

**INTERNAL COMPLIANCE REVIEW  
HARDEST HIT FUND**

**1<sup>st</sup> QUARTER OF FISCAL YEAR 2017  
(JULY 1, 2016 – SEPTEMBER 30, 2016)**



**HARDEST HIT FUND  
INTERNAL COMPLIANCE REVIEW  
1<sup>ST</sup> QUARTER OF FY 2017**

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To the Board of Directors and Management  
Nevada Affordable Housing Assistance Corporation (NAHAC)

We have performed the procedures enumerated in Section V, “Scope of Services”, of this report for activity that occurred in the first quarter (Q1) of fiscal year (FY) 2017. We were engaged by NAHAC management and the Board of Directors, solely to assist with respect to completing section 4.B of your “Commitment to purchase financial instrument and HFA participation agreement” with the U.S. Department of the Treasury (UST), related to the Internal Compliance and Control Program, as outlined in the Hardest Hit Fund (HHF) Risk and Control Matrix framework.

Management of NAHAC is responsible for its financial reporting and internal control systems. The sufficiency of the procedures performed is solely the responsibility of the Board of Directors and Management of NAHAC. Consequently, we make no representation regarding the sufficiency of the procedures described in Section V to this report for the purpose for which this report has been requested or for any other purpose.

The findings, recommendations, and observations pertaining to Q1 FY 2017 are described in Section III of this report. Prior findings and observations, including the current status on those findings and observations, are described in Section IV of this report.

NAHAC’s legal counsel is responsible for the monitoring of general compliance with applicable rules and regulation.

We were not engaged to, and did not conduct an examination, the objective of which would be the expression of an opinion on the internal control systems management has in place. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of Management, the Board of Directors, external auditors and UST. This report is not intended to be and should not be used by anyone other than these specified parties.

Las Vegas, Nevada  
December 19, 2017

## I. EXECUTIVE SUMMARY

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We are pleased to provide our report on the internal compliance review procedures performed by Ellsworth & Stout, LLC (E&S). These procedures were performed for NAHAC covering Q1 FY2017, which includes the period of July 1, 2016 through September 30, 2016. The overall objective of this engagement is to assist the Board of Directors and Management in fulfilling NAHAC’s internal compliance and control program requirement per the HHF Risk and Control Matrix (RACM).

The internal compliance review procedures are included in Section V.

### FINDINGS AND OBSERVATIONS

Based upon the results of our procedures, certain matters came to our attention and are discussed in more detail in Section III, “Findings, Recommendations, and Observations”, of this report. A “finding” is defined as a matter having a direct internal control impact. Observations are opportunities to enhance efficiencies of operations and may be considered best practices within the industry. Unless otherwise noted, no unreported findings were identified related to the procedures performed.

Section IV, “Prior Findings and Observations”, of this report includes the tracking and status updates for findings from previous quarters.

The following Summary of Findings includes new findings from our Q1 FY2017 testing only.

#	SUMMARY OF NEW FINDINGS	RISK RATING
<b>General</b>		
	None noted	
<b>Eligibility / Underwriting</b>		
1	Supporting data did not match the QPR.	Low
2	“In Default” section of QC Checklist does not have a “not applicable” option.	Low
3	Underwriting Guidelines do not match the approved term sheets.	Moderate
<b>HHF Funds, Property and Other Assets</b>		
	None noted	
<b>Reporting</b>		
1	Monthly report was submitted late to UST.	Low
<b>Program Expenses</b>		
	None noted	
<b>Administrative Expenses</b>		
1	There are conflicting NAHAC policies in place.	Moderate
2	An expense was recorded in the wrong fiscal year.	Low
3	Approval of expenses did not follow current policies and procedures in place.	Low
4	No policy exists for recurring expenses.	Moderate
<b>Fraud and Conflicts of Interest</b>		
	None noted	
<b>IT Environment and Data Security</b>		
	None noted	

## **EXECUTIVE SUMMARY - Continued**

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### **RISK RATINGS**

The risk ratings applied to findings in this report are based on our experiences performing similar procedures at other organizations. These ratings are intended to assist management with prioritizing the importance of taking action on the findings identified. We believe all findings, regardless of the risk rating assigned, if not addressed, could lead to significant issues. We recommend management track the resolution of findings identified, and any follow-up actions should be reported to the Board of Directors.

