



## TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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October 2, 2026

*Writer's direct phone # (512) 475-4047  
Email: [Kendall.kauten@tdhca.texas.gov](mailto:Kendall.kauten@tdhca.texas.gov)*

Alreza Sadri  
Fortress Investment Group LLC  
Dallas, TX  
[asadri@fortress.com](mailto:asadri@fortress.com)

RE: The Abram

Dear The Abram Owner:

The Texas Department of Housing and Community Affairs (Department) has reviewed the Housing Facility Corporation (HFC) Audit Report submitted by Yvette Rodriguez on August 30, 2026. This review was performed as required by Section 394.9027 (b) of Chapter 394, the Texas Administrative Code (TAC) Chapter 10, Subchapter J, for Pecos Housing Finance Corporation. Enclosed is a copy of the Audit Report summary.

Events of noncompliance have been identified and detailed in the attached Findings Report with required corrective action. In accordance with TAC Section 394.9027(d) a copy of this notice will be sent to the Chief Appraiser of the appraisal district in which the development is located.

This notice begins the corrective action period. Supply all required documentation via Serv-U, no later than **March 31, 2027**, the last day of the corrective action period.

If you need a Serv-U account, email [hfc@tdhca.texas.gov](mailto:hfc@tdhca.texas.gov). Submissions must include a cover letter explaining, in detail, how each event of noncompliance was corrected.

**Remaining uncorrected noncompliance after the corrective action period deadline will result in a referral to the Texas Comptroller and Chief Appraiser, with a recommendation for loss of ad valorem tax exemption under Section 394.905 of the Texas Local Government Code for the Tax Year being Audited.**

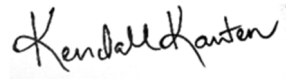


221 East 11th Street P.O. Box 13941 Austin, Texas 78711-3941 (800) 525-0657 (512) 475-3800



If you have any questions about this monitoring report, please contact Kendall Kauten toll free in Texas at (800) 643-8204, directly at (512) 475-4047, or email: [Kendall.Kauten@tdhca.texas.gov](mailto:Kendall.Kauten@tdhca.texas.gov).

Sincerely,



Kendall Kauten  
Compliance Monitor

CC: [yvette@premiercomplianceconsulting.com](mailto:yvette@premiercomplianceconsulting.com); [Nicole.mcclairn@rpmliving.com](mailto:Nicole.mcclairn@rpmliving.com); [asadri@fortress.com](mailto:asadri@fortress.com); [theabram@rpmliving.com](mailto:theabram@rpmliving.com); [econ.dev@cpa.texas.gov](mailto:econ.dev@cpa.texas.gov); [twinklescc@pecostx.gov](mailto:twinklescc@pecostx.gov); [aoronacc@pecostx.gov](mailto:aoronacc@pecostx.gov); [hcarrascocc@pecostx.gov](mailto:hcarrascocc@pecostx.gov); [rgrahamcc@pecostx.gov](mailto:rgrahamcc@pecostx.gov); [vtrujillocc@pecostx.gov](mailto:vtrujillocc@pecostx.gov); [pecospha@earthlink.net](mailto:pecospha@earthlink.net); [phfced@gmail.com](mailto:phfced@gmail.com)

## **Audit Report**

The Abram

The Texas Department of Housing and Community Affairs provides the following Technical Assistance:

- TAC §10.1203(3)(B) requires that all Audit Reports include contact information for all Responsible Parties. The Audit Report did not contain contact information for the HFC Sponsor or the board members of the HFC Governing Body of Sponsor. Ensure current contact information for all Responsible Parties is provided in the Audit Report.

