Annual Regulatory Return For Tier 1 AHBs

Training Manual: Web-Based Solution

Introduction

Welcome to the web based Annual Regulatory Training Manual for Tier 1 AHBs. This is a step by step guide to user friendly guide assist the AHBS in completing We Base Annual Regulatory Return

The web-based solution is created so that AHBs can easily navigate through the form using the Previous/Next buttons at the bottom of each page and also exit and return to edit information.

The web-based Annual Regulatory Return is required to be completed no later than **Thursday, 30th November 2017**

The Regulation Office appreciates the time and commitment of Tier 1 AHBs in submitting the Annual Regulatory Return. Should you have any questions in relation to the return please do not hesitate to contact Graeme or Matthew on 01-656-4170 or regulation@housingagency.ie

Additional information on how to complete this form is available in the Explanatory Note.

regulation@housingagency.ie
Regulation Office Telephone: 01 656 4170

Some Information before you start:

1. *Navigating* through the form
2. *Storing* Your Pages
3. *Saving* Your Pages
4. *Printing* pages
5. *Uploading* Files

Navigating Through The Form

To return to previous pages in the form click on the **Prev** button

To move forward through the form click on the **Next** button

Storing Information (this will only be stored online)

When you click on the *previous* and next button, all the ***information entered on previous*** pages is automatically stored.

Saving Pages (please save each individual page to your computer)

1. Click on the Open Menu button on the top right corner of your screen.

2. Click on the Save Page button.
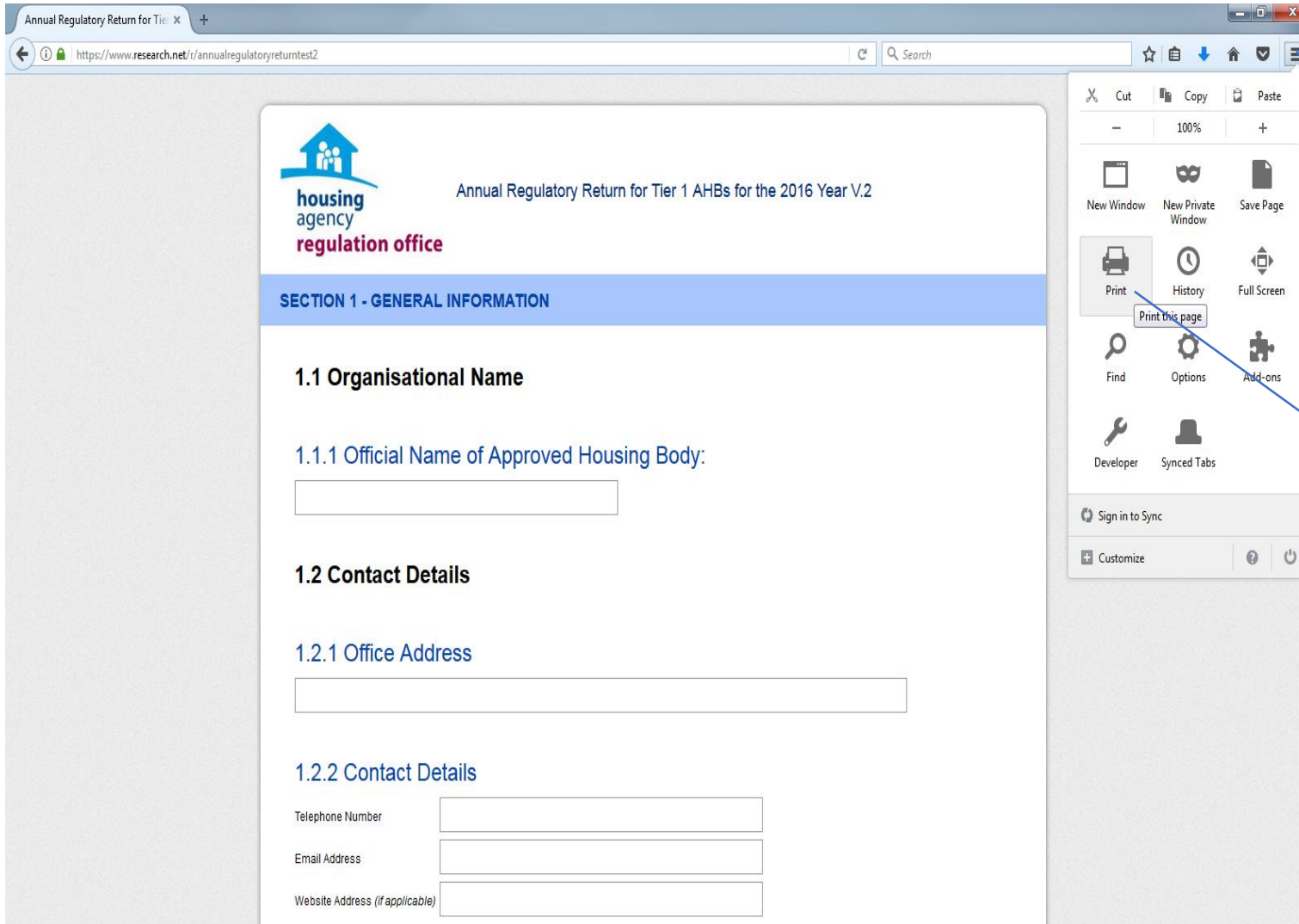
3. This will pop up when you select save in 2 above. In the left column you can select the **location** on your computer you wish to save the page.