The definitions of these ratings appear in the next section of this report. In accordance with this rating system, we have assigned the following ratings for each of the HHF RACM areas. These ratings are based on current quarter testing, as well as unresolved prior quarter findings.

#### **Risk Assessment Area**

#### **Q1 Risk Rating**

General	Satisfactory
Eligibility and Underwriting	Needs Improvement
HHF Funds, Property, and Other Assets	Satisfactory
Reporting	Needs Improvement
Program Expenses	Satisfactory
Administrative Expenses	Satisfactory
Fraud and Conflicts of Interest	Exceptional
IT Environment and Data Security	Exceptional

## II. DEFINITION OF RATINGS

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### RATINGS OF RISK AND CONTROL MATRIX AREAS

The following ratings of the HHF RACM areas are based solely on the procedures performed and relate only to the items tested. Had we performed additional procedures, other matters might have come to our attention that could have changed an internal compliance area's rating.

- **Exceptional** – No control improvements or other recommendations were identified.
- **Satisfactory** – No critical or high internal control deficiencies or other issues identified, but certain control improvements and other recommendations were identified that should be implemented as resources permit within a reasonable time.
- **Needs Improvement** – No critical internal control deficiencies identified. One or more than one high-rated deficiency or other issues were identified. The findings require management's prompt corrective action.
- **Unsatisfactory** – One or more than one critical internal control deficiency or other issue and/or more than three high-rated deficiencies or other issues were identified. The findings warrant immediate attention by management for corrective action to allow the internal control systems to function effectively.

### RATINGS OF INTERNAL AUDIT FINDINGS

- **Critical** – Indicates a significant matter requiring immediate attention and involvement by the Board of Directors and senior management.
- **High** – Indicates a significant matter requiring immediate attention by senior management and possibly the Board of Directors.
- **Moderate** – Indicates a matter to be given priority by management and, if not immediately addressed, may significantly impair the control structure or operating effectiveness of the internal control systems.
- **Low** – Indicates a matter to be addressed in the normal course of business, which may be of sufficient importance to be brought to management's and the Board of Director's attention.

### III. FINDINGS, RECOMMENDATIONS, AND OBSERVATIONS

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#### General

No findings identified in the current period.

#### Eligibility / Underwriting

##### **Finding #1: Supporting data did not match the QPR.**

**Risk Rating: Low**

**Observation:** E&S noted that the total files funded, denied, and withdrawn per the DMS data did not match the QPR by 1, -4, and -2 files, respectively.

**Recommendation:** We recommend NAHAC implement procedures to ensure the accuracy of supporting data used to complete the QPR.

**Management Response:** NAHAC is working with UST to finalize the data validation of the new NMAS system, including the convergence of such data with the QPR reports.

##### **Finding #2: “In Default” section of QC Checklist does not have a “not applicable” option.**

**Risk Rating: Low**

**Observation:** On the QC Checklists, the “In Default” section does not contain an option for “not applicable”. This makes it unclear as to whether this section was applicable and simply not completed, or whether it was truly not applicable.

**Recommendation:** We recommend adding an “N/A” box to the QC Checklists.

**Management Response:** NAHAC will add an “N/A” box to the “In Default” section of the QC Checklists.

##### **Finding #3: Underwriting Guidelines do not match the approved term sheets.**

**Risk Rating: Moderate**

**Observation:** The Underwriting Guidelines do not include the following requirements per the approved term sheets:

“For a Modification or Reamortization, the servicer must utilize the PRP monies to bring the primary mortgage current before applying PRP monies to the homeowner’s principal balance.”

**Recommendation:** The Underwriting Guidelines should be updated accordingly to match the term sheets.

## **FINDINGS, RECOMMENDATIONS, AND OBSERVATIONS - CONTINUED**

**Management Response:** NAHAC has changed its procedures to start with the term sheets and add to it to create their Underwriting Guidelines.

### **HHF Funds, Property and Other Assets**

No findings identified in the current period.

