



## Supportive Housing Unit Vacancy Marketing Documentation Standards

To comply with state and federal monitoring requirements related to tax credit awards, Owners/Developers must maintain a record of the efforts made to market Supportive Housing units to their intended population.

WHEDA requires that each property with Supportive Housing units maintain a digital *Supportive Housing Marketing Documentation* folder for the duration of the Housing Tax Credit Compliance period. Each property must have its own, unique folder, and the folder and its contents must be furnished to WHEDA upon request.

Each property's *Supportive Housing Marketing Documentation* folder must contain the following:

1. A copy of the agreement between the Owner/Developer and Wisconsin Department of Health Services (WI DHS)	<i>Must detail which Supportive Services are available at the property or facilitated by the property</i>
2. Copies of any Memoranda of Understanding (MOUs) with outside agencies	
3. The property's Policies and Procedures related to leasing Supportive Housing units	<i>Must detail how the Supportive Housing units are tracked internally</i> <i>Must include a listing of, and the contact information for, the outside agencies</i> <i>Management staff contact when a Supportive Housing unit becomes vacant</i>
4. WHEDA's Supportive Housing Unit Vacancy Marketing Certification (attached)	<i>Must be completed each time a Supportive Housing unit becomes vacant</i>



# Supportive Housing Unit Vacancy Marketing Certification

**INSTRUCTIONS:** This certification is to be completed and signed by the Property Manager each time a Supportive Housing unit becomes vacant. Once signed, scan the document and save it with the following naming convention: [Property Name], Unit [#], Supportive Housing Marketing Certification. For Example: Misty Oaks, Unit 101, Supportive Housing Marketing Certification. Once saved, upload the document to your property's *Supportive Housing Marketing Documentation* folder.

Property Name		Unit #	Target Population
Resident Move Out Date	Rent Ready Date		New Resident Move In Date

Choose statement A or B as applicable, and complete the requested information:

A.  This Supportive Housing unit was rented to a member of the target population  
*If this option is checked, indicate the source of the referral:*   
**STOP!** Skip to the certification at the bottom of the form

B.  This Supportive Housing unit was NOT rented to a member of the target population  
*If this option is checked, answer questions 1 and 2, below:*

1. Were all outside agencies with MOUs notified by email of this vacancy?  Yes  No  
 If "Yes," complete:

Date Contacted	Agency	Agency Contact

If "No," complete:

Agency	Reason for not contacting

2. Were all local Housing Authorities notified by email of this vacancy?  Yes  No  
 If "Yes," complete:

Date Contacted	Housing Authority	Housing Authority Contact

If "No," complete:

Housing Authority	Reason for not contacting

I certify that the information provided above is true and correct to the best of my knowledge

Signature		Date
Name	Title	
Email	Telephone	