

**MANAGEMENT AGENT PACKET**  
**Request for Management Approval**  
**For OHCS Funded Properties**



**Affordable Rental Housing Division**  
725 Summer Street NE, Suite B  
Salem, Oregon 97301-1266

# MANAGEMENT AGENT PACKET

## Request for Management Agent Approval

### INTRODUCTION

This Management Agent Packet (“Packet”) applies to requests to the State of Oregon acting by and through its Housing and Community Services Department (“OHCS”) regarding management of Properties with OHCS funding sources. This Packet is applicable for the initial approval processing during development and any subsequent proposed changes in management or ownership of the Property.

### OVERVIEW

OHCS allocates grants, tax credits, and issues tax-exempt and general obligation bonds to provide long-term financing for the development of affordable housing in Oregon. Various loan programs provide below-market interest rate permanent mortgage loans through the sale of tax-exempt bonds which are governed by both state and federal requirements. These programs are designed to provide affordable housing for moderate, low and very low income Oregonians.

The quality of the Properties and the lives of low-income Oregonians that live in them are enhanced by OHCS’ funding and mandated monitoring policies and practices. OHCS staff works to ensure Properties funded are maintained in decent, safe and sanitary condition and that ongoing program compliance is in place to provide the right housing to the right residents. Part of this requirement is to review and approve the proposed Management Agents for each Property at initial lease-up and for any change of management.

A property can have one of two types of management in place as follows:

**Owner-Managed:** The owner of the real property (usually the entity that receives the funding) is also the management agent for the Property.

**Agent-Managed:** The owner of the real property hires a third-party Management Agent to perform the required management responsibilities for the Property.

Whether Owner-Managed or Agent-Managed (both hereafter referred to as the “Agent”), the Agent must meet all the criteria established by OHCS including: compliance with Oregon State licensing laws, acceptable experience managing properties with the applicable funding requirements in place, acceptable compliance status with other properties in the portfolio currently funded by OHCS, and proposed management’s capacity to manage additional properties whether funded by OHCS or not.

#### **Prior Written Approval is Required –**

An Owner who has received ANY funding from OHCS shall not implement or change management of the property without prior written approval from OHCS.

### MANAGEMENT

#### **New Property – Establishing Management Agent**

When a new construction or acquisition/rehab Property is going through development, the OHCS Loan Officer will obtain a completed Management Agent Packet (“Packet”) from the Owner/Agent and provides it to the Senior Portfolio Analyst for review and approval. Once the review process is complete, a written response will be sent to Owner/Agent.

#### **Request for Change of Management Agent**

Owner/Agent must contact OHCS to request to make a change of Agent in advance of the change. The proposed Agent then completes a Management Agent Packet with the proposed Owner and submits it to the Senior Portfolio Analyst at OHCS for review and approval. Once the review process is complete, a written response will be sent to Owner/Agent

## OHCS PROGRAMS

Owners and Agents are required to complete **all sections** of the Packet for **all OHCS funding sources**. Some funding sources require the completion and submission of additional documents prior to approval.

### **Programs with Additional documents required:**

<u>Elderly/Disabled Loans:</u>	Completed OHCS Regulatory Agreement as to Project Management (“OHCS Management Agreement” or “Agreement”)
<u>Risk Sharing Program:</u>	Completed OHCS Regulatory Agreement as to Project Management Approved HUD 2530 (Previous Participation Certification – approved by HUD) Approved HUD 9352a (Affirmative Fair Housing Marketing Plan –AFHMP – approved by OHCS)
<u>HOME Program:</u>	Approved HUD 9352a (Affirmative Fair Housing Marketing Plan – AFMP – approved by OHCS)
<u>Operating Agreement:</u>	Completed OHCS Regulatory Agreement as to Project Management
<u>Multi-family LIFT Program:</u>	OHCS Project Management Agreement

## MANAGEMENT AGENT PACKET SECTIONS

### **Packet Sections:**

- Property Details and Contact Information
- Management Agent Qualifications
- Authorization(s) for Release of Information
- Resident Services Plan
- Management Plan
- All required supporting documentation, attachments and additional pages for completing answers throughout
- Owner-Management Certification

## OHCS REVIEW AND APPROVAL PROCESS

Items reviewed include (and are not limited to):

- Packet is fully completed including –All Sections noted above & all required additional pages and attachments.
- Property specific details are accurate (number of units, set-aside, funding sources, etc.)
- Agent has required licenses to manage properties in Oregon
- All required signatures have been obtained.
- All new entity names and contact information has been provided.
- Management Agreement between Owner and Agent is complete and signed by both parties and copy provided to OHCS.
- OHCS Management Agreement– (OHCS Loan properties: Risk Share, Elderly/Disabled and Operating Agreements). This process will be completed by the Asset Management Section Staff.
- HUD 2530 & 9839B Approvals – Risk Share and Section 8.