### **Reporting**

#### **Finding #1: Monthly report was submitted late to the UST.**

**Risk Rating: Low**

**Observation:** Monthly report for August 2016 was submitted to the UST 15 business days late.

**Recommendation:** We recommend NAHAC add the deadline to the Annual Calendar and set up reminders for those who are responsible for preparing and submitting the report.

**Management Response:** NAHAC has added the monthly report to the Annual Calendar, which will be implemented beginning January 2018.

### **Program Expenses**

No findings identified in the current period.

### **Administrative Expenses**

#### **Finding #1: There are conflicting NAHAC policies in place.**

**Risk Rating: Moderate**

**Observation:** The purchases and procurements policy states that a purchase order (PO) or work order (WO) is required for all purchases of goods or services; however, the cash disbursement policy procedure states that a check request form can also be used in lieu of a PO and WO.

**Recommendation:** We recommend NAHAC review and update policies and procedures so no conflicts exist and so that they align with current practices.

**Management Response:** NAHAC will review and update policies and procedures.



## **FINDINGS, RECOMMENDATIONS, AND OBSERVATIONS - CONTINUED**

### **Finding #2: Expense was recorded in the wrong fiscal year.**

**Risk Rating: Low**

**Observation:** During testing of administrative expenses, out of 17 samples selected, we discovered one expense that was recorded in the wrong fiscal year.

**Recommendation:** We recommend NAHAC perform a review of all expenses close to year-end to ensure cut-off is accurate.

**Management Response:** NAHAC has now hired a third-party CPA firm to perform this function and has instructed them to perform cut-off procedures.

### **Finding #3: Approval of expenses did not follow current policies and procedures in place.**

**Risk Rating: Low**

**Observation:** Out of 17 samples selected, we discovered two expenses that did not have a PO or WO per policy. However, both transactions were approved by the Chairman/President via email.

**Recommendation:** We recommend following current policies and procedures that have been approved and update and policies in the future as necessary.

**Management Response:** NAHAC has changed its procedures to ensure that proper authorization is obtained for all transactions. In addition, all checks are signed by two individuals for additional control over authorization.

### **Finding #4: No policy exists for recurring expenses.**

**Risk Rating: Moderate**

**Observation:** Out of 17 samples selected, we discovered two recurring expenses that did not have a PO or WO per policy. Per inquiry of the accounting clerk, the current procedure in place has been to only include a check request form for recurring expenses (e.g. utilities).

**Recommendation:** We recommend either following current policies and procedures or updating them to include current practices.

**Management Response:** NAHAC will consider updating its policies regarding recurring expenses.

### **Fraud and Conflicts of Interest**

No findings identified in the current period.

### **IT Environment and Data Security**

No findings identified in the current period.

#### IV. PRIOR FINDINGS AND OBSERVATIONS

#	Tracking of Outstanding Findings	Risk Rating	Management Response and Status Update, If Available
<b>General Findings:</b>			
<b>Findings from Q1 FY2016</b>			
1	Policy and Procedure (P&P) Annual Approval ( <i>Repeat</i> )	Moderate	This has been added to the Annual Calendar in July and will be completed in July 2018.
2	Standard Operating Procedure (SOP) Approvals ( <i>Repeat</i> )	Low	Management is considering merging the SOPs into the P&P manual, which will eliminate the additional need for approval.
3	Timeliness of Internal Compliance Monitoring ( <i>Repeat</i> )	Moderate	NAHAC has implemented an Annual Calendar with specific timelines to ensure deadlines are met including future internal compliance reviews. NAHAC will assign responsibilities to ensure accountability. E&S is in the process of performing internal control reviews for the outstanding periods through current.
4	P&P Updates Required ( <i>Repeat</i> )	Low	NAHAC is in the process of making many programmatic changes and will be updating the P&P over the next few months.
<b>Eligibility and Underwriting:</b>			
<b>Findings from Q4 FY2016</b>			
1	Checklists have not been updated to match Term Sheets and Guidelines ( <i>Repeat</i> )	High	Current checklists and underwriting guidelines have been reviewed to ensure they match with the current term sheet information.
<b>HHF Funds, Property, and Other Assets:</b>			
<b>Findings from Q4 FY2016</b>			
1	A lien was not released in a timely manner	Moderate	Resolved. No findings noted in current quarter testing.

