

MANAGEMENT REVIEW QUESTIONNAIRE

Property Name: _____

Inspection Date: _____

A. Property Maintenance Operations

CERTIFICATIONS

Check all items below that apply to this property. Please have copies of each certification **available** the day of the review.

<u>Certificate:</u>	<u>Certification Date:</u>	<u>Expiration Date:</u>
Fire Extinguishers:.....	_____	_____
Fire Alarm System:.....	_____	_____
Sprinkler System:.....	_____	_____
Elevator/s:.....	_____	_____
Boiler/s:.....	_____	_____
Generator Test Records:	_____	_____
Lead Based Paint Study:	_____	_____

PREVENTATIVE MAINTENANCE

1. Management has a written preventative maintenance plan? Yes No

If No; Explain: _____

2. Management maintains documentation identifying and demonstrating the written plan is followed:

Yes No

3. Identify the schedule for preventive maintenance and servicing of all items listed below?

<u>System / Item</u>	<u>Schedule/Frequency</u>
Grounds Maintenance:.....	_____
Sewer lines, roofs, gutters etc are cleaned:.....	_____
Exterior entries, siding, windows, etc are cleaned:.....	_____
Heating and A/C Equipment:.....	_____
Water Heaters:.....	_____
Cleaning Carpets and Drapes:.....	_____
Inspect Roof and Fascia:.....	_____
Major Appliances:.....	_____
Motor Vehicles:.....	_____
Other: _____	_____

Smoke/Carbon Monoxide Detectors were last tested by Management? Date: _____

4. Is there a schedule for exterior painting? N/A No Yes; Date Last Painted: _____

Date future painting scheduled: _____

Lead-Based Paint Requirements

1. The property was built pre-1978? Yes No Building construction year: _____
2. If the property was built pre-1978, Lead-Based Paint requirements apply to this property: Yes No
 If No, explain why? (See 24 CFR 35.115 for a list of exemptions): _____

3. If Lead-Based Paint requirements apply to this property complete the following:
 Annual Lead-Based Paint re-evaluations are being completed: Yes No
 The Lead-Based Paint disclosure or pamphlet is provided to all households: Yes No
 If No, explain: _____

Infestations

1. Has the property experienced any infestations **over the last year**? Yes No
 2. If yes, indicate type: Roach Bed Bug Vermin Other: _____
 3. Describe your remedy procedure: _____

 4. List units **currently** affected/being treated: _____
 Include dates found & current status of each: _____
 5. List Units affected **over the last year**: _____
 Include dates found and dates each were remedied: _____

- Submit copies of documentation showing the date each affected unit was cleared of infestation.

CAPITAL NEEDS ASSESSMENT

Date Capital Needs Assessment was last completed: _____

Note: A copy of the assessment may be requested during this review.

Identify the major capital items requiring repair or replacement in the next five years:

Roof:	Repair or Replace	Immediacy: _____
Foundations:	Repair or Replace	Immediacy: _____
Structural:	Repair or Replace	Immediacy: _____
Elevators:	Repair or Replace	Immediacy: _____
Windows:	Repair or Replace	Immediacy: _____
Doors:	Repair or Replace	Immediacy: _____
HVAC:	Repair or Replace	Immediacy: _____
Kitchens:	Repair or Replace	Immediacy: _____
Baths:	Repair or Replace	Immediacy: _____
Electrical:	Repair or Replace	Immediacy: _____
Other: _____	Repair or Replace	Immediacy: _____
Underground Utilities:		
Storm Drains:	Repair or Replace	Immediacy: _____
Water Lines:	Repair or Replace	Immediacy: _____
Other: _____	Repair or Replace	Immediacy: _____