### **Resident Services Plan (RSP)-**

The Resident Services Plan (RSP) portion has been included and fully completed.

The review will include:

- Comparison of the RSP to the original application and/or Housing Development Grant Program (“HDGP” or “Trust Fund”) agreement or other documents to make sure that the services provided are comparable to what was proposed at development.
- Determination if the RSP is different than what was originally approved by OHCS. Services should be comparable to what was originally approved.
- Determination if the Owner has identified that needs of residents have possibly changed over time. If so, the Owner/Agent should conduct a survey to evaluate the current needs of the resident population and develop an RSP to meet the resident’s needs. The revised RSP should be comparable to what was originally offered.
- Determination if the Owner did not complete an RSP during the NOFA process or an application for CFC (older properties) and there is nothing to compare the proposed plan with. The CO should evaluate and consider a plan that appears to meet the needs of the targeted resident population and is similar to other properties in the area with the same type of resident population.

### **Property Management License –**

All Property Management Agents must have an Oregon Property Management License. If the proposed Agent indicates that they do not have the required licensing, they will not be approved until they have obtained a valid license. For an Agent to be exempt from ORS 696.030 licensing, they need to be a regular, full-time employee of the ownership entity performing the business of renting and managing the Property. Employees of a related entity to the Owner are expected to meet licensing requirements.

Required licensing can be checked online at Oregon Real Estate Agency – License look-up link:

<https://orea.elicense.irondata.com/Lookup/LicenseLookup.aspx>

### **Regulatory Agreement as to Project Management (“OHCS Management Agreement” or “Agreement”)**

#### **Property with OHCS Bond Loan or Operating Agreement**

When a property has a Risk Sharing (RS) Loan, Elderly Disabled Bond (ED) Loan or Operating Agreement with OHCS, the Owner and Agent are required to complete an Agreement. If the proposed Agent is approved, OHCS will prepare the Agreement for completion and signature by the Owner and Agent. OHCS will also work with the Owner/Agent regarding the management fee associated with the Agreement (approved fee included in the Agreement).

#### **Management Fee Effective Date**

The approved management fee will be effective no earlier than the effective date of any new Agreement. Management Fees will not be approved retroactively, unless OHCS determines that a retroactive approval would serve the public interest.

The Owner, Agent and OHCS must execute at least one original of the conformed Agreement with OHCS retaining the original for the file.

#### **Management Agent Approval**

Once the review process is finalized and all documentation has been satisfactorily completed, OHCS will provide a written response letter to the Owner and Agent. A copy of the letter will be maintained on file with the Packet.

#### **Standard Approval**

When an Agent is currently in good standing with OHCS and is proposed as new management for an existing property, approval could be completed without conditions. However, any special circumstances or needs of the Property will be considered by OHCS.

## **Conditional Approval**

Many times there will be the need for OHCS to approve management contingent on special conditions. There are several different instances that will require a conditional approval. Conditions of approval include, and are not limited to the following:

- Successful Transfer of Ownership
- Approval by HUD; Copy of HUD 2530 or 9839B required
- Approval of Rural Development
- LIHTC Training Certification must be obtained by (specific staff member) in 6 mos. (or specific time frame).
- HOME training must be attended
- Successful OHCS Annual Review with a rating of Meets Expectations
- Two successful OHCS Reviews with a rating of Meets Expectations
- UPCS Training must be attended
- Consultant must be hired
- Tenant file forms and/or lease documents must be changed or added
- General Public Use Rule must be followed
- Resident Services Plan revision required
- Maintain compliance with all local, state, federal and fair housing laws as well as all OHCS policies and procedures
- Submit all reporting to OHCS in a timely manner as requested
- Management/staff unit utilization must meet LIHTC (Program) requirements

## **Tenant Data Reporting – Required**

OHCS requires tenant data be submitted through the web-based system in use by the Agency. All Owners/Agents are required to submit all tenant data to OHCS on a regular basis (at least quarterly required). Therefore, Owners/Agents of all new properties funded through OHCS must contact the OHCS Tenant Data reporting system Administrator to register in and obtain guidance for use. All Owners/Agents that have started managing an existing Property that is new to their portfolio must prepare to submit tenant data for the property to OHCS utilizing the web-based system. Anytime an Owner or Agent is no longer associated with a Property, direct notification must be provided to OHCS for termination of access to that Property's information in the system.