|                                                                                                                                                                                                                    |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|----------------|----------------------------|------------|
| Texas Department of Housing and Community Affairs<br><b>Housing Finance Corporation (HFC)</b><br>Preliminary Summary of Audit                                                                                      |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| This is a preliminary summary of the Audit Report. TDHCA's review is ongoing and not final. Findings and any required Corrective Action will be addressed in the official Monitoring Report Letter, if applicable. |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Reporting Details                                                                                                                                                                                                  |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Report Due Date:                                                                                                                                                                                                   | 6/1/2026                          | Current Reporting Year:                                                                                   | 2026                       | Occupancy Period Begin Date:                                             | 1/1/2025       | Occupancy Period End Date: | 12/31/2025 |
| Development & Regulatory                                                                                                                                                                                           |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| HFC Property Name                                                                                                                                                                                                  | The Abram                         | Is the Regulatory Agreement (RA) is properly recorded?                                                    | Yes                        | PRE or POST May 28, 2025 Development?                                    | PRE            |                            |            |
| HFC Property Street Address                                                                                                                                                                                        | 608 Rowlett Road,                 | Regulatory Agreement Effective Date                                                                       | 5/14/2025                  | Development Type                                                         | Acquisition    |                            |            |
| HFC City, State Zip                                                                                                                                                                                                | Garland TX 75043                  | Does the development participate in other affordable programs?                                            | No                         | Occupancy Type                                                           | General/Family |                            |            |
| Property County                                                                                                                                                                                                    | Dallas                            | Jurisdictional Boundaries                                                                                 | Outside Sponsor Boundaries | Total Number of Units in the Development (ALL Restricted & Unrestricted, | 144            |                            |            |
| HFC User Name                                                                                                                                                                                                      | Fortress Investment Group LLC     | If Outside Sponsor Boundaries, was the Development acquired by Sept. 1, 2025?                             | Yes                        |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | If Outside Sponsor Boundaries, has approval been obtained or is the Development in the transition period? | NA                         |                                                                          |                |                            |            |
| Affordability Requirements - AMI Percentage by Bedroom Size (Post Developments Only)                                                                                                                               |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    | Efficiency                        | 1 Bedroom                                                                                                 | 2 Bedroom                  | 3 Bedroom                                                                | 4 Bedroom      | Total                      |            |
| 20% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 30% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 40% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 50% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 60% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 65% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 70% AMI Units                                                                                                                                                                                                      | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 80% AMI Units                                                                                                                                                                                                      | 0                                 | 38                                                                                                        | 27                         | 0                                                                        | 0              | 65                         |            |
| 100% AMI Units                                                                                                                                                                                                     | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 120% AMI Units                                                                                                                                                                                                     | 0                                 | 0                                                                                                         | 0                          | 0                                                                        | 0              | 0                          |            |
| 140% AMI Units                                                                                                                                                                                                     | 0                                 | 33                                                                                                        | 28                         | 4                                                                        | 0              | 65                         |            |
| Other AMI Units (Add % here)                                                                                                                                                                                       | 0                                 | 33                                                                                                        | 0                          | 0                                                                        | 0              | 0                          |            |
| Market Units                                                                                                                                                                                                       | 0                                 | 0                                                                                                         | 5                          | 2                                                                        | 0              | 14                         |            |
| Total Restricted Units                                                                                                                                                                                             | 0                                 | 71                                                                                                        | 55                         | 4                                                                        | 0              | 130                        |            |
| Total Units (Restricted + Market)                                                                                                                                                                                  | 0                                 | 78                                                                                                        | 60                         | 6                                                                        | 0              | 144                        |            |
| Development Contacts                                                                                                                                                                                               |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Organization Name                                                                                                                                                                                                  | City, State Zip                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Property Name                                                                                                                                                                                                      | The Abram                         |                                                                                                           |                            |                                                                          |                |                            |            |
| Texas Comptroller                                                                                                                                                                                                  | TX Comptroller                    |                                                                                                           |                            |                                                                          |                |                            |            |
| Appraisal District                                                                                                                                                                                                 | Dallas county district            |                                                                                                           |                            |                                                                          |                |                            |            |
| Individual Auditor                                                                                                                                                                                                 | Yvette Rodriguez                  |                                                                                                           |                            |                                                                          |                |                            |            |
| HFC User                                                                                                                                                                                                           | Fortress Investment Group LLC     |                                                                                                           |                            |                                                                          |                |                            |            |
| HFC Management Company                                                                                                                                                                                             | IPW Living                        |                                                                                                           |                            |                                                                          |                |                            |            |
| HFC Sponsor                                                                                                                                                                                                        | Not provided                      |                                                                                                           |                            |                                                                          |                |                            |            |
| HFC Governing Body of Sponsor                                                                                                                                                                                      | Pecos Housing Finance Corporation |                                                                                                           |                            |                                                                          |                |                            |            |
| Auditor Qualifications & Affiliations                                                                                                                                                                              |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Does the Auditor have a current Certified Occupancy Specialist (COS) or equivalent certification?                                                                                                                  |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Has the Auditor provided a resume demonstrating housing compliance audit experience?                                                                                                                               |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Is the Auditor free from any financial, ownership, or management interest in the Development or any Responsible Party?                                                                                             |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Is the Auditor currently serving, or has the Auditor previously served, as the Management Agent for this Development?                                                                                              |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Has the HFC User complied with the three-year rotation and, if applicable, the two-year cooling-off requirement?                                                                                                   |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Income & Rents Limits                                                                                                                                                                                              |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Does the Regulatory Agreement specify income limits?                                                                                                                                                               |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Are the income limits adjusted for household size?                                                                                                                                                                 |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Are the income limits based on HUD income limits?                                                                                                                                                                  |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Did the Development comply with the Available Unit Rule when a household became over-income?                                                                                                                       |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Does the Regulatory Agreement specify rent limits for Restricted Units?                                                                                                                                            |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Are the rent limits based on HUD rental limits?                                                                                                                                                                    |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Are restricted unit rents ≤30% of the applicable income limit (adjusted for household size)?                                                                                                                       |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Are rent limit adjusted for family size, as determined by HUD?                                                                                                                                                     |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| What is the family-size adjustment specified by the Development's Regulatory Agreement?                                                                                                                            |                                   |                                                                                                           |                            | 1.0 Person per Bedroom                                                   |                |                            |            |
