

Community Housing Resource Board

Monitoring Report

RMS No. HI-00584R

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity



03387

Purpose: This form will be used by HUD Field FHEO personnel to monitor annual performance of Community Housing Resource Boards (CHRB) (see section 2-13 of HUD Handbook 8021.2).

The requested information will be obtained through observation and a review of CHRB records by HUD employees. A copy of each monitoring report must be sent to the Director of the FHEO Headquarters Office of Voluntary Compliance, and a copy retained in the Division files.

Part I. Basic Information

1 Region No (01,02, etc)	2 HUD Field Office	3 Name and Telephone No (FTS)	4 Date of this Request
5 Name of CHRB		6 Date Monitored	7. Address of CHRB
8 CHRB Chairperson's Name and Phone No			
9 Organizational Affiliation of CHRB Chairperson			
10 Local Housing Industry Groups Serviced by the CHRB: (Check all appropriate groups)			
<input type="checkbox"/> Local Board of Realtors (NAR)	<input type="checkbox"/> Local Realtist Board (NAREB)	<input type="checkbox"/> Local Home Builder Group (NAHB)	
<input type="checkbox"/> Local Apartment Association	<input type="checkbox"/> State Real Estate Licensing Agency (NARELLO)	<input type="checkbox"/> Local Mortgage Lender Group	
<input type="checkbox"/> Local Appraisal Group	<input type="checkbox"/> Other Groups (specify) _____		

Part II. Membership Data

1 Total Number of CHRB Members	2 Racial Composition of CHRB: How Many?				
	African Americans	Hispanics	Whites	American Indians/ Alaskan Natives	Asians/Pacific Islanders
3. Number of CHRB Members Attending Meetings During the Year	Meeting Date	Were Housing Industry Group Representatives Present?		If 'Yes', Which Groups (NAR, NAHB, etc.)	
First Meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Second Meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Third Meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Forth Meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Meetings		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part III. Activity Data

Briefly describe the major projects in which the CHRB is involved and the goals:

Project #1:

Goals:

Is the Project Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Completion Date	Amount	Year	Source of Funds <input type="checkbox"/> HUD <input type="checkbox"/> Other (specify)
Is the Project on Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'No', Has an Extension Been Granted <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', Extension Approved by:		
				Extended Contract Date

Briefly describe the major projects in which the CHRB is involved and the goals:

Project #2:

Goals:

Is the Project Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Completion Date	Amount	Year	Source of Funds <input type="checkbox"/> HUD <input type="checkbox"/> Other (specify)	
Is the Project on Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'No', Has an Extension Been Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', Extension Approved by:			Extended Contract Date

Part IV. VAMA Monitoring

1 Describe activities of the CHRB to monitor progress of VAMA signatories in implementing the goals of the Voluntary Affirmative Marketing Agreements (Attach any documentation)

2 a Date of the annual evaluation of:

- . the local Board of Realtors _____
- . the local Home Builder Group _____
- . the local Apartment Association _____

b Was the CHRB present at the meeting?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

c If no, please give an explanation and schedule of a followup evaluation with CHRB involvement

3 Describe any problems that are impediments to local VAMA implementation Additional projects and comments can be described on a separate sheet