## **Management Agent Change Request Charge – Effective March 1, 2020**

Housing Stability Council adopted a charge of \$300.00 for the review of Management Agent Packets submitted to OHCS for request of management agent approval. This charge does not apply to new properties who are establishing an initial management agent, but rather to modifications made after that point. OHCS has implemented this charge beginning March 1, 2020.

**Beginning March 1, 2020, all requests for management approval submitted to OHCS must include payment of the \$300.00 charge.**

If you have any questions about the management agent approval process, please contact Kimber DeBoie at [Kim.DeBoie@oregon.gov](mailto:Kim.DeBoie@oregon.gov).

## Required Items Checklist

Property Name: \_\_\_\_\_

The following is list of items outlined throughout the packet. All items are required:

√	<b>Required Items:</b>	
	<b>Management Agent Change Request Charge - \$300.00 included</b>	
	Fully completed packet – all pages complete; no blanks: Pages 6-18	
	Owner’s signature/date – Page 7	
	Agent’s signature/date – Page 7; & in all applicable locations- Pages 9,13,& 17	
	<b>Page 8</b>	
	Copy of organizational chart	
	Description of property oversight	
	<b>Page 9</b>	
	Description of supervision of site staff	
	Description of Agent’s experience	
	Resume; for Agents new to OHCS	
	Copy of HUD 2530 (Owner approval) (If applicable)	
	Copy of HUD 9839b (Agent approval) (If applicable)	
	<b>Pages 10-13</b>	
	Fully completed Resident Services Plan	
	Copy of all LOIs and/or MOUs established for residents services	
	<b>Page 14</b>	
	Description of supervisory relationships between Owner, Agent & PM staff	
	Copy of executed Management Agreement	
	Outline of Agent’s required personnel qualifications	
	Description of affordable housing training programs established for management staff	
	Description of Agent’s method for 24/7 on-site property management	
	Description of plan for maintaining program compliance and staff responsible	
	<b>Page 15</b>	
	Marketing Plan section fully completed	
	Copy of fully completed AFHMP	
	Outline of applicant/resident screening procedure	
	<b>Page 16</b>	
	Copy of Tenant Selection Plan	
	Outline of methods for Fair Housing Compliance	
	Outline for handling resident grievances/concerns	
	Outline of resident eviction procedures for this property	
	Description of financial and accounting procedures/records maintenance	
	Description of rent collection procedures	
	Copy of written preventative maintenance plan	
	Description of procedure required of residents to report maintenance issues/problems	
	Description of unit maintenance/turn-over procedures	
	<b>Page 17</b>	
	Description of compliance with lead-based paint requirements (if applicable)	
	Description of policy/procedures for handling any infestations that may occur	
	Description of security assessment of the property	
	Description of security measures in place and/or that will be needed	
	<b>Page 18</b>	
	Completed Authorization of Release of Information (one for each reference)	

This checklist is included to assist with the submission of a fully completed Management Agent Packet. All items listed above are requested throughout the Packet and must be included with the submission of this packet in order to be fully completed.

**PROPERTY DETAILS**

This property is part of a **Scattered-Site**:    NO        YES        Scattered-Site has # \_\_\_\_\_ of properties.

If property is part of a **Scattered-Site**, you must complete multiple copies of this page identifying each property's specific details and locations.

Property Name: \_\_\_\_\_ Scattered-Site # \_\_\_\_\_ of # \_\_\_\_\_ total sites

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Year Built: \_\_\_\_\_

Property Type	Number of Buildings	Number of Units Per Bedroom Size:						
		SRO	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	_____ Bedroom
Multi-family Apartments								
Group Home								
Assisted Living Facility								
Rental Houses								

**OHCS Funding Types and Required Set-Asides:**

X	OHCS FUNDING TYPE	% Set-Aside
	LIHTC 4%	
	LIHTC 9%	
	Exchange –S1602	
	TCAP	
	HOME Program	
	Risk Sharing	
	Multi-Family LIFT	
	OAHTC	
	Elderly Bond	
	Conduit	
	GHAP	
	HDGP/Trust Fund	
	NSP 2/Housing Plus	
	Farmworker Tax Credits	
	ADF	
	ORR	
	Weatherization/OMEP	
	HUD 811 PRA	
	Other:	

**Other Funders:**

X	Other Funders	#Units
	HUD Project-Based Section 8	
	Rural Development	
	Housing Authority:	
	County:	
	City:	
	Other:	
	Other:	