**PRIOR FINDINGS AND OBSERVATIONS - CONTINUED**

<b>Reporting:</b>			
<b>Findings from Q1 FY2016</b>			
1	Accuracy of the Quarterly Performance Reports ( <i>Repeat</i> )	High	For Q1, E&S was still unable to reconcile the Total # of Applications and the Applications in Process on the QPR. C&C Consulting (NAHAC vendor) was unable to provide supporting data and calculations for those fields. This finding will be closed by reference upon full implementation of the NMAS system. NAHAC is currently working with 3rd party contractors to review, validate and rebuild, if necessary, all data from past databases as part of the NMAS migration.
2	Timeliness of Submission of the Annual Eligible Entity Certification ( <i>Repeat</i> )	Low	This has been included on the Annual Calendar in June and will be completed by June 23, 2018. Timely reminders will be sent to parties involved to ensure deadlines are met.
<b>Findings from Q4 FY2016</b>			
1	An annual budget was not prepared ( <i>Repeat</i> )	Low	Resolved. NAHAC has added the preparation of the annual budget to its Annual Calendar in June. An annual budget was prepared and utilized for all of FY2017.
2	The Bring-Down Certificate was submitted late ( <i>Repeat</i> )	Low	This has been included on the Annual Calendar in June and will be completed by June 23, 2018. Timely reminders will be sent to parties involved to ensure deadlines are met.
3	Financial reports were not presented timely to the board ( <i>Repeat</i> )	Moderate	NAHAC has changed its procedures to email the financial report upon completion of the monthly close, regardless of when the next board meeting is scheduled.
4	A complete "Annual Calendar" was not implemented ( <i>Repeat</i> )	High	NAHAC will be implemented its annual calendar effective January 1, 2018.
5	Past tax returns have not been posted on NAHAC's website ( <i>Repeat</i> )	Low	NAHAC is considering whether to update its by-laws to change this requirement as the information is already publicly available through other resources.

**PRIOR FINDINGS AND OBSERVATIONS - CONTINUED**

<b>Program Expenses:</b>			
<b>Findings from Q4 FY2016</b>			
1	The cash disbursement policy does not address program related disbursements <i>(Repeat)</i>	Low	NAHAC is in the process of making many programmatic changes and will be updating the P&P over the next few months.
<b>Administrative Expenses:</b>			
<b>Findings from Q3 FY2016</b>			
3	Expense Not Posted to General Ledger Timely <i>(Repeat)</i>	Low	NAHAC will update the policy to show that expenses will be reviewed for cutoff as of year-end.
<b>Findings from Q4 FY2016</b>			
1	HHF funds were used for unallowable expenses in accordance with OMB A-87.	Critical	Resolved. These funds were reimbursed on April 14, 2017 from non-HHF funds, and made available for future HHF expenses, in accordance with NAHAC and UST.
<b>Fraud and Conflicts of Interest:</b>			
<b>Findings from Q2 FY2016</b>			
1	Vendor Monitoring Issue	Low	Resolved. This was completed in August 2017. NAHAC has added a vendor review to its Annual Calendar for January of each year.
<b>Findings from Q4 FY2016</b>			
1	Annual conflict of interest statements had not been obtained.	Low	Resolved. This was completed for Fiscal year 2017, and has been added to the Annual Calendar for April 2018 forward.
<b>IT Environment and Data Security:</b>			
<b>Findings from Q4 FY2016</b>			
1	Data was not validated when systems changed.	Low	Resolved. A data validation was performed by Speridian in correlation with the implementation of the NMAS system and Treasury reporting requirements.

## V. SCOPE OF SERVICES

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The dates utilized for our testing were July 2016 through September 2016, unless otherwise noted.

