

**STATE OF RHODE ISLAND**  
**MONITORING AGENT FORM**

In accordance with RIGL 45-53-3.2 and 860-RICR-00-005, in order to be an approved Monitoring Agent in the State of Rhode Island, all interested parties must complete and submit this form not later than July 3, 2025. Any forms received after that date may not be reviewed or approved. Successful parties will be approved for an initial one-year period with the option for subsequent renewals for terms of up to five years.

*A. Applicant Information*

**Applicant Name:**     -

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**Organization:**         -

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**Address:**                 -

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**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Currently a Monitoring Agent?**    ☐ Yes            ☐ No

**If Yes, please describe your current and anticipated portfolio.**

**If No, please describe the inventory of units your organization anticipates serving.**

**Please include as much detail as possible relative to the inventory referenced  
(ownership, size, etc.)**

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**B. Requirements**

*Complete the questions below and attach all required documentation. All fields in this section are required. Applicants may utilize the space provided and/or attached response(s) when necessary. Incomplete applications will not be reviewed or approved.*

- 1. What type(s) of insurance do you carry? Please provide documentation verifying all insurance coverage.**

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- 2. List trainings/webinars/professional development completed (if any) by the staff who would be responsible for conducting the monitoring work, if selected, as it relates to the activities and expertise outlined in the introduction of this application.**

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- 3. Please attach your organization's most recent audited financial statement or most recently filed 990 or tax return, if no audit is required of your organization. If there were any materials findings in your audit, please describe direct actions that your organization has undertaken since to address.**

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- 4. Please attach your organization's Certificate of Good Standing from the Secretary of State.**

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### C. Qualifications

*In order to be approved, applicants must demonstrate they can minimally meet guidelines for qualifications to be monitoring agents established by the Housing Resources Commission. All fields below are required. Incomplete applications will not be reviewed or approved. Additional supporting materials demonstrating applicants' qualifications may be attached but are not required.*

- 1. Use the space below to narratively describe your working knowledge of and experience with applicable regulations, rules or guidelines related to housing/monitoring agent responsibilities, including those relating to fair housing.**

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- 2. Describe your general knowledge of housing subsidy programs and associated requirements. Please list any projects/programs with which you have experience.**

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- 3. Describe your experience reviewing household income and asset documentation to determine eligibility under applicable programs.**

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- 4. Describe your experience working with mortgage lenders and general knowledge of mortgage loan documents to be reviewed during sales or refinancing transactions. Please list documents with which you have experience.**

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**5. Describe your experience working with developers, homeowners, listing agents, municipal officials and closing attorneys in the sale, resale and refinance of units subject to affordable housing restrictions.**

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**6. Describe your experience working with owners, listing agents and property management firms in the lease up and annual renewal of tenants in units subject to an Affordable Housing Restriction.**

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**7. Please provide examples demonstrating your ability to successfully resolve issues of non-compliance with an Affordable Housing Restriction.**

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**8. Describe your capacity to sustain monitoring services during the contracted period and the term of affordability for covered units.**

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**9. Attached any additional information you would like the reviewer(s) to know related to the duties of Monitoring Agents.**

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The Housing Resources Commission will review all applications for compliance with regulatory and statutory requirements. Additional information may be requested. All applicants will receive written certification of their status.

**CERTIFICATION:**

On behalf of \_\_\_\_\_, we understand that, if selected as an Approved Monitoring Agent, we will be required to:

1. Adhere to all State approved monitoring procedures/guidelines and use of State approved forms and documents in the execution of this work;
2. Agree to abide by any standardized State monitoring fee, if/when established, set for each monitoring activity;
3. Acknowledge your organization is not permitted to serve as monitoring agent for units it has developed at initial occupancy/turnover;
4. Attend and participate in any required trainings;
5. Agree to on-site file inspections and compliance checks on an annual basis or as requested by the Department of Housing, Housing Resources Commission and/or other successor entities;
6. Provide annual reports as outlined in Part 5 – Rules and Regulations Governing the Implementation of an Approved Monitoring Agent Program, Section 5.7.
7. Remain an organization in Good Standing with the Rhode Island Secretary of State.

I certify to the truthfulness and accuracy of the information provided within this application and acknowledge general obligations/requirements as summarized above.

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Signature, Authorized Official

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Date