Tenant Preferences are: \_\_\_\_\_

Number of units set-aside for special populations: \_\_\_\_\_

Projected number of children residing on-site: \_\_\_\_\_

**PROPOSED MANAGEMENT AGENT – Complete full contact information on pages 18 & 19**

**Proposed Management Agent/Company:** \_\_\_\_\_

**Agent Representative:** \_\_\_\_\_

**Ownership Entity:** \_\_\_\_\_

**Designated Owner Name:** \_\_\_\_\_

**OWNER-MANAGEMENT AGENT CERTIFICATION**

Date: \_\_\_\_\_ Property: \_\_\_\_\_

Fully Completed Management Packet Includes:

- Property Details and Contact Information
- Management Agent Qualifications
- Authorization(s) for Release of Information – if Agent is new to Oregon/OHCS
- Residents Services Plan
- Management Plan
- Tenant Selection Plan – property specific detail
- AFHMP –for each property in a scattered-site project
- All required supporting documentation, attachments, and additional pages for completing answers throughout

**NOTE: Scattered-site projects require documentation for each site.**

**MANAGEMENT AGENT**

The undersigned hereby certifies that they are the representative of the Management Agent with signature authority for the Property noted above and that the information presented in the fully completed Management Agent Packet including all accompanying documents and attachments in support thereof are complete, true and correct as of the signature date below.

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

Agent Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(With signature authority)

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

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

**OWNER**

The undersigned hereby certifies that they are the Designated Owner (i.e. Executive Director, general partner, management member, etc.) with signature authority for the property noted above and that I have no knowledge of anything contrary to the information presented in the fully completed Management Agent Packet including all accompanying documents and attachments in support thereof as of the signature date below.

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

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

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

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

**MANAGEMENT AGENT OUALIFICATIONS**

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

**PROPERTY**

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

**MANAGEMENT AGENT**

Management Agent: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year began managing affordable housing: \_\_\_\_\_

Previous/other company names used (aka/dba): \_\_\_\_\_

Management company ownership is:  
 Corporation    Partnership    Individual    Limited Liability Co.    Other; Specify: \_\_\_\_\_

**MANAGEMENT AGENT LICENSING**

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

Agent has a license to operate in the State of Oregon:    **Yes**    **No**

License Holder	License Number	License Expiration

**MANAGEMENT AGENT STAFF**

Total number of employees - \_\_\_\_\_

Total number of employees engaged in property management - \_\_\_\_\_ property maintenance - \_\_\_\_\_

Total number of program\* certified employees - \_\_\_\_\_

List program certifications held - \_\_\_\_\_

*\*Program= affordable housing programs (i.e. LIHTC, HOME, Bond, Section 8)*

Total number of employees dedicated to this property - \_\_\_\_\_

**Provide a copy of the current organizational chart for Management Agent.**

**Describe property oversight** – *On a separate sheet of paper*, describe the Agent’s property oversight plan or methods. Include details on Agent’s plan to oversee the Property if it is located a considerable distance from the corporate office or office is located in state other than Oregon.

**Describe supervision of on-site staff** - *On a separate sheet of paper, describe the Agent’s on-site staff supervision plan or methods.*

**MANAGEMENT AGENT EXPERIENCE**

**Describe Agent experience -**

*On a separate sheet of paper, describe the Agent’s (or specific employees of the Agent) experience with affordable housing property management. Include all property management experience or other comparable experience that demonstrates the skills necessary to manage this Property, include if applicable any experience managing congregate care facilities, residential care facilities or assisted living facilities.*

**Agents new to OHCS:** *Attach resumes if available. Include recent photos of building exteriors, grounds, parking areas, all common areas (including but not limited to garbage collection areas, community rooms, laundry rooms and play areas) of currently managed properties. Be sure to label each photo.*

**Agent experience with project default –**

This Agent has experienced a default or foreclosure:      Yes      No

If Yes, *on a separate sheet of paper* provide explanation of circumstance(s) surrounding each default or foreclosure and the outcome(s).

**Fair Housing -**

This Agent or any of its present personnel has been involved in a governmental or judicial action concerning a violation of “Fair Housing” laws:    Yes      No

If Yes, how many violations? \_\_\_\_\_ Provide dates of each: \_\_\_\_\_

**HUD 2530 and HUD 9839-B Approval –** *(Required for Risk Sharing and Project-Based Section 8 funded properties)*

Owner has received HUD 2530 approval from HUD and/or Agent has received HUD-9839-B approval from HUD:

Yes; copy of approval/s documentation are attached.

No; provide status of HUD approval - \_\_\_\_\_  
 \_\_\_\_\_

**MANAGEMENT AGENT REFERENCES**

Agent has provided property management services for the following:

Reference	Address	Phone/E-Mail	Date(s) Managed

**Attach a current portfolio description and completed Authorization for Release of Information form for each State Agency that has provided LIHTC/HOME or Bond funding to properties you currently own or manage.**

**MANAGEMENT AGENT QUALIFICATIONS CERTIFICATION**

The undersigned hereby certifies that they are the authorized signor of this Management Company/Agent and that the information set forth in this document and including all attachments required and provided in support of this, is complete, true and correct.