### **Planning Procedures:**

- 1 Obtain and read the approved NAHAC Policies and Procedures (P&P) relevant to the UST HHF Risk and Control Matrix (RACM) that were in effect during the quarter being tested. Document any changes. ( M:\Policies & Procedures )
- 2 Obtain the prior period internal compliance review reports, including the tracking of prior compliance findings, and assess for relevancy to the quarter being tested, to determine if the finding has been resolved.
- 3 Obtain the most recent U.S. Department of Treasury (UST) compliance review reports, and assess for findings relevant to the quarter being tested, to determine if the finding has been resolved.
- 4 Obtain and read the most recent external audit reports and management letters for relevant matters.
- 5 Document or update a summary of internal controls by RACM section, including a description of the control environment, and walkthrough controls as deemed necessary to gain an understanding of design and implementation of internal controls over compliance and accounting.
- 6 Review the prior period risk assessment.
- 7 Perform risk assessments for each RACM section for the current period.
- 8 Discuss planning and review procedures with engagement team and document significant items discussed in "Planning Summary and Notes".
- 9 Establish or review the sampling methodology and review procedures for each RACM section.

### **Eligibility and Underwriting:**

- 1 Obtain the following Approval, Withdrawal, Denial, and Funded Testing Populations for the quarter being tested: Obtain these loan-level populations from the Data Management System (DMS) ([www.nevadahhf.com](http://www.nevadahhf.com)):
  - a. B1 Approvals, Denials, and Withdrawals (3 separate populations)
  - b. B2 Approvals, Denials, and Withdrawals (3 separate populations)
  - c. B4 Approvals, Denials, and Withdrawals (3 separate populations)
  - d. B8 Approvals, Denials, and Withdrawals (3 separate populations)
  - e. Reconveyances (obtain population from the R Drive: Lien Satisfaction Recovery Reports)
- 2 Determine if the aforementioned populations reconcile to the Quarterly Performance Report (QPR) for the quarter being tested.
- 3 Determine sample sizes based on the lower of 30 items or 10% of population (see planning program)
  - a. Randomly select our samples from each aforementioned population.
- 4 Obtain the Underwriting Checklist Template for each program from <U:\Underwriting Forms\Underwriting Checklists>, and determine if each checklist aligns with the applicable HPA Term Sheet.
- 5 Obtain the Underwriting Guidelines for the B1, B2, B4, and B8 programs that were in effect during the quarter being tested, and determine if documented underwriting guidelines describe in detail the eligibility determination and underwriting requirements.
- 6 Determine if the Underwriting Guidelines for the B1, B2, B4, and B8 programs align with the applicable HPA Term Sheet.
- 7 Determine if the P&Ps related to Eligibility and Underwriting align with the B1, B2, B4, and B8 HPA Term Sheets.

## SCOPE OF SERVICES - CONTINUED

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- 8 Complete the following testing, as applicable, for all B1, B2, B4, and B8 Approvals, Denials and Withdrawals in our sample. Our testing calculators encompass the following:
  - a. For Approvals:
    - i. Determine if all Eligibility Criteria, including additional Eligibility Criteria for each structure of principal reduction, if applicable, was assessed based on the applicable underwriting guidelines.
    - ii. Determine if the Underwriting Checklist was completed.
    - iii. Determine if the approval decision was communicated to the borrower.
    - iv. Determine if eligibility pertaining to Program Exclusions was accurately assessed.
    - v. If the loan closed during the quarter being tested, determine if there is a complete closing package. A complete closing package is defined by the Closing Instructions for the title company.
    - vi. Review for red flags as detailed in the NAHAC Red Flag Policy.
  - b. For Denials:
    - i. Determine if the Denial QC validation form was accurately completed.
    - ii. Determine if the denial decision was communicated to the borrower via a decline letter.
    - iii. Determine if the decline reason documented in the decline letter corresponds to the documented decline reason in the DMS.
    - iv. Determine if the decline reason is per any applicable Program Exclusions.
    - v. Review for red flags as detailed in the NAHAC Red Flag Policy.
  - c. For Withdrawals:
    - i. Determine if the borrower withdrawal is documented in DMS.
    - ii. If the withdrawal occurred as a result of borrower communicating to Underwriting that there is no longer interest in the assistance, determine if the withdrawal reason is
    - iii. If the withdrawal occurred as a result of borrower not timely providing documentation requested from underwriting, determine if the borrower was allowed at least 7 business days to provide the missing or incomplete documentation prior to the withdrawal decision.
    - iv. Determine if the Withdraw QC validation form was accurately completed.
- 9 Complete testing on our sample of Reconveyances that occurred during the quarter being tested. Our reconveyance testing encompasses the following:
  - a. Determine if the reconveyance was recorded within 30 days of the request.
  - b. Determine if the recovery amount is correct per the repayment percentage outlined in the Promissory Note.
- 10 Determine if NAHAC staff are sufficiently qualified and trained to (1) inquire and obtain the minimum required documentation from potential HHF borrowers to determine eligibility, and (2) summarize and document their recommendations based on review and evaluation of the eligibility underwriting process performed.

