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# OHCS MANAGEMENT AGENT PACKET (MAP)

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Request for Approval of Management-OHCS Funded Properties



Affordable Rental Housing Division

725 Summer Street NE, Suite B  
Salem, Oregon 97301-1266  
(503) 986-2018

July 2022

**PROPERTY DETAILS**

<b>Date:</b>			
<b>This MAP is submitted for:</b>	New Construction/Acq-Rehab Project-in OHCS Pipeline	Transfer of Ownership Process	Owner's Change of Management Include \$300.00 Charge

<b>This project is a *Scattered-Site Project:</b>	<b>NO; only One (1) site</b>	<b>YES; Multiple sites</b>
<b>Total Number of Sites:</b>		

A \*Scattered-site is a project that has multiple sites (locations) with one allocation of funds.

<b>Expected Final Certificate of Occupancy Date/s:</b>	
<b>Expected Placed-in-Service Date/s:</b>	

**Identify Each Site Separately Below:** (if only one site, leave the other site table blank)

**Site# 1 of** \_\_\_\_\_

<b>Property Name:</b>								
<b>Address:</b>								
<b>County:</b>							<b>Year Built:</b>	
		<b>Total # of Units:</b>						
Identify the Property Type:	List total # of Residential Buildings/Spaces Per Property Type	List Number of Units Per Size of Unit:						
		SRO	Studio	1 Bed	2 Bed	3 Bed	4 Bed	___ Bed
Multi-Family Apartments								
Single Family Homes								
Group Home								
Assisted-Living Facility								
Manufactured Home Park								

**Site# 2 of** \_\_\_\_\_

<b>Property Name:</b>								
<b>Address:</b>								
<b>County:</b>							<b>Year Built:</b>	
		<b>Total # of Units:</b>						
Identify the Property Type:	List total # of Residential Buildings/Spaces Per Property Type	List Number of Units Per Size of Unit:						
		SRO	Studio	1 Bed	2 Bed	3 Bed	4 Bed	___ Bed
Multi-Family Apartments								
Single Family Homes								
Group Home								
Assisted-Living Facility								
Manufactured Home Park								

**\*If property has more than 2 total sites, complete and include additional copies of this page to report all sites.**

<b>ADDITIONAL PROPERTY DETAILS – Include in the Tenant Selection Plan</b>	
Number of units set-aside for special populations:	
Property has or will have Disaster Preference:	
List all other Tenant Preferences/target populations:	

**PROPERTY FUNDING PROGRAMS/TYPES**

Property Name/s: \_\_\_\_\_

Identify all programs for the property:

**OHCS Funding Programs (existing and/or applied for):**

X	FUNDING PROGRAM/S	REQUIRED SET-ASIDE (i.e. 100% @ 60%)
	LIHTC 4%	
	LIHTC 9%	
	S1602 Exchange or TCAP	
	LIFT Rental	
	HOME Program – through OHCS only	
	National Housing Trust Fund (HTF)	
	Conduit Bonds	
	OAHTC	
	*Risk Share Program	
	GHAP	
	Veteran’s GHAP	
	HDGP	
	Agricultural Worker Housing Tax Credits (AWHTC/FWTC)	
	OMEPP/Weatherization	
	OHCS PSH Program	
	HUD 811 PRA	
	NSP2/Housing Plus	
	ADF-Alcohol/Drug Free	
	ORR	
	Elderly-Disabled Bonds	
	Other:	

**Funding Programs from other Agencies (existing and/or applied for):**

X	SOURCE	PROGRAM DETAILS/SET-ASIDE	AGENCY
	*HUD Contract Sec. 8 (through OHCS)		
	Other Project-Based Section 8		
	Rural Development (i.e. RD515)		
	HOME Program-County (not OHCS)		
	HOME Program-City (not OHCS)		
	OTHER:		
	OTHER:		
	ADDITIONAL INFO:		

\*HUD programs require HUD approval of Owner (HUD 2530) and Agent (HUD 9839-B).