\_\_\_\_\_  
 Name of Agent (Authorized Signor)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Agent (Authorized Signor)

\_\_\_\_\_  
 Date

**RESIDENT SERVICES PLAN**

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

Property: \_\_\_\_\_

Existing Property       New Construction

Owner: \_\_\_\_\_

Agent: \_\_\_\_\_

Services Coordinator: \_\_\_\_\_

**Identify:**

Initial Resident Services Plan

Updated Residents Services Plan

If this is an updated plan, provide the date plan was first written & approved: \_\_\_\_\_

*Include a complete copy of the initial or previously approved plan.*

**OVERVIEW**

OHCS has long recognized resident services as an integral part of the ongoing success of affordable housing developments. Not only are appropriate services important and empowering to residents, they also bring benefit to property management, to the Owner and to the local community as well.

An effective Resident Services Plan (“RSP” or “Plan”) adds to a Property’s marketability and can be advertised as an added amenity. Service coordination establishes important links with service providers, which can result in positive community exposure. A RSP can improve cash flow by reducing evictions, unit turnover and the resulting vacancy loss. An effective Plan includes a provision for crisis prevention resulting in savings in physical damage to units, unpaid rent and lease violations.

**Plan Updates:**

All RSPs should be reviewed and updated at least once every 5 years or more often as needed. Any change to an RSP must be approved in writing by the OHCS Compliance Officer (“CO”) for the Property. The proposed change(s) must demonstrate that the changes (s) are comparable to what was originally promised for the property and the change (s) would meet the needs of the current resident population.

**ANTICIPATED OUTCOMES AND GENERAL GUIDELINES**

Through coordination, collaboration and community linkages, residents will be provided the opportunity to access appropriate services which promote self-sufficiency, maintain independent living and support them in making positive life choices. An effective plan will also help to maintain the fiscal and physical viability of the Property by incorporating into the ongoing management the appropriate services to address resident issues as they arise.

- General low-income population support and services may include improving residents’ ability to maintain their lease obligations, enhance quality of life through programs for employment, education, income/asset building, child and youth development, community building and improving access to services.
- Elderly support and services could include improving residents’ ability to uphold their lease throughout the aging process through better access to health and other services enhances quality of life through community building, socialization and other programs.
- Support and services for special needs populations should focus on the strengths and needs of the target population to provide for daily support along with assistance in being a part of the larger community.

## **DIRECTIONS FOR COMPLETING AND UPDATING THE PLAN**

### **Step One -**

#### **Target Population and Service Needs Assessment:**

Conduct research and collect data to establish the needs of the current resident population. Do not assume the Property can meet all the service needs of the resident population or what those service needs are without thorough investigation. Contact appropriate community resources such as social service providers, civic organizations, health care providers and local government agencies. Inquiries about possible service needs of the resident population should be made at neighborhood schools, community centers, churches and libraries. For Plan updates, thorough resident surveys should be conducted on-site. Further, it is beneficial to design an assessment instrument to be utilized during resident leasing. Such an instrument can verify the accuracy of service needs projected prior to occupancy and is a helpful evaluation tool as service needs change from time to time and are required to be updated.

In smaller communities and neighborhoods it is sometimes possible to extrapolate the needs of the resident population of the housing development based upon identified needs of the local community as a whole. Review demographic information as part of this approach.

### **Step Two –**

#### **Identification and Coordination of Services:**

The scope of the Plan should be based upon the identified needs of the resident population. Include only services that can be realistically delivered and address the most pressing needs of the residents. An effective Plan may include a long list of services or just one (1) or two (2) services that are fully developed, easily accessible and address the critical needs of the resident population.

Conduct research and collect data about existing services available to residents at the Property. The services must be specific to the Property and must meet the needs and characteristics of the resident population. Plans must identify local community resources, determine specific eligibility requirements and establish the availability of the services to the residents. Success of the Plan relies on the Owner establishing strong community linkages and recognizing this outreach as an opportunity to market the Property to community providers who serve the resident population and to establish roles and relationships in coordination of services for the Property. Obtain or renew firm letters of intent or memorandums of understanding from potential service partners/providers. This will add to the success of the Plan and services.