## **SCOPE OF SERVICES - CONTINUED**

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### **HHF Funds, Property and Other Assets:**

- 1 Obtain evidence of Treasury approved bank account with Bank of New York Mellon.
- 2 Determine if HHF Funds are properly segregated from non-HHF Funds.
- 3 Determine if program and administrative funds, property and other assets, duties over custody of cash, disbursement approval, recording, reconciling, and report review duties are segregated.
- 4 Determine whether all liens are being adequately tracked, that liens released are in accordance with term sheets, including any required recoveries. (Note: The same sample used for eligibility testing for reconveyances can be used for this testing procedure.)

### **Reporting:**

- 1 Obtain the Quarterly Performance Report (QPR) and the Quarterly Financial Report (QFR) submitted to UST for the quarter being tested.
  - a. Determine if the QPR posted to the website (NAHAC.org) are the same version of the reports that were provided to UST.
  - b. Determine if the QPR and the QFR were submitted to UST timely (45 days after the end of the quarter and annually). Quarterly (Feb. 15, Apr. 15, Aug. 15, Nov. 15)
  - c. Determine if the financial and non-financial amounts and percentages on the QPR and the QFR agree to supporting evidence from DMS, Quick Books, or other applicable NAHAC sources.
- 2 During testing, determine if NAHAC submitted and obtained approval from the Board of Directors for the budget for the following fiscal per policy. (Step ONLY applicable in Q4)
- 3 Determine if NAHAC submitted monthly activity reports timely (4 business days after the end of the month) to UST for the quarter. Ensure the reports are complete and accurate.
- 4 Determine if NAHAC engages an external auditor, and that the external auditor completes annual audited financial statements no later than 120 (Oct 28th) days after the end of the fiscal year.
- 5 Determine if the annual audited financial statements are submitted to UST, as required by the HPA, no later than 180 (Dec 27th) days after year end of the fiscal year.
- 6 Determine if NAHAC completed the following reporting, and submitted it to UST:
  - a. Bring-Down Certificate (annually by June 23).
  - b. Annual Eligible Entity Certifications (annually by June 23).
- 7 Determine if NAHAC completed the following reporting and submitted it to the IRS. Complete testing on a quarterly basis for any reporting where the due date falls within the quarter being tested.
  - a. Form 8868: Application for Automatic Extension of Time To File an Exempt Organization Return
  - b. Form 8879-EO: IRS e-file Signature authorization for Exempt Organization (filed with 990) (November 15)
  - c. Form 990: Corporate and IRS 990 requirements for NAHAC (November 15 initial deadline, ext can be filed for due dates on February 15 and May 15)
  - d. NV SUI Forms (Quarterly: July 31, August 31, September 30)
  - e. NV Quarterly Wage Report (Quarterly: July 31, August 31, September 30)

## **SCOPE OF SERVICES - CONTINUED**

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- f. Form 941: Payroll and G/L Reconciliation (reconcile ADP report to G/L) (Quarterly: July 31, August 31, September 30)
  - g. Form 940: Payroll and G/L Reconciliation (reconcile ADP report to G/L) (January 31) - Step ONLY applicable in FYQ2 testing.
  - h. Form 1098: Mortgage Assistance Payments (January 31) - Step ONLY applicable in FYQ2 testing.
  - i. Form 1099: A/P Payments (January 31) - Step ONLY applicable in FYQ2 testing.
  - j. Form W-2s: Employee Annual Wage Statements (January 31) - Step ONLY applicable in FYQ2 testing.
- 8 Determine if NAHAC completed the following reporting, and submitted it to the State of Nevada. Complete testing on a quarterly basis for any reporting where the due date falls within the quarter being tested.
- a. NV Annual List of Officers and Directors (February 28) - Step ONLY applicable in FYQ3 testing.
  - b. NV State Business License (expires August 31) - Step ONLY applicable in FYQ1 testing.
- 9 Determine if NAHAC maintains documentation of the internal control program (ICP). If material modifications were made to the ICP, ensure NAHAC notified Treasury in writing and received approval prior to change.
- 10 Determine if the annual audited financial statements and Form 990 are posted to NAHAC's website. ([www.nahac.org](http://www.nahac.org))