4. In the **File name bar** you can name the page you are saving.

5. Click on the save button to save the page.
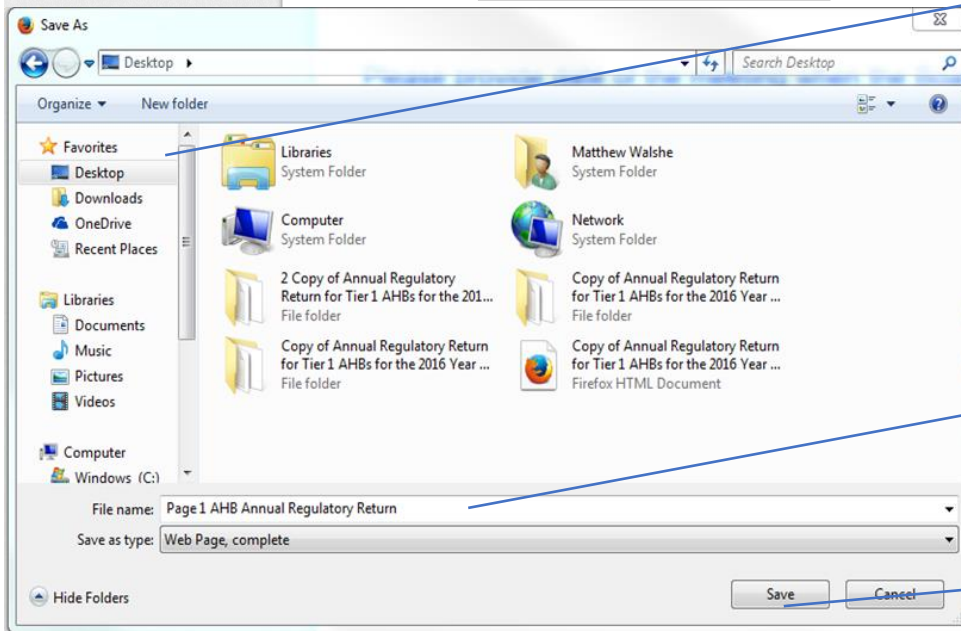
Printing Pages (This will only print what is visible on your screen)

1. Click on the Open Menu button on the top right corner of your screen.

2. From the grid click on the Print button.

Printing Pages (Continued….)

3. Click on the print button.

4. Select the printer you wish to choose from.

5. Click on the print button to print the current page. (This will only print what is visible on the screen, not the full page)

Uploading files

housing agency regulation office

Please provide a copy of the service level agreement (SLA) *(if applicable)*

Please attach a copy the service level agreement here

| Choose File | No file chosen |

Option 1: Uploading a File

Option 1

Drag and drop a file here.

DOCX DOC JPG GIF JPEG PDF PNG

You can also upload a file from your computer

To upload a file to the return, click on the Choose File button, there are two options when uploading a file to your return.
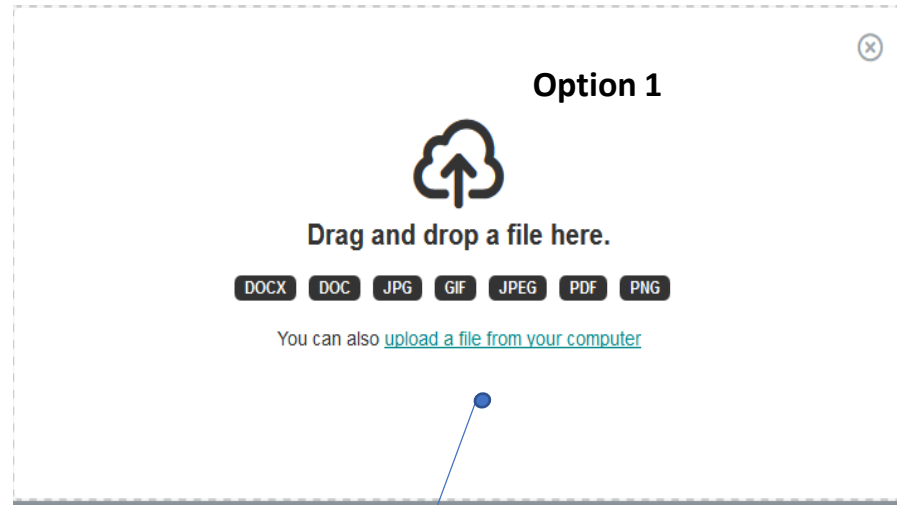
You can drag a file directly from you computer and drop inside the drop box or you can also click on the upload file link.