| Units & Occupancy                                                                                                                                                                                                  |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Restricted Units Occupied by Voucher Holders                                                                                                                                                                       | 0                                 | Restricted Occupied Units                                                                                 | 114                        | Non-Restricted Occupied Units                                            | 14             |                            |            |
| Total Units (ALL)                                                                                                                                                                                                  | 144                               | Restricted Vacant Units                                                                                   | 16                         | Non-Restricted Vacant Units                                              | 0              |                            |            |
|                                                                                                                                                                                                                    |                                   | Total Restricted Units                                                                                    | 130                        | Total Non-Restricted Units                                               | 14             |                            |            |
| Triggering Events: Acquisition and Ownership Transfer                                                                                                                                                              |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Did a triggering event occur during the reporting period or any prior Tax Year?                                                                                                                                    |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Set Asides                                                                                                                                                                                                         |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Date first occupied by one or more tenants?                                                                                                                                                                        | 1/1/2008                          | Set-Aside - Select Only One Option                                                                        |                            |                                                                          |                |                            |            |
| Is the Development currently in lease up?                                                                                                                                                                          | NA                                | Option 1:                                                                                                 |                            |                                                                          |                |                            |            |
| Do Restricted Units have comparable square footage and floor plans as Non-Restricted Units?                                                                                                                        | NA                                | At Least 10% of units reserved for HH not earning more than 60% AMI                                       |                            |                                                                          |                |                            |            |
| Are Restricted Units equal in finishes and equipment to Non-Restricted units?                                                                                                                                      | NA                                | At least 40% of units reserved for HH not earning more than 80% AMI                                       |                            |                                                                          |                |                            |            |
| Do Restricted Units have equal amenity and program access as Non-Restricted Units?                                                                                                                                 | NA                                | Option 2:                                                                                                 |                            |                                                                          |                |                            |            |
| Are Restricted Units proportionally distributed by unit type and income category?                                                                                                                                  | NA                                | At Least 10% of units reserved for HH not earning more than 50% AMI                                       |                            |                                                                          |                |                            |            |
| Did the Auditor receive photographic evidence and written certification confirming unit comparability?                                                                                                             | NA                                | At least 40% of units reserved for HH not earning more than 100% AMI                                      |                            |                                                                          |                |                            |            |
| Audit Sample Summary                                                                                                                                                                                               |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | Audit Sample                                                                                              | Item                       |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | Overall Sample meets minimum requirements?                                                                | NO                         |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | Move-In Sample meets minimum requirements?                                                                | NO                         |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | Recertification Sample meets minimum requirements?                                                        | NO                         |                                                                          |                |                            |            |
|                                                                                                                                                                                                                    |                                   | Is the Development currently in lease-up?                                                                 | NA                         |                                                                          |                |                            |            |
| Texas Department of Housing and Community Affairs (TDHCA) Observations - DEPARTMENT USE ONLY                                                                                                                       |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Preliminary summary. TDHCA review is ongoing and not final.                                                                                                                                                        |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Report Due Date:                                                                                                                                                                                                   | 6/1/2026                          | Current Reporting Year:                                                                                   | 2026                       | Audit Received Date:                                                     | 8/30/2026      |                            |            |
| PRELIMINARY COMPLIANCE INDICATORS                                                                                                                                                                                  |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Reporting                                                                                                                                                                                                          |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Is the Development required to submit an Audit Report?                                                                                                                                                             |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Did the Development submit an Audit Report by the deadline, with approved extensions?                                                                                                                              |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Does the Audit Report cover the full prior reporting year ending December 31 and include a rent roll for the same period?                                                                                          |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Does the Audit Report include contact information for all Responsible Parties?                                                                                                                                     |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Was the Audit Report submitted in the Department-prescribed manner through the Department's file transfer system (Serv-U/File Serve)?                                                                              |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Was the annual service fee (\$35 per Restricted Unit in the sample or \$500 minimum) submitted with the Audit Report?                                                                                              |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Did the Audit Report include a one-time exemption application submitted to the Texas Comptroller's Office?                                                                                                         |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Did the first Audit Report include all required supporting documentation?                                                                                                                                          |                                   |                                                                                                           |                            | No                                                                       |                |                            |            |
| Auditor                                                                                                                                                                                                            |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Does the Auditor meet independence and qualification standards and comply with applicable rotation and cooling-off requirements?                                                                                   |                                   |                                                                                                           |                            | Yes                                                                      |                |                            |            |
| Geographic Boundaries                                                                                                                                                                                              |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Is the Development within sponsor boundaries, or—if outside those boundaries—has required approval been obtained or is the Development within the applicable transition period?                                    |                                   |                                                                                                           |                            | NA                                                                       |                |                            |            |
| Noncompliant: Pending                                                                                                                                                                                              |                                   |                                                                                                           |                            |                                                                          |                |                            |            |
| Overall Chapter 394 Status:                                                                                                                                                                                        |                                   |                                                                                                           |                            | Corrective Action                                                        |                |                            |            |
| TDHCA Notes/Notations:                                                                                                                                                                                             |                                   |                                                                                                           |                            | See Detailed Findings                                                    |                |                            |            |