UNIT TURNOVER

1. Describe management's system to ensure the timely preparation of units: _____

2. What is the average amount of time it takes to prepare a vacant unit for occupancy? _____ Days
3. Total number of units that were prepared for occupancy in the past 12 months: _____
4. How many units required substantial rehab to prepare for occupancy in the past 12 months? _____
Unit #: _____ Date vacated: _____ Date rent ready: _____ Reason: _____
Unit #: _____ Date vacated: _____ Date rent ready: _____ Reason: _____
Note: if more space is needed, attach additional sheet
5. Does management keep a chronological record of work completed in each unit? Yes No
6. Does management have a written policy and procedure outlining an inspection process and schedule?
Yes No (Note: a copy of this written policy may be requested during this review).
7. Describe the inspection schedule (include #of units and frequency): _____

8. Date property/units were last inspected: _____ Date of next inspection: _____
9. Does management keep a record of the inspections completed per the established schedule? Yes No
If no, explain: _____
10. Have any units been taken off-line in the last 12 months due to deferred maintenance or disaster (i.e. fire, flood, other)? No Yes
If yes, indicate total # of units, unit #, dates vacated/ready to rent and reason for unit/s being off-line:
Total # units off-line in past 12 months: _____
Unit #: _____ Date vacated: _____ Date rent ready: _____ Reason: _____
Unit #: _____ Date vacated: _____ Date rent ready: _____ Reason: _____
An OHCS Casualty Loss Report was completed and provided to the CO:
Yes; Date of Report: _____
No; explain: _____

B. Leasing and Occupancy Operations

TENANT SELECTION & APPLICATION PROCESSING

1. Does the property maintain a waiting list of prospective tenants?
Yes: List the number of applicants on the waiting list for each of the types of units below:
0 BR: _____ 1 BR: _____ 2 BR: _____ 3 BR: _____ Other: _____
No; explain: _____
Date the waiting list was last purged: _____
2. Property follows a written tenant selection plan (TSP)? Yes; Date last updated: _____
Submit copy for this review.
No; explain: _____

6. New tenants are advised of the following (check all that apply):

- | | |
|-----------------------------------|---|
| Property rules | Lease terms |
| Maintenance request procedure | Explanation of appliances |
| Grievance procedures | Rent payment procedure |
| Security deposit and charge backs | Location of schools, transportation, services, etc. |
| Other: _____ | Other: _____ |

RENT & UTILITY ALLOWANCES

Rents:

Date the tenant rents were last adjusted: _____

Date approved by OHCS (if required): _____

Indicate the **current tenant rents** and effective date: _____

0 BR: \$ _____ 1 BR: \$ _____ 2 BR: \$ _____ 3 BR: \$ _____ 4 BR: \$ _____

Other: \$ _____

Utilities:

Date utility allowances were last adjusted: _____

If no change from previous year, the current utility allowance schedule in use was reviewed by the issuer and determined no change required: Yes No; if no explain: _____

Indicate the **current utility allowances** and effective date: _____

0 BR: \$ _____ 1 BR: \$ _____ 2 BR: \$ _____ 3 BR: \$ _____ 4 BR: \$ _____

Other: \$ _____

Indicate method of U/A calculation used for this property:

- | | | | |
|--------------------------|--------------|--------------------------|-------------------------------|
| PHA | RD/HUD | Utility Company Estimate | HUD Utility Consumption Model |
| Energy Consumption Model | Sub-Metering | Other: _____ | |

C. Management Operations

TENANT FILE SECURITY

1. Are tenant files locked and secured in a confidential manner? Yes No
2. Is access to tenant file information limited to authorized staff only?
Yes No; Explain: _____
3. List all authorized staff with access to the tenant files:
 - Name/Title: _____
 - Name/Title: _____
 - Name/Title: _____
4. Are tenant files transmitted electronically to corporate office or a 3rd-party consultant? Yes No
5. Describe the security measures taken for transmitting electronic files between entities: _____

6. Describe the procedure and schedule regarding how owner/management properly disposes of tenant records:

ADMINISTRATIVE

1. List staff responsible for leasing units and completing tenant certifications for this property:

- Name/Title: _____
- Name/Title: _____
- Name/Title: _____

2. Does the staff responsible for certifying residents have access to and knowledge of all the set-aside requirements? Yes No; explain: _____