### **Step Three –**

#### **Implementation:**

Describe how and where services will be provided and identify who will be responsible for service delivery. Owners may arrange to offer services on-site in a community room or in the resident's unit for individuals who require in-home services. Owners may also establish a direct referral system where residents can access available services outside the development or off-site. An efficient information and referral system should be more than a display of brochures and flyers or a community directory. It should provide assistance with building relationships among residents and between residents and their larger community. An effective Plan is goal-oriented with clear and measurable outcomes as defined under "Anticipated Results". Whether the implementation of the Plan is through a service provider or is incorporated as the responsibility of the Agent, the Plan should include the service provider's duties, their qualifications and experience. These will help guarantee that the anticipated results will be achieved. Include a description of the resources available or planned, the process for ongoing implementation of the plan and the coordination and delivery of services.

### **Step Four –**

#### **Evaluation and Coordination with Management:**

Develop a process and discuss how the services will be evaluated for effectiveness on an on-going basis. Evaluating the Plan will ensure that as the resident population and their needs changes, the Plan will be adapted to meet those needs. Include in the process how service delivery will be coordinated with the Agent and on-site personnel. Coordination of services with the Agent must include a deliberate and specific plan/process such as weekly meetings, a system for sharing information through reports and utilization of a formal referral system.

### **Compliance –**

Many funding sources provided through OHCS have social service requirements that are specified in grant and/or regulatory agreements for the Property with the actual Resident Services Plan (“RSP” or “Plan”) attached and recorded with the agreements. In other instances, Owners have promised as part of their application for funding from OHCS to provide resident services at the Property. In either case, the Plan is required.

The OHCS Asset Management and Compliance Section (“AMC”) is required to review, approve and monitor all Resident Service Plans and requirements. This process will include ensuring that the Owner has established the required Plan and it has been approved by OHCS, follow-up to determine that the Owner and Agent are following the plan as written and that the Plan is evaluated and updated regularly as required for the Property. Specific records must be maintained to support the Owner’s efforts to implement, follow, evaluate and update the Plan as required.

## **COMPLETE THE RESIDENT SERVICES PLAN**

**Complete the Resident Services Plan. Provide complete and detailed answers to all of the following on additional sheets of paper and attach them to this document.**

### **Target Population and Service Needs Assessment-**

1. Describe the target population at this Property and the services needs of the current or prospective residents.
2. Include the methods used to determine the needs of the current residents.
3. Provide details of the community contacts made and the assessment instrument (s) utilized.

### **Identification and Coordination of Services –**

1. Describe how available services in the community were identified and the efforts involved to coordinate and collaborate on the design of this Plan.
2. Specify any existing or proposed contractual agreements that will be in place with local service providers for this Property.
3. Attach copies of Letters of Intent or Memorandums of Understandings entered into for services at this Property.

### **Implementation –**

1. Describe your plan to meet the needs of the residents. Include who is responsible for implementation of this Plan and how the services will be delivered; if services will be offered on-site, off-site on a referral basis or both.
2. Include the goals established for the Plan and identified outcomes for each.
3. Provide an outline of the service provider’s duties, qualifications and experience. Include Owner’s oversight process with management and contracted service provider to ensure this Plan is implemented to achieve the Owner’s goals.

### **Evaluation and Coordination with Management -**

1. Describe how the Resident Services Plan will be evaluated.
2. Include a schedule of when the service outcomes will be measured for value and effectiveness.
3. If the results of the Plan are not as anticipated, describe the corrective actions that will be taken.
4. Provide a detailed outline of the Plan to ensure ongoing coordination of the Plan with the appropriate property staff, Agent staff and service provider (s). Include information on ensuring the correct staff persons are hired and trained to maintain the approved Plan as written and continue the evaluation processes over time.

### **Compliance -**

1. Describe the methods that will be used to record the Plan in use and which supports the Owner’s efforts to implement, follow, evaluate and update the Plan as required.



**MANAGEMENT PLAN**

Many items will require written explanations. Provide responses *on separate sheets of paper* and attach to this document.

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

**PROPERTY**

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Owner: \_\_\_\_\_

Management Agent: \_\_\_\_\_

**ROLE AND RESPONSIBILITY OF MANAGEMENT AGENT**

**Describe the supervisory relationships between property Owner, Agent, and property management staff –**  
*Include a copy of the current organizational chart for the Agent.*

The 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 is:** \_\_\_\_\_

**Management Agreement –**

Attach a copy of the current Management Agreement between Owner and Agent.