### **Program Expenses:**

- 1 Perform the following testing to determine if NAHAC disbursements made to servicers were for approved amounts that have been authorized through NAHAC's eligibility and underwriting process.
  - a. For the sample of the approved borrower loan assistance tested under the current quarter's eligibility testing, determine if the approved borrower assistance amount agrees to the amount disbursed.
    - i. Determine if the disbursement was posted to the correct program general ledger expense account.
    - ii. Determine if the payment issued in accordance with the approved policies and procedures in place for the quarter to include proper authorization and processing of payment.
    - iii. Review NAHAC's list of approved servicers and determine that all funds disbursed were made to an approved servicer in accordance with the terms of the servicer contract.

### **Administrative Expenses:**

- 1 Obtain the detailed GL activity for GL accounts that are grouped in the QFR as Operating/Administrative, Transaction Related and Counseling expenses (51001 through 791002) excluding journal entries.
- 2 Select a sample of the lower of 10% or 30 from the above population.
- 3 Perform testing on the sample selected to test for compliance with the HPA and policies and procedures to include the following:
  - a. Trace to supporting documentation such as invoices, receipts and travel reimbursement requests as applicable.
  - b. Determine if the transaction was authorized and paid in accordance with the approved policies and procedures in place during the current quarter.
  - c. Determine if the transaction was posted to the proper expense account or other applicable general ledger account.



## **SCOPE OF SERVICES - CONTINUED**

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- d. Determine if the transaction was posted to the proper period.
- e. Determine if the transaction would be allowable in accordance with the Uniform Guidance.
- f. Determine if the transaction was for HHF purposes.

### **Fraud and Conflicts of Interest**

- 1 Obtain and read any reporting submitted to UST and Attorney General regarding fraud findings.
- 2 Determine if there is an anonymous fraud hotline for individuals to report instances of suspected fraud. Review any reported activity for adequate responses by NAHAC.
- 3 Determine if NAHAC obtained fraud insurance through contract review and determine if payments are current.
- 4 Determine if training occurred for fraud, conflict of interest, detection of homeowner fraud, IT security, safeguarding HHF data, and borrower PII with documentation showing who attended and what was covered.
- 5 Determine if an annual conflict of interest statement was obtained for all board members.
- 6 Obtain 3 employee files, select at random and perform the following:
  - a. Determine if there is a conflict of interest statement signed within the past 12 months.
- 7 Determine if NAHAC has P&Ps in place to avoid employees involved in HHF loan underwriting or approval decisions for any family member or related party.
- 8 Obtain a list of new vendors during the quarter. and scan listing for potential conflict of interests.
  - a. Obtain all contracts for new vendors, if applicable and scan listing for potential conflict of interests. For instance, identify and assess any vendor kickbacks.
  - b. For new vendors that do not require contracts, determine if there is an appearance of a conflict of interest. Perform inquiries as needed.

### **IT Environment and Data Security**

- 1 Determine and assess the physical security of Information Technology hardware through inquiry with NAHAC management.
- 2 Determine if management has obtained and performed an assessment of SSAE 16 reports including user controls for key systems such as ADP, Agilitec, C&C Consulting, and QuickBooks.
- 3 Assess if the system access for users is appropriate based on each employee's role, and that access to borrower PII is limited to authorized users only.
  - a. Test a sample of new user access's for appropriate authorization, such as a SAAR.
  - b. Obtain a list of terminated employees and ensure all access has been removed for those employees.
- 4 Determine if job functions are properly segregated based on system access. Use new user access sample from item #3 above.
- 5 Determine if NAHAC has performed vulnerability, penetration, and disaster recovery testing. Evaluate the frequency for reasonableness.
- 6 For any system changes, determine if data validation occurred to ensure the data reconciles from the old to the new system.