Uploading files *continued*

Option 2: Uploading a File

You can also click on the upload file from your computer link which will open the File Upload window, here you can select the file you wish to upload. Click on open to upload the file once selected.
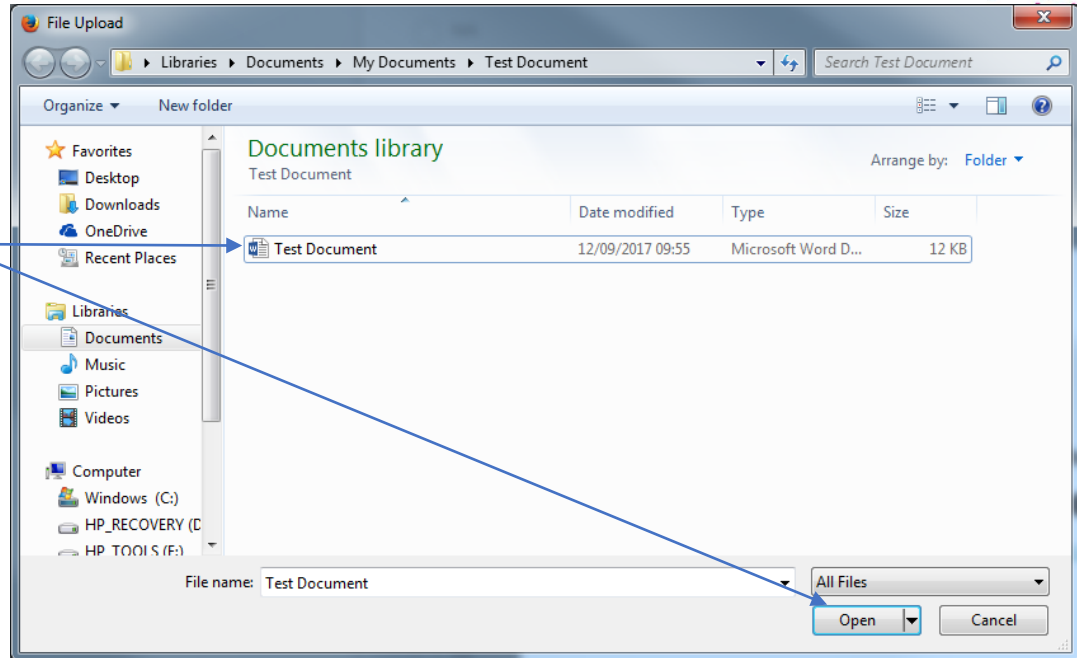
Please provide a copy of the service level agreement (SLA) *(if applicable)*

Please attach a copy the service level agreement here

Replace File   ✓ Test Document.docx   Remove File

The file name you have uploaded should be visible beside the Replace File button.
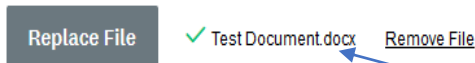
This process can be repeated for uploading files throughout the return.

Lets get started….

Welcome Page

Annual Regulatory Return for Tier 1 AHBs for the 2016 Year V.2

Annual Regulatory Return Form (2016)

Welcome to the web based Annual Regulatory Return for Tier 1 AHBs. The form retains the same look and feel of the original Annual Regulatory Return, however it reduces the requirement for text based answers and provides simplified options for the organisation.

The web-based solution is created so that AHBs can easily navigate through the form using the Previous/Next buttons at the bottom of each page and also exit and return to edit information.

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Additional information on how to complete this form is available in the explanatory note. (click below)

Explanatory Note

regulation@housingagency.ie
Regulation Office Telephone: 01 656 4170

Please ensure you save each page before continuing

To go to the next page of the return please do so by clicking on the **Next** button below

Next

If you have any questions you can contact the Regulation Office on the information provided here.

Click on this link to open the Explanatory Note.

Click on the Next button to proceed to next page.

1. Entering Information

To enter text, simply click in the textbox and type.

SECTION 1: GENERAL INFORMATION

Section 1: General Information

1.1 Organisational Name

* 1.1.1 Official Name of Approved Housing Body:

1.2 Contact Details

1.2.1 Office Address

* 1.2.2 Contact Details

Telephone Number	
Email Address	
Website Address *(if applicable)*	

In this section you must enter the organisations name and contact in order to continue.