*NOTE: For Risk Sharing, Elderly/Disabled Bond & Operating Agreement programs, OHCS' Regulatory Agreement as to Project Management will be the controlling document for management purposes.*

**PERSONNEL POLICY AND PROPERTY STAFFING**

**Number of designated (exempt) staff units per the Regulatory Agreements # \_\_\_\_\_ Size(s) \_\_\_\_\_**

Identify designated staff units by #: \_\_\_\_\_ **Complete and Submit Staff Unit approval Form**

**Site Staff live on-site in a designated staff unit:      No      Yes; complete and submit Staff Certification Form**

Property Staffing Details	# Staff Units Provided	# Full Time	# Part Time	Wage Rate or Salary	
				Full Time	Part Time
Site Manager					
Assistant Site Manager					
Maintenance Supervisor					
Maintenance Personnel					
Other:					
Other:					

**Describe Agent's method for ongoing 24 hour/7 days per week on-site property management –**  
**Describe plan for maintaining program (s) compliance for the Property and include personnel responsible.**  
**Outline the minimum qualifications required of personnel to be hired by the Agent.**  
**Describe the training programs established for management personnel regarding affordable housing programs**

*Include specific types of trainings and ongoing frequency of each. Indicate property staff and the certifications held by each.*

**ADVERTISING – MARKETING PLAN**

Property marketing is required. Multiple types and locations of marketing is a must and are needed in order to reach varied potential residents. Therefore, it is not acceptable to market only on the internet. This section must be completed in addition to the AFHMP.

**Property Advertising Details (COMPLETE This Section Blank – Do NOT write in "See AFHMP"):**

Type	Name	Date Placed	Duration of Advertisement	Audience/Locations Reached
Newspaper (s)				
Rental Publication (s)				
Social Service Agency				
Housing Authority				
Senior Center (s)				
Internet-Website (s)				
Other:				

**Affirmative Fair Housing Marketing Plan (AFHMP)-**

Properties funded through the LIHTC, HOME and Risk Share Programs must follow the required Affirmative Marketing Procedures. All affordable housing should establish affirmative fair housing marketing procedures.

**Attach a copy of the current/updated Affirmative Fair Housing Marketing Plan (AFHMP) (HUD Form-9352a) for this Property.** All areas of the document must be completed. Include copies of Census Data information used to complete the form.

**RESIDENT PROCEDURES**

The Owner/Agent is responsible for establishing tenant selection procedures. These procedures describe the methods and procedures for taking applications and screening tenants at the property.

Tenant selection procedures must:

- Be consistent with the purpose of providing housing for low-income and very low-income families;
- Be reasonably related to Program eligibility and the tenant’s ability to perform the obligations of the lease;
- Provide for the selection of tenants based on a written waiting list in the chronological order of application, to the extent practicable; and
- State that the Owner or Agent will give prompt written notice to any rejected applicant, with an explanation of the grounds for rejection.
- For properties with State elected lower set-asides, include a plan that demonstrates how rents will be monitored and assigned to the lowest income households on at least an annual basis.

FOR HOME:

- Include a plan to re-designate HOME assistance when a household residing in a HOME unit has annual income that has increased and goes over 80% AMI.

**Outline the applicant/resident screening procedure for this property –**

*Include the personnel responsible for this task.*

**Attach a copy of the current Resident Selection Plan/Screening Policy - Provide a copy of the current lease documents in use at this property and include description of the late rent policy for residents.**

**Outline methods for compliance with the Fair Housing Act in relation to resident screening.**

**Outline procedure for handling resident grievances or concerns –**  
*Attach a copy of procedures and include copies of the current House Rules and Guest Policy.*

**Outline the resident eviction procedure for the property -**

**Deposit and Fee Details:**

Type	Amount	Amount Refundable
Application/Screening Fee		
Reservation Deposit/Fee		
Security Deposit		
Cleaning Deposit		
Cleaning/Maintenance/Repair Fees		
Pet Deposit*		
Other:		
Other:		

\*Pet Rent is not allowed in the State of Oregon.

**Complete the Resident Services Plan section of this packet.**

**FINANCIAL AND ACCOUNTING PROCEDURES**

**Describe the financial and accounting procedures and records management that are in place for this property. Be sure to include rent collection procedure, accounting methods and purchasing policies –**  
*Include financial reporting requirements regarding budgets, income/expense reports and audited financial reports.*

**PROPERTY MAINTENANCE PROGRAM**

**Agent’s maximum expenditure allowed without Owner approval: \$ \_\_\_\_\_**

**Does Agent have a written preventative maintenance plan and keep records to support the plan is followed?**

**NO**      **YES -** *Attach a copy of the plan. Include description of documentation kept to support the plan.*

**Describe procedure required of residents to report maintenance issues/needs to management -**  
*Include management’s process for handling reported maintenance requests and work orders.*

**Describe the unit maintenance and turnover procedures for the property –**  
*Include the following:*

- Average length of time to prepare unit for occupancy
- Move-out inspection and turn-over procedures
- Management of substantial rehabilitation work required at unit turnover
- How major repairs are scheduled and completed
- Written policy/procedure/schedule for unit/property inspections
- Record of maintenance inspections kept
- Schedule for exterior painting
- Current equipment certifications (i.e. elevators, fire systems, fire extinguishers, boilers etc.)