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

DETAIL FINDINGS AND CORRECTIVE ACTION

HFC ID: AA26-057-0097  
HFC User: 608 ROWLETT ROAD LLC  
Property Name: The Abram  
Address: 608 Rowlett Road, Garland, TX

Regulatory Agreement Date: 5/14/25  
Audit Report Received Date: 8/30/2026  
Corrective Action Due Date: 3/31/2027

Audit Report Review Date: 9/30/2026

PROGRAM: HFC

PROPERTY FINDINGS

| Finding: Failure to comply with §10.1204(2) |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |
|---------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Unit #                                      | Non-Compliance Date | Reason                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Correction Date |
| Property Wide                               | 8/30/2026           | <p>TAC §10.1204(2) requires the file sample must contain at least 20% of the total number of Restricted Units, not to exceed 50 household files, with at least 75% of files from newly moved-in households and at least 10% from households that have recertified.</p> <p>The audit file sample in the Audit Report did not meet the minimum requirement. Development has one hundred thirty (130) restricted units requiring a sample size of twenty-six (26) household files. Auditor reports that no household files were provided for review.</p> | <p>Submit to the Department for review: copies of the application(s), income and asset verifications, executed Income Certification, lease contract, and applicable lease addendums for twenty-six (26) households that moved into income-restricted units during 2025, in accordance with TAC §10.1204(2).</p> <p>The owner may complete a retroactive income certification that completely and clearly documents the sources of income and assets for all household members that were in place at the time of the initial occupancy and apply income limits in effect on the move-in date. Submit to Department for review documentation to evidence the income from the assets have been verified and included in the total household eligibility, application, executed Income Certification and lease contract.</p> <p>Or the owner has the option to complete a new current certification using current income and assets sources and current income limits. Submit for Department review a copy of the application(s), income and evidence the income from the assets have been verified and included in the total household eligibility, and a new Income Certification form. If the household has moved out or is not income eligible, occupy the unit or another comparable unit on the property with a new qualified household</p> |                 |

| Finding: Failure to comply with §10.1203(1)(C) |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                               |                 |
|------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Unit #                                         | Non-Compliance Date | Reason                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corrective Action                                                                                                                                                                                                                                             | Correction Date |
| Property Wide                                  | 8/30/2026           | <p>TAC §10.1203(1)(C) requires the HFC User to provide the Auditor with all required documents prior to submission of the first Audit Report, including the underwriting assessment, applicable resolutions, board meeting minutes, the Regulatory Agreement, and the one-time exemption application submitted to the Texas Comptroller's office. These documents must be submitted to the Department with the first Audit Report.</p> <p>The Audit Report submitted to the Department did not contain the one-time exemption application submitted to the Texas Comptroller's office.</p> | <p>Ensure all required documents are provided to the Auditor prior to submission of the first Audit Report for the Development.</p> <p>Submit to the Department a copy of the one-time exemption application submitted to the Texas Comptroller's office.</p> |                 |

| Finding: Failure to comply with §10.1203(4) |                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
|---------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Unit #                                      | Non-Compliance Date | Reason                                                                                                                                                                                                                                                                                                                                                                                          | Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Correction Date |
| Property Wide                               | 8/30/2026           | <p>TAC §10.1203(4) requires the HFC User to submit an annual service fee to the Department by June 1 of each year, in the amount of the greater of \$35 per Restricted Unit included in the audit sample or \$500, tendered by check, money order, payable to the Texas Department of Housing and Community Affairs.</p> <p>The annual service fee has not been received by the Department.</p> | <p>Submit the required annual service fee to the Department in accordance with TAC §10.1203(4).</p> <p>Payments must be paid by check or money order payable to the Texas Department of Housing and Community Affairs and either delivered to 221 E. 11th St., Austin, TX 78701, or mailed to PO Box 13941, Austin, TX 78711-3941.</p> <p>Payment must include the completed HFC Annual Service Fee Form, available on the Department's website: <a href="https://www.tdhca.texas.gov/housing-finance-corporation-compliance-monitoring">https://www.tdhca.texas.gov/housing-finance-corporation-compliance-monitoring</a></p> |                 |