**Identify all resident services program agency partnerships: (include copies of all MOUs)**

X	AGENCY	SERVICE TYPE	ESTABLISHED MOU- Yes/No
	ADDITIONAL INFO:		

**MANAGEMENT COMPANY DETAILS/QUALIFICATIONS/PLAN**

Property Name/s: \_\_\_\_\_

<b>Company Name:</b>			
<b>Address:</b>			
<b>Executive Director:</b>			
<b>Year Established:</b>		<b>Year Started Managing Affordable Housing:</b>	
<b>Co. is registered with Oregon Sec. of State Business Registry: YES NO; explain:</b>			
<b>Co. Ownership Type:</b>		Individual	
		Partnership	
		LLC	
		Corporation	
		Other:	

<b>Current Portfolio Size:</b>		
<b>Number of Properties with OHCS funding:</b>		
<b>Type of Management for this property</b>	Third-Party Management	Owner-Managed

**MANAGEMENT COMPANY LICENSING:**

Management Agents are subject to licensing requirements of the Oregon Real Estate Agency under ORS Chapter 696. Agents must provide license information including the license number unless exempt by Oregon law.

**Management Company has a license to manage real estate in the State of Oregon: YES NO Exempt**  
 If exempt; list the exemption/s: \_\_\_\_\_

**License Information**

Name	License Type	Expiration Date	Status
Affiliated With:			
Name	License Type	Expiration Date	Status
Affiliated With:			

**PROPERTY MANAGEMENT FEE:**

The property management fee and any amendments must be approved by OHCS and may not exceed the customary fee for similar properties. If the fee includes multiple items, provide the details (i.e. 5% of gross receipts plus all other additional fees proposed).

**The proposed management fee for this property is: \$** \_\_\_\_\_

**Management company's maximum expenditure without owner approval:\$** \_\_\_\_\_

**HUD APPROVAL:**

**This is required for properties with HUD Contract Section 8 and/or Risk Share Program**

HUD Approval Form:	Date Applied	Date Received	Copy Attached
HUD 2530 - Owner Approval			
HUD 9839B - Management Approval			
If approval not yet received, provide explanation:			
Not Applicable			

**MANAGEMENT COMPANY STAFFING & CAPACITY:**

Overall Company Staffing	List Number	Number with Certifications/Type of Certifications
Total Number of Company Employees:		
Property Management Staff:		
Property Maintenance Staff:		
Compliance Department Staff:		

**Staffing Details for this property:**

Staff Positions	# of Staff Each	Full Time at this property Yes or No	Already on staff or need to hire? Describe.
Site/Community Manager			
Assistant Site/Community Manager			
Maintenance Supervisor			
Maintenance Personnel			
Other:			
Other:			

**Staff Training:**

Describe property staff training for program compliance and property management:

**EXEMPT STAFF/EMPLOYEE UNITS (Common area residential unit):**

A common area residential unit is considered to a ‘facility reasonably required for the benefit of the project’. The person occupying the unit is employed full-time by the property where the unit exists and is not required to be income-qualified. The unit was excluded from the low-income occupancy calculation at development for purposes of determining the applicable fraction and the qualified basis of the project/building. Staff person residing in this unit must not be charged rent and does not manage other properties.

**A Staff/Employee unit was designated per the regulatory agreements (REUA/Declaration):**    YES    NO

Common Area Residential Unit – Exempt Staff Unit/s			
Unit #	BIN:	Number of Bedrooms	Square Footage

NOTE: The Manager Unit Request for Approval form and the Manager Unit Staff Certification form are required.

**DEPOSITS & FEES:**

Provide details of the types of deposits and fees that are/ or will be implemented.

Type	Amount	Amount Refundable	Included in Tenant Selection Plan? Yes or No
Application/Screening Fee			
Reservation Deposit/Fee			
Security Deposit			
Cleaning Deposit			
Cleaning/Maintenance/Repair Fees			
Pet Deposit*			
Other:			

\*Pet Rent is not allowed in Oregon.

**If not included in the Tenant Selection Plan; include explanation:**

**ADVERTISING & MARKETING:**

Property advertising (affirmative fair housing marketing) is required. Multiple different forms and locations of advertising is a must and are needed in order to reach varied potential applicants/residents. Therefore, it is not acceptable to advertise using only one format or location such as the internet.