**Lead-Based Paint -**

Was this property built before 1978? **Yes** **No**  
If yes, are annual lead-based paint evaluations being completed? **Yes** **No** - If no, provide explanation

Are Lead-Based paint disclosures or pamphlets being provided to households? **Yes** **No** If no, provide explanation

**Infestations -**

Describe policy/procedure for handling any property/unit infestations of insects (roaches, bed bugs etc) and/or other vermin. Include information on any past experience (s) with bed bug mitigation management.

**Security Measures -**

Is the property located in a high crime area? **Yes** **No**

Describe the assessment of security at this property and measures in place or that will need to be added in order to ensure the safety and well-being of the property and the residents.

**AFFORDABLE HOUSING PROGRAMS MANAGEMENT**

**Understanding the Regulatory Agreements –**

Owner has provided Agent copies of all Funding Regulatory Agreements etc – **Yes** **No** - If no, provide explanation

**Administrative Notebook – Is maintained – Yes No - if no, provide explanation**

Required documents to be maintained in the notebook include:

- Regulatory Agreements/Restrictive documents
- Documentation reflecting current utility allowances and source
- Current Income and Rent limits
- Approved Resident Services Plan
- Copy of 8609s with Part II completed by Owner (LIHTC only)

**NOTE: OHCS requires an Administrative Notebook be maintained at the property.**

**Required Set-Asides per funding type:**

OHCS Funding Type	Number of Units	Percent Set-Aside Required

Are there any market rate units at this property? **No** **Yes** If yes, provide details.

**MANAGEMENT AGENT PLAN CERTIFICATION**

The undersigned hereby certifies that they are the authorized signor of this Management Company/Agent and that the information set forth in this document and including all attachments required and provided in support of this, is complete, true and correct.

\_\_\_\_\_  
Name of Agent -Authorized Signor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Agent - Authorized Signor

\_\_\_\_\_  
Date

## 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.**

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

<b>Agent Contact</b> Effective Date:	
Name:	
Title:	
Company:	
Address:	
Email:	
Phone:	

<b>Site Contact 1</b> Effective Date:	
Name:	
Title:	
Property:	
Address:	
Email:	
Phone:	
*Lives onsite - if yes, indicate unit #:	

**If site staff live on-site in a designated staff unit, both staff unit approval forms must be completed and submitted .**

<b>3<sup>rd</sup> Party Consultant</b> (if applicable)    Effective Date:	
Name:	
Title:	
Company:	
Address:	
Email:	
Phone:	
Provide date 3 <sup>rd</sup> party consultant contracted for this property:	

Only complete 3<sup>rd</sup> Party consultant information if you currently contract consultant for this property.

**PROPERTY CONTACT INFORMATION - CONTINUED**

<b>Owner's Annual Reporting (CCPC) Contact</b> Effective Date:	
Name:	
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:	
Title:	
Company:	
Address:	
Email:	
Phone:	
<b>Additional Owner Contact</b> (if applicable) Effective Date:	
Person is part of the ownership of the property	
Name:	
Title:	
Company:	
Address:	
Email:	
Phone:	

Note: For properties changing management agents, OHCS has ownership entity information on record. Any variance in information provided will be verified.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**For Companies new to OHCS**, 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 \_\_\_\_\_ E-Mail \_\_\_\_\_

State Agency, as the Agent noted above, we hereby authorize you to complete the info below 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.

Management Company Signature—Authorization of Release \_\_\_\_\_ Date \_\_\_\_\_

**State where projects are/have been managed or developed by this Company:** \_\_\_\_\_

**State Agency:** \_\_\_\_\_

Project Name	City	LIHTC Project No. / Other Funding Type

If more projects, please include on separate page and attach

State Agency Address \_\_\_\_\_

State Agency Compliance Manager/Contact \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

**State Agency completes the following information:**

**No Notice(s) of violations have been issued in the past 36 months for any project managed by this company.**

**Notice(s) of violations have been issued in the past 36 months for the following projects managed by this company:**

Identify 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 State Agency's rating of Company's performance expectations are:** Meets \_\_\_\_\_ Does Not Meet \_\_\_\_\_

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

Preparer’s Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

**Please return this completed document to:** Kimber DeBoie, Senior Portfolio Analyst, Portfolio Administration, OHCS 725 Summer St NE, Suite B, Salem, OR 97301-1266; Phone: 503-986-2018