Program Monitoring**

Attachment 2 Owner's Certificate of Continuing Program Compliance: PROJECT SPECIFICS

Amenities (mark all that apply)

Cable Access	<input type="checkbox"/>	Laundry Facilities	<input type="checkbox"/>
Transportation Services	<input type="checkbox"/>	Washer/Dryer hook-up	<input type="checkbox"/>
Carpet	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Type of Project (mark all that apply with an "X")

New Construction	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>
Substantial Rehabilitation	<input type="checkbox"/>
Moderate Rehabilitation	<input type="checkbox"/>
Refinance	<input type="checkbox"/>

Existing Project Information (complete all that apply)

Percentage currently occupied	<input type="text"/>	%
Project includes historic rehabilitation	<input type="checkbox"/>	(yes or no)
Project involves the permanent relocation of tenants	<input type="checkbox"/>	(yes or no)
Project involves the temporary relocation of tenants	<input type="checkbox"/>	(yes or no)
Year the building was built	<input type="text"/>	

Number of Residential Buildings

Garden (walk-up)	<input type="text"/>	Total Land Area (acres)	<input type="text"/>
Townhouse	<input type="text"/>	Total Building Area (square footage)	<input type="text"/>
Detached	<input type="text"/>	Residential Units (low income)	<input type="text"/>
Semi-detached	<input type="text"/>	Residential Units (market)	<input type="text"/>
Elevator (< 5 floors)	<input type="text"/>	Nonresidential Units	<input type="text"/>
Mid-rise (5-10 floors)	<input type="text"/>	Common Space	<input type="text"/>
High-rise (> 10 floors)	<input type="text"/>	Total Square Footage	<input type="text"/>
Total Buildings	<input type="text"/>		

Type of Occupancy (show number of units)

Families	<input type="text"/>
Elderly	<input type="text"/>
Commercial	<input type="text"/>
Special Need or Alternative Housing	<input type="text"/>
Total Units	<input type="text"/>

Special Need or Alternative Housing Options (show number of units)

Homeless (describe): _____	<input type="text"/>
Handicapped	<input type="text"/>
Shared Housing	<input type="text"/>
Single Room Occupancy	<input type="text"/>
Lease-purchase Option	<input type="text"/>
Large Families (4 or more bedrooms)	<input type="text"/>
Other:	<input type="text"/>
Total Special Need/Alternative Housing Units	<input type="text"/>