**Complete the following table outlining current/planned advertising for this property:**

Type	Name	Intended Audience	Date Ad Started or Planned to Start
Newspaper (s)			
Rental Publication (s)			
Social Service Agency			
Housing Authority			
Senior Center (s)			
Internet-Website (s)			
Other:			
Other:			
Other:			
Other:			

Describe plan for initial advertising/marketing of the property:

**Date Waiting List for this property will be opened:** \_\_\_\_\_

**RESIDENT SERVICES PLAN**

**Complete all parts of the Resident Services Section below.**

Property Name/s: \_\_\_\_\_

<b>Resident Services are required per funding program for this property:</b>		NO		YES		N/A
<b>Resident Services are provided even though not required:</b>		NO		YES		N/A
<b>A Resident Services Plan was submitted to OHCS with the NOFA Application:</b>		NO		YES		N/A
<b>The Plan for this property includes supportive housing services:</b>		NO		YES		N/A
<b>There is a contracted Services Provider for this property:</b>		NO		YES		N/A
<b>MOUs for services have been established for this property:</b>		NO		YES		N/A
<b>Name of Services Provider Entity:</b>						
<b>Name of Services Coordinator:</b>						

Identify the supportive services portion and related target population intended to receive the services:

Describe in detail the method of delivery of the resident services and the method for the monitoring of and ensuring compliance with the plan:

Describe the role of this management company in coordinating the resident services as outlined in the written plan. Include the Owner’s oversight process with management for services that are provided on-site with the help of the site manager:





## REQUIRED ATTACHMENTS

**The following items MUST be included with this completed MAP document:**

Written Management Plan

Written Maintenance Plan (preventative & ongoing), including inspection schedule

Copy of Executed Management Agreement between Owner and Management

Property Specific Tenant Selection Plan that includes the following:

- All preferences (target population/s)
- Waiting list management details
- VAWA information
- Income and Rent limits- required set-asides
- Plan for maintaining required set-asides when lower set-aside required (i.e. 30%, 40%, 50% AMI)
- If OHCS HOME, a plan for maintaining the HOME unit mix (when applicable)
- Outline of fees/charges
- Outline of program/s students rule/s
- LIHTC average income, if applicable

Sample tenant documents: Lease agreement, Addendums, Grievance Policy/procedure, VAWA forms

Copy of written Resident Services Plan (submitted with NOFA application, including:

- Copies of established MOUs
- Copies of other written agreements as applicable

Listing of units in each building by number: include the # of bedrooms and square footage of each

Fully completed Affirmative Fair Housing Marketing Plan (AFHMP) that includes:

- Map of each housing area identified
- Printed census bureau demographic information used to completed Worksheet 1
- Documentation of staff fair housing training
- Copies/samples of flyers, advertisements

Management Company Organization Chart

**ONLY for Owner's Change of Management:**

This MAP is submitted for Owner's Change of Management - \$300 payment to OHCS is required & Included with this submission: YES NO; If No explain:

**Management Companies that are **NEW** to Oregon/OHCS- must also submit the following:**

*New to Oregon means: Has not ever managed properties in Oregon with OHCS funding programs*

This Management Agent Company is NEW to Oregon/OHCS: NO YES; If Yes, submit the following items

Full references list that includes:

- Company Name
- Contact Name
- Mailing Address
- Email
- Phone

Completed Authorization for Release of Information Form (if you manage LIHTC properties in other states). This form is located on page 12 at the end of this Packet.

**PROPERTY CONTACT INFORMATION**

Complete all sections below identifying property staff for each category listed. If persons have not yet been hired, indicate expected hire date for each.

**PROPERTY NAME:**

<b>Management Company</b> Effective Date:	
Company:	
Address:	
Director:	
Email:	
Phone:	

<b>Agent Contact-Portfolio Manager</b> Effective Date:			
Name:		Add to Procorem Workcenter:	Yes    No
Title:			
Company:			
Address:			
Email:			
Phone:			

<b>Site Contact-Site Manager</b> Effective Date:			
Name:		Add to Procorem Workcenter:	Yes    No
Title:			
Property:			
Address:			
Email:			
Phone:			
<i>Lives onsite - if yes, indicate unit #:</i>			

<b>Accountant</b> Effective Date:			
Name:		Add to Procorem Workcenter:	Yes    No
Title:			
Company:			
Address:			
Email:			
Phone:			