3. Does management maintain an Administrative Notebook for staff responsible for certifying residents? Yes No; explain: _____

4. Are program specific compliance manuals on-site/available to staff? Yes No

5. Describe procedure for tracking and assigning lower income and rent set-asides.

6. Indicate **all** documents maintained in the Administrative Notebook/available to staff:

- Restrictive documents associated with property
- Documentation reflecting current utility allowance & its source
- Current income limits
- Current rent limits
- Resident Services Plan
- Copy of completed 8609 form/s (for LIHTC funding only)
- Other: _____
- Other: _____
- Other: _____

7. Are all applicable program (LIHTC/HOME/Risk Share, HUD, etc) handbooks, manuals & guide materials available on-site/available to staff? Yes No

If no, describe tools available to staff: _____

For LIHTC Funded Properties Only:

Identify all facilities included in the eligible basis; per section 42(d) of the code:

- Community Room(s)
- Play Ground
- Parking Area(s)
- Storage Area(s)
- Other (specify): _____
- Other (specify): _____
- Recreational Area
- Laundry Facilities
- Swimming Pool/Spa

Have common areas been changed or renovated into commercial and/or office space at any time?

No Yes; describe changes (include dates change/s occurred: _____

MANAGEMENT COMMUNICATION AND TRAINING

1. Describe training provided to staff pertaining to specific program requirements for this property?

2. Indicate trainings that property staff have attended/received(indicate dates):

<u>Training</u>	<u>Dates</u>
Spectrum/TheoPro/NCHM/Quadel.....	_____
AHMA Trainings/Boot Camps.....	_____
Fair Housing Training.....	_____
HUD seminar: _____	_____
Other: _____	_____
Other: _____	_____

3. List property staff with program specific (LIHTC/HOME etc) training certifications:

Staff Name	Certification Type	Certification Date
_____	_____	_____
_____	_____	_____

Describe process and procedures for over-sight, monitoring and communicating with staff responsible for certifying residents and day-to-day management of the property:

PROPERTY SECURITY

1. Describe the security measures taken and equipment used to ensure the safety and well-being of the property, the residents and site staff:

2. This property is located in a high crime area? No Yes

If yes, describe sources used to identify the area as a high crime area: _____

3. In the past 12 months there have been _____ major criminal incidents that threatened the personal safety or well-being of the residents, including use of weapons, gang activity, and/or loss of life.

4. There has been a change in criminal activity at this property/in the neighborhood in the last 12 months:
No Yes; describe changes: _____

5. Over the past 12 months, police calls were generated for the following incidents (identify number):

_____ Drug Activity	_____ Auto Theft
_____ Break-ins	_____ Personal Assault
_____ Vandalism (including graffiti)	_____ Other: _____

6. Describe the current relationship established with the local police department: _____

7. Describe management's process for monitoring police activity at this property: _____

8. Are police reports and/or call logs available for the property for the past 12 months?

Attached: Yes No; if calls indicated, explain why no reports are available: _____

VACANCY

1. Does management have a written policy and procedure to qualify new residents and re-rent units?

Yes No; explain: _____

2. Describe management's procedure for qualifying new residents for vacant units. Include when management begins the selection/qualification process after a resident gives notice to vacate, and the average number of days the entire process takes from selection and qualification to placement:

3. How many units are **currently** vacant?

As of this date: _____ the following units are vacant (list): _____

Of those, the following units are ready for occupancy: _____

Average length of time to re-rent a unit (from vacate to occupancy): _____ Days

4. List the units that were vacant 30 days or more in the last 12 months: _____

Reason/s: _____

5. What factors contribute to any vacancy issues at this property?

Security Problems

Rents too High

Inadequate Marketing

Property Reputation

Poor Maintenance

Bedroom Size/Mix

Location

Lack of Demand

Non-competitive Amenities

Tenant/Mgmt. Relations

Other: _____

6. For those factors identified above, what actions are being taken by management to resolve the issue/s?

7. Does management have a system to monitor a timely tenant certification process? Yes No

If yes, how is it monitored? _____

8. Management performs a move-in inspection of the unit together with the new tenant and records it in writing? Yes No

9. Management performs a move-out inspection together with the vacating tenant and records it in writing?

Yes No

EVICCTIONS

1. Number of Evictions completed during the last 12 months: _____

Reason/s for each eviction/s: _____

2. Has there been a change in the number of evictions occurring at this property in the last 3 years (increase or decrease)?