General Information continued

Questions that have a red asterisks (*) to the left require an answer to continue.

⚠ This question requires an answer.

* **1.1.1 Official Name of Approved Housing Body:**

1.2 Contact Details

1.2.1 Office Address

If you click Next without answering a required (*) question, you will be unable to continue.

⚠ This question requires an answer.

* **1.2.2 Contact Details**

Telephone Number	
Email Address	
Website Address *(if applicable)*	

General Information continued

1.3 Key Contacts

* 1.3.1 Chairperson

Name

Telephone Number

Email

Chief Executive (*if applicable*)

Name

Telephone Number

Email

* 1.3.2. Contact Person for Regulation Purposes

Name

Role in Organisation

Email

Telephone Number

You must enter the key contacts name and contact details in 1.3.1 and 1.3.2 in order to continue.

1.4 DECLARATION

This confirms that the Board of the AHB (or a sub-committee that the Board has delegated responsibility to) has verified that the data and information provided within the Return is an accurate and true reflection of the activities of the AHB.

* Please provide date of the meeting when the Board approved the submission of the Annual Regulatory Return

	DD	MM	YYYY
Meeting Date		/	/

* Name of the person authorising this return on behalf of the Organisation

I certify for, and on behalf of, the above organisation that the information reported in this Annual Regulatory Return is accurate and is a fair representation of the organisation for 2016

Name	
Position	

Please ensure you save each page before continuing

You must provide the date of the meeting when the board approved the submission of the return and the name and position of the person authorising the return in order to continue.

General Information continued

1.5 Company Type

To answer any multiple choice question, simply click on the circle beside the correct answer.

1.5.1 Please indicate what type of company your organisation is:

○ Company Limited by Guarantee
○ Charitable Trust
○ Friendly Society
○ Association
○ Designated Activity Company
○ Other (please specify)

[   ]

If none of the options provided are suitable you can click Other and enter the suitable answer in the textbox.

1.6 Core Objective

Please outline the core objective of the organisation and the particular target group for housing purposes e.g. 'our focus is on housing older persons'

1.6.1 Please state the primary objective of the organisation

[   ]

You can type your organisations core objective in text in box.

1.6.2 Does the organisation provide any services/supports for example day services, meal services, childcare etc.?

○ Yes
○ No

Select Yes or NO

General Information *continued*

1.7.1 Does the organisation employ any paid staff?

○ Yes

○ No

> You must select Yes or No here in order to continue.

1.7.2 If yes, please provide the number of staff directly employed in the provision and management of housing.

If you answered Yes to 1.7.1 please select the number of units, **if you answered No you must enter 0 to continue**

	Number of Staff
Please select number of staff	◆

> Click on the drop down box to release a number list, then select the correct amount from this list.

This process can be completed to answer question 1.7.3 and 1.7.4.

Please ensure you save each page before continuing
You are 20% complete

> After each section you are notified what percentage is complete.

SECTION 2: PROPERTY INFORMATION

Section 2: Property Breakdown Table

Please select the number of units that were owned, leased and manged by the organisation as at 31st December 2016, including the Location (local authority area) and funding type.

	Location	Number of Units	Funding Type
Owned 1	⬍	⬍	⬍
Owned 2	⬍	⬍	⬍
Owned 3	⬍	⬍	⬍
Leased 1	⬍	⬍	⬍
Leased 2	⬍	⬍	⬍
Leased 3	⬍	⬍	⬍
Managed 1	⬍	⬍	⬍
Managed 2	⬍	⬍	⬍
Managed 2	⬍	⬍	⬍

If the organisation has any further information in relation its units please provide below

Identify the units that are Owned, Leased and/or Managed in these 3 sections.

Click the Location dropdown box to release a list of Local Authority areas, you can then select the correct local authority area

Property Breakdown Table *continued*

Please select the number of units that were owned, leased and manged by the organisation as at 31st December 2016, including the Location (local authority area) and funding type.

	Location	Number of Units	Funding Type
Owned 1	Laois		
Owned 2			
Owned 3			
Leased 1			
Leased 2			
Leased 3			
Managed 1			
Managed 2			
Managed 3			

If the organisation has any further information in relation its units please provide below

Click the dropdown box to release a number list, you can then select the number of Owned units the organisation has in the already selected Local Authority area.

Click the dropdown box to release the Funding Type list, you can then select the funding type for the units already selected.

Property Breakdown Table *continued*

Please select the number of units that were owned, leased and manged by the organisation as at 31st December 2016, including the Location (local authority area) and funding type.