<b>CCPC Contact (Annual Compliance Reporting)</b> Effective Date:			
Name:		Add to Procorem Workcenter:	Yes    No
Title:			
Company:			
Address:			
Email:			
Phone:			

<b>Ownership Entity</b> Effective Date:	
Limited Partnership or LLC	
Company:	
Tax ID #:	
Director:	
Address:	
Email:	
Phone:	

<b>Designated Owner</b> Effective Date:	
This person has signature authority for the Ownership Entity (i.e. Director, CEO, CFO)	
Name:	Add to Procorem Workcenter: Yes No
Title:	
Company:	
Address:	
Email:	
Phone:	
<b>Additional Owner Contact</b> (if applicable) Effective Date:	
Person is part of the ownership of the property	
Name:	Add to Procorem Workcenter: Yes No
Title:	
Company:	
Address:	
Email:	
Phone:	

<b>3<sup>rd</sup> Party Consultant for Management Company</b> (if applicable) Effective Date:	
Name:	Add to Procorem Workcenter: Yes No
Title:	
Company:	
Address:	
Email:	
Phone:	
<b>Provide date 3<sup>rd</sup> party consultant contracted for this property:</b>	

**OWNER & MANAGEMENT COMPANY CERTIFICATION**

**Property Name/s:** \_\_\_\_\_

**Management Company:** \_\_\_\_\_

**Management Company Certification:**

The undersigned hereby certifies that they are the representative of the Management Company with signature authority for the Management Company named above and described throughout this document and that the information presented in this fully completed Management Agent Packet (MAP) for the property named above, including all accompanying **required documents and attachments** in support thereof are complete, true and correct as of the signature date below.

Management Company: \_\_\_\_\_

Management Representative Name: \_\_\_\_\_  
(With signature authority)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner Certification:**

The undersigned hereby certifies that they are the Designated Owner (i.e. Executive Director, General Partner representative, etc.) with signature authority for the ownership entity named above and have no knowledge of anything contrary to the information presented in the fully completed Management Agent Packet (MAP) for the property named above and described throughout this MAP including all accompanying **required documents and attachments** in support thereof as of the signature date below.

Ownership Entity Name: \_\_\_\_\_

Designated Owner Name: \_\_\_\_\_  
(With signature authority)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only for Owners and/or Agents NEW to OHCS:**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This Authorization must be completed for each state in which you currently or previously participated or managed properties with Low Income Housing Tax Credits (LIHTC), HOME and/or Bond funding.

Management Company Name	Address
Agent Contact	Title
Signature – Authorization of Release	Date

State Agency that provided LIHTC, HOME or Bond funding to properties the Company noted above currently or previously manages:

State Agency	Compliance Manager
Address	City, State, Zip

State Agency, as the Agent noted above, we hereby authorize you to complete and release to Oregon Housing and Community Services (OHCS) any information you have regarding our Company as it relates to program compliance, the curing or failure to cure any project non-compliance and any formal or informal action taken by our Company with respect to our participation as an owner or management agent in your LIHTC, HOME and/or Bond program (s). Other data that may be relevant to OHCS in its assessment of our Company’s affordable housing experience and compliance record should also be released to OHCS.

**Projects managed or developed by this Company in the above referenced state:**

Project Name	LIHTC Project No.	City

If more properties, please include on separate page and attach.

**Notice(s) of violations has/have been issued in the past 36 months in the following categories:**

Violations	# Corrected	# Not Corrected	No Violation- Indicate None	Date Correction(s) Due
Major violations of health, safety and building codes				
Refusal to lease to Section 8 Voucher holders				
Violation under the Fair Housing Act				
Leasing to unqualified tenants				
Lack of proper documentation				
Failure to recertify tenants annually				
Rents not properly restricted				
Using unapproved utility allowance calculation method/s				
Instances of transient occupancy				
Failure to maintain minimum housing quality standards				
General non-compliance with governing regulations				

**Overall Agency rating of Company’s performance expectations:**     Exceeds                       Meets                       Does Not Meet

This response represents this Agency’s evaluation of the Company’s performance as of: \_\_\_\_\_

Preparer’s Name	Title	E-mail
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**Please return this completed document to:** OHCS; Attention: Portfolio Administration 725 Summer St NE, Suite B, Salem, OR 97301-1266; (503) 986-2018 Or by return email.