No Yes; Change has resulted in an Increase (or) Decrease in the number of evictions.

Describe: _____

3. Is there a component in the resident services plan that provides tenants with education about maintaining a positive and successful tenancy?

Yes No

RESIDENT SERVICES

- 1. The Resident Services Report form has been completed and submitted for this review? Yes No
- 2. Management follows the OHCS approved Resident Services Plan? Yes No
If not, why? _____

3. The Service Coordinator for the property is: _____

GRIEVANCE RESOLUTION-Disputes/Complaints

Does management have a written procedure to resolve tenant disputes and/or complaints? Yes No
Note: a copy of this procedure may be requested for this review.

If no; explain: _____

Describe the grievance procedure: _____

Describe how and when tenants are advised about this procedure: _____

FAIR HOUSING

AFHMP:

Management has a current Affirmative Fair Housing Marketing Plan (AFHMP) for this property?

No Yes - This plan was last updated: _____ Submit a copy for this review.

COMPLAINTS:

Owner/management maintains a record of all fair housing complaints made at this property? No Yes

There have been # _____ fair housing complaints for this property in the past 3 years.

List occurrences:

Date: _____ Result: _____

Date: _____ Result: _____

FHEO-Fair Housing and Equal Opportunity

1. Owner/management has taken the following steps to ensure effective communication for all at this property:

Qualified sign language & oral interpreters?	Yes No	<u>Comments:</u>
Readers?	Yes No	<u>Comments:</u>
Use of tapes?	Yes No	<u>Comments:</u>
Braille Materials?	Yes No	<u>Comments:</u>
Other (specify):	Yes No	<u>Comments:</u>

2. This property has a large population of residents who speak/read/write a language other than English?

No Yes

If yes, does management have an oral interpreter or translator available to communicate with those who do not speak, read, or write in English? Yes No

Describe alternate communication method: _____

3. The following units at this property are designated as accessible units:

PROPERTY STAFF

List all staff members for this property (*attach additional information if necessary*):

Name of Staff Person:	Title:	Date Hired:	Unit Size and Apartment Number	% of Time Charged to Site	Lives on Site?		Income Qualified?		Rent Charged	
					Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No

****PROPERTY CONTACT INFORMATION UPDATE****

Management Agent			
Company: _____			
Tax ID #: _____			
Address: _____		City: _____ State: _____ Zip: _____	
Mailing Address (if different than above): _____		City: _____ State: _____ Zip: _____	
Email Address: _____		Phone: _____ Fax: _____	
Agent Contact: _____			
Address: _____		City: _____ State: _____ Zip: _____	
Mailing Address (if different than above): _____		City: _____ State: _____ Zip: _____	
Email Address: _____		Phone: _____ Fax: _____	
Site Contact: _____			
Address: _____		City: _____ State: _____ Zip: _____	
Mailing Address (if different than above): _____		City: _____ State: _____ Zip: _____	
Email Address: _____		Phone: _____ Fax: _____	

Additional Owner Contact

Owner Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____ Fax: _____

Additional Agent Contact

CCPC Contact (Certification of Continuing Program Compliance): _____
Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____ Fax: _____

Owner Entity

Company: _____
Tax ID #: _____ DUNS Number (Section 8 only): _____
Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____ Fax: _____

Designated Owner (i.e., Executive Director, CFO, HUD 2530 signer): _____
Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____ Fax: _____

Under penalty of perjury, the undersigned certifies that the information presented within this document, as well as any attachments provided, is true and correct and that the property is in compliance with the applicable State Qualified Allocation Plan and all other applicable laws, rules and regulations. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Printed Name

Title

Signature

Date