	Location	Number of Units	Funding Type
Owned 1	Laois	6	CAS(Owned)
Owned 2	Laois	1	CLSS(Owned)
Owned 3	Kildare	10	CLSS(Owned)
Leased 1			
Leased 2			
Leased 3			
Managed 1			
Managed 2			
Managed 3			

If the organisation has any further information in relation its units please provide below

If the organisation has units in more than one Local Authority area they can select details for these units in the next row in that section.

If the organisation has more owned units with a different Funding Type they can select details for these units in the next row.

Property Breakdown Table *continued*

Please select the number of units that were owned, leased and manged by the organisation as at 31st December 2016, including the Location (local authority area) and funding type.

	Location	Number of Units	Funding Type
Owned 1	Laois	6	CAS(Owned)
Owned 2	Laois	1	CLSS(Owned)
Owned 3	Kildare	10	CLSS(Owned)
Leased 1	Laois	4	From private property owners (Leased)
Leased 2			
Leased 3			
Managed 1	Laois	2	On behalf of a Private Property Owner(Managed)
Managed 2			
Managed 3			

If the organisation has any further information in relation its units please provide below

If the organisation has units in more than 3 Local Authority areas they can provide information on these units here.

The organisation can then repeat this process for units in the Leased and Managed section.

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Property Breakdown Table continued

⚠ Please enter a number. Decimals, percentages, and non-numeric characters are not accepted.

Please enter the overall total number of units that are owned, leased or managed by the organisation in 2016:

Total Number of all Owned, Leased and Managed Units should combine to equal the value for Total Number of all Units.

| Please Enter Total | Fourty three units | ✗ |

Please enter the overall total number of units that are owned, leased or managed by the organisation in 2016:

Total Number of all Owned, Leased and Managed Units should combine to equal the value for Total Number of all Units.

| Please Enter Total | 43 | ✓ |

Some questions throughout the return require a number answer. You must enter whole numbers only to these questions in order to continue, text, commas, and currency symbols will not be accepted.

Types of Units
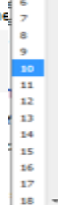
*2.2.1 Of the units listed in Section 2.1, how many are self-contained units?

(A unit is considered self-contained if it has the exclusive use of a bath/shower and c[...] facilities.)

If the organsiation has no self-contained units, **you must select 0 to continue**

Number of Self-Contained

| Please select number of self-contained units | ⇕ |

In this section the organisation can answer each question by selecting an amount of units from the drop down list.

*2.2.2 Of the units listed in Section 2.1, how many are **Non** self-contained units?

(A unit is considered non self-contained if it does not have the exclusive use of a bath/shower and cooking facilities.)

If the organsiation has no Non self-contained units, **you must select 0 to continue**

Number of Non Self-Contained Units

| Please select number of non self-contained units | 0 ⇕ |

If the organisation does not have self-contained or Non self-contained units, they **must select 0 in order to continue.**

Additional Information on Managed and/or Leased Units

This section is applicable only where the AHB manages or leases units to/from other AHBs. If this is not applicable please move to section 2.4.

2.3.1 If the organisation owns units and leases them **to** another AHB, please specify the name of each AHB and then number leased to each AHB.

Please enter AHB name

Please enter number leased to that AHB

In this section enter the AHBs name.

Enter the number of units managed or leased **to/from** other AHBs.

This can be repeated to complete for questions Question 2.3.2 and 2.3.3 if applicable.

Planned Units

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* 2.4.1 Does the organisation have plans to grow its units in the next 1-3 years?

○ Yes

○ No
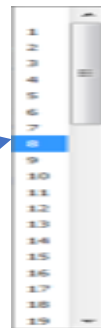
To complete question 2.4.1 select Yes or No.

2.4.2 If Yes, please state number of planned units

	Planned Unit Growth (1-3 Years)
CAS	5
Payment and Availability	3
Other	
Total	8

Identify the funding type in the left column and then select the amount of units from the drop down list.

Select the total amount of units combined from the bottom drop down list.

1
2
3
4
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6
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11
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14
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16
17
18
19

SECTION 3: GOVERNANCE

Board Details

*3.1.1 Please state the number of Board Members at Year End 2016

If the organisation has no Paid Directors, you must select 0 to continue

Please select number of Directors for each category

Please select total number of **Non Executive (Unpaid)** Directors	5 ⇕
Please select number total number of **Executive (Paid)** Directors	0 ⇕

To complete question 3.1.1, you can click on the drop down box and select an amount of directors. If the organisation has no paid directors you must select **0** to continue.

*3.1.2 How many times did the Board meet in 2016?

If the organisation has not met in 2016, you must select 0 to continue

Number of Meetings Held

Please select number of meetings	⇕

To complete question 3.1.2 you can click on the dropdown box and select the number of the amount of times the board has met. If the board has not met in 2016 you must select **0** to continue.

*3.1.3 Was there an AGM held in respect of the 2016 year?

○ Yes
○ No

To complete question 3.1.3 you must select Yes or No in order to continue.

3.1.4 Please confirm the following are resident in the State

One of the conditions of having Approved Housing Body status is that the board shall consist of not less than five individuals

each of whom should be ordinarily resident within the jurisdiction of the State

Resident in the State

The Chairperson	Yes ⇕
The Secretary	Yes ⇕
At least three other board members	No ⇕

To complete question 3.1.4 you can select Yes or No for each board member section.

Subcommittees

3.2.1 Does the organisation have subcommittees in place?

○ Yes

○ No

To complete question 3.2.1 you can click on the circle beside the correct answer.

3.2.2 If Yes, please select sub-committees in place within the organisation

	Please Select Yes/No
Audit and Risk	Yes ⏶⏷
Finance	Yes ⏶⏷
Allocations/Letting	No ⏶⏷
Maintenance/Repairs	Yes ⏶⏷
Policy and Procedure/Governance	No ⏶⏷

Question 3.2.2 can be completed by selecting Yes or No for each subcommittee from the drop down list.

Board Policies

* 3.3.1 Are the following Board Policies in place and reviewed in the last 2 years?

*The organisation must select Yes/No for each policy in place **and** Yes/No for each policy reviewed in the last 2 years in order*

to continue.

	Please select Yes/No for each	Reviewed in the last 2 years
Board Membership		
Board Membership Renewal		
Code of Conduct		
Conflict of Interest		
Register of Interest		

To complete question 3.3.1 you must select Yes or No for each policy that is in place and Yes or No for each policy has that been reviewed in the last 2 years.

3.3.2 If any of these policies are not in place, please provide explanation

You can enter explanatory text by clicking inside the box.

Related Parties

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* 3.4.1 Does the organisation have a **relationship** with another organisation, that is, a Parent, Subsidiary or a sister entity ?

☑ Yes

◯ No

To complete questions 3.4.1 and 3.4.2 you must click on the circle beside the correct answer in order to continue.

* 3.4.2 Does the organisations Audited Financial Statements(2016) reference related parties?

☑ Yes

◯ No

This is repeated to complete for questions 3.4.3, 3.4.4, 3.4.5, 3.4.6 and 3.4.7.

Related Parties *continued*

Please provide a copy of the service level agreement (SLA) *(if applicable)*

Please attach a copy the service level agreement here

Choose File   No file chosen

Please see Uploading Files guidance.

Relationships With Other Organisations

3.5.1 Does the organisation receive funding from the HSE?

○ Yes

○ No

To complete questions 3.5.1 and 3.5.2 you can click on the circle beside the correct answer.

3.5.2 Does the organisation receive funding from other state agencies?

(Excluding capital grant funding received from the Department of Housing, Planning and Local Government)

○ Yes

○ No

Governance Commentary

If the organisation wishes to provide additional commentary in relation to the organisations Governance, including strengthening and embedding Code requirements, it may do so here

In this section you can enter additional commentary text by clicking inside the comment box.

SECTION 4: FINANCIAL & BUSINESS MANAGEMENT

Audited financial Statements

4.1.1 Does the organisation have a full set of audited financial statement for the last financial year (2016)?

○ Yes

○ No

4.1.2 Has the auditor issued a modified/qualified audit opinion in relation to these accounts?

○ Yes

○ No

If yes, please attach a modified/qualified audit opinion

Pease attach modified/qualfied audit opinoin here

| Choose File | No file chosen |

4.1.3 Did the external Auditor provide an Audit Management Letter in respect of the last financial year (2016)?

○ Yes

○ No

If yes, please attach a copy of the Audit Management Letter

Please attach a copy of the Audit Management Letter and the organisation response here.

| Choose File | No file chosen |

To complete 4.1.1, 4.1.2 and 4.1.3 you can click on the circle beside the correct answer.

Please see Uploading Files guidance.

Tax Clearance & Sinking Fund

Tax Clearance

4.2.1 Is the organisation tax compliant?
- ○ Yes
- ○ No

To complete question 4.2.1 you can click on the circle beside the correct answer.

Sinking Fund

* 4.3.1 Does the organisation have a sinking fund in place?
- ○ Yes
- ○ No

⚠ Please enter a number. Decimals, percentages, and non-numeric characters are not accepted.

To complete question 4.3.1 you can click on the circle beside the correct answer. You must answer this question in order to continue.

4.3.2 If yes, what was the level of the sinking fund provision at year 2016?

Please insert amount here   €10,000   ❌

4.3.2 If yes, what was the level of the sinking fund provision at year 2016?

Please insert amount here   10000   ✅

To complete question 4.3.2 you must enter the sinking fund level as a whole number text, commas, or currency symbols will not be accepted.

Sinking Fund continued

4.3.3 If the organisation did not have a sinking fund in place, please provide an explanation

You can answer 4.3.3 by clicking inside the comment box and providing an explanation.

4.3.4 Has the organisation completed a stock condition survey?
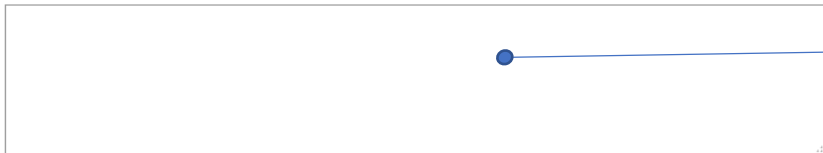
○ Yes
○ No

You can answer 4.3.4 by selecting Yes or NO

Finance Commentary

4.4.1 If the organisation wishes to provide additional commentary in relation to the organisations Financial Management, it may do so here

In section you can enter additional commentary text by clicking inside the comment box.
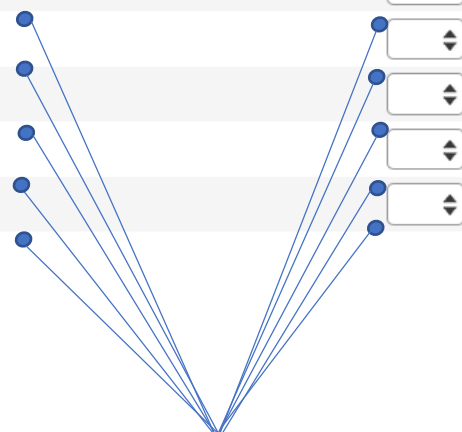
SECTION 5: PERFORMANCE MANAGEMENT

Tenant Service Policies

* 5.1.1 Are the following Tenant Service Policies in place and reviewed within the last 2 years?

*The organisation must select Yes/No for each policy in place **and** Yes/No for each policy reviewed in the last 24 months in order to continue.*

	Please select Yes/No	Reviewed in the last 2 years
Complaints Policy		
Allocations Policy		
Voids Policy		
Repairs Policy		
Rent Arrears policy		

To complete question 3.3.1 you must select Yes or No for each policy that is in place and Yes or No for each policy that has been reviewed in the last 2 years.

Tenant Services

Policies contd:

5.1.2 If these policies or a number of these policies are not in place, please provide explanation

In section you can enter explanatory text by clicking inside the comment box.

Communicating With Tenants

5.3.1 Please advise how the organisation engages and communicates with tenants

Please select Yes/No for each method

Newsletters	
Meetings/Visits	
Tenant Surveys	
Electronic/Organisation Website	

Question 5.3.1 can be completed by selecting Yes or No for each communication method section from the drop down list.

Communicating With Tenants

* 5.3.2 Does the organisation provide pre-tenancy training?

○ Yes

○ No

To complete questions 5.3.2 and 5.3.3 you must select Yes or NO.

* 5.3.3 Does the organisation provide a tenant handbook?

○ Yes

○ No

Void Management

5.4.1 Please select the total number of void properties during the 2... year

Number of Void Properties

Please select the total number of void properties	[▲▼]

Dropdown list: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, **10**, 11, 12, 13, 14, 15, 16, 17, 18

Questions 5.4.1 can be completed by selecting the number of units from the drop down list provided.

5.4.2 What was the average length of a void in 2016 year?

Number in Weeks

Please select the average length of a void in weeks	[▲▼]

Question 5.4.2 can be completed by selecting an amount of weeks from the drop down provided.

5.4.3 What was the primary reason for void properties during 2016?

○ Nomination Delays

○ Refurbishments/Repairs

○ Lack of Demand

Question 5.4.3 can be completed by clicking on the circle beside the correct answer.

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Rent Payments and Arrears

5.5.1 Does the organisation charge rent?

○ Yes
● No
○ N/A

Question 5.5.1 can be completed by clicking on the circle beside the correct answer.

If No, please provide explanation relating to non-charging of rent

In section you can enter explanatory text by clicking inside the comment box.

5.5.2 Please enter total amount of **RENT DUE** in 2016?

Please Enter Total   €43,000   ❌

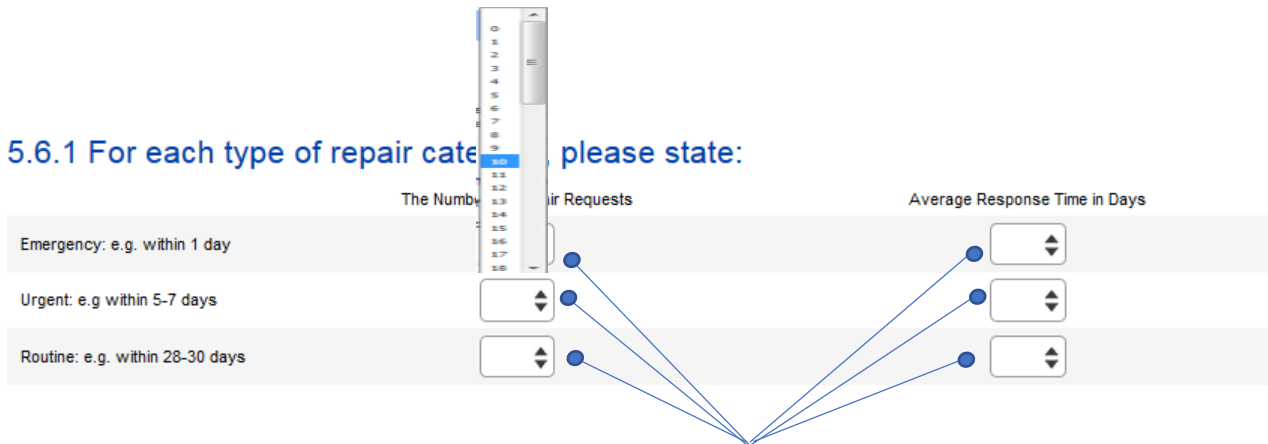5.5.2 Please enter total amount of **RENT DUE** in 2016?

Please Enter Total   43000   ✔️

To complete question 5.5.2 you must enter the Rent Due amount as a whole number text, commas, and currency symbols will not be accepted. This process can be repeated to complete 5.5.3 and 5.5.4.

Repairs

5.6.1 For each type of repair category, please state:

	The Number of Repair Requests	Average Response Time in Days
Emergency: e.g. within 1 day		
Urgent: e.g within 5-7 days		
Routine: e.g. within 28-30 days		

To complete question 5.6.1 you can select the number of Repair Request from the drop down list to the left and the Average Response time in Days in the drop down list to the right.

5.6.2 If the organisation does not currently collect information on repairs, or has not reported on this above, please provide explanation

In section 5.6.2 you can enter explanatory text by clicking inside the comment box.

Management and Maintenance Costs

5.7.1 What was the average management cost per unit during 2016

Please Enter Overall Costs   €55,000   ❌

5.7.1 What was the average management cost per unit during 2016

Please Enter Overall Costs   55000   ✔️

To complete question 5.7.1 you must enter the average management cost amount as a whole number, text, commas and currency symbols will not be accepted. This process can be repeated to complete 5.7.2.

Asset Register

5.8.1 Does the organisation maintain an asset register in respect of its housing stock?

○ Yes

○ No

Question 5.8.1 can be completed by clicking on the circle beside the correct answer.

HAPM Results

If the organisation participates in the 'Housing Association Performance Management' (HAPM) or the 'Co-Operative Housing Quality Service Provision Review,' the AHB should also attach a copy of the annual results from this process here.

Choose File   No file chosen

Here you can upload files as per the Uploading Files section of the training manual.

Service Performance Commentary

If the organisation wishes to provide additional commentary in relation to the organisations Service Performance Management, it may do so here

In this section you can enter additional commentary text by clicking inside the comment box.

SECTION 6: CHARTER OF COMMITMENT

Charter of Commitments Renewal

Charter of Commitment is required to be signed off on an Annual Basis. Completion of Name, provides confirmation of commitment to the Code

We confirm that we will comply with the requirements set out in the Voluntary Regulation Code, appropriate to our organisational type. We are

committed to reviewing our organisational practice against the Code on an annual basis.

Name (Board Chairperson)

Email (Board Chairperson)

Name (Board Secretary)

Email (Board Secretary)

To complete the Charter of Commitments Renewal the organisation must enter the name and email for both the Chairperson and Secretary.

And Finally….SUBMIT

Ensure All Relevant Documentation Is Submitted

Please review to ensure all necessary documents are attached to this form as part of the Annual Regulatory Return submission:

- A copy of the Modified/Qualified Audit Opinion (if applicable)
- Audit Management Letter and the organisation's response (if applicable)
- Service Level Agreement regarding related parties (if applicable)
- The detailed HAPM survey response or the Co-Operative Housing Ireland performance management response (if applicable)

Please ensure you have completed each section of this form before submitting.

Should the Regulation Office have any question we will be in contact in due course.

Prev | Submit

Before submitting this return review the checklist to ensure all applicable files are uploaded using the Previous and Next buttons.

Ensure to Submit!

To submit the return click on this Submit button.

THANK YOU!!