Management Agent Packet (MAP) Form

This Management Agent Packet (MAP) applies to requests to the State of Oregon, acting by and through its OHCS, regarding the management of properties with OHCS funding sources and therefore party to OHCS regulatory agreements.

The submission of a Management Agent Packet and any directed supplemental documentation provides proposed management agents the opportunity to demonstrate their qualifications and understanding of the property as well as any programmatic requirements. Please refer to the Management Agent Packet webpage for more information on how to submit a completed packet.

MAP Submission Type

Select all that may apply:

New Construction ☐ Acquisition ☐

Rehab ☐ Management Change ☐

Property Type

Identify the Type of Project:

Single Site ☐ Scattered Site ☐

If Project is a Scattered Site, how many site locations?

Identify the Type of Property:

Multi-Family Apartments ☐ Assisted Living Facility ☐

Mobile Home Park ☐ Group Home ☐ Other:

Is the Project occupied? Yes ☐ No ☐

What is the General Population for this project?

Families ☐ Elderly ☐ Disabled ☐ Other:

Are there any project-specific Tenant Preferences? Yes ☐ No ☐

Tenant Preferences:

This project has units set-aside special populations (such as Permanent Supportive Housing for chronically homeless, etc.) Yes ☐ No ☐

Special Populations:

Property Identification – Single Site

For a **single site project**, please complete:

Property Name:

HFA#:

Parent Ownership Entity/Legal Property Name (LLC, LP, etc.):

Property Address (Street, City, State, Zip):

County:

Year Built/ Year Rehabbed:

Total Number of Units: **Number of Resident Buildings:**

Unit Breakdown:

SRO	Studio	1-BD	2-BD	3-BD	4-BD	____BD

Property Identification – Scattered Site

For a **scattered site project**, please complete the fields below for all site locations. If additional space is needed, attach an additional page. If the project is not a scattered site, please skip this section.

Scattered Site Project Name:

HFA #:

Parent Ownership Entity/Legal Property Name (LLC, LP, etc.):

Site #1

Site Name:

Street Address:

City/State/Zip:

County:

Year Built/Last Rehabbed:

Total # of Units:

# of Resident Buildings:

Unit Breakdown:

SRO	Studio	1-BD	2-BD	3-BD	4-BD	____BD

Site # 2

Site Name:

Street Address:

City/State/Zip:

County:

Year Built/Last Rehabbed:

Total Number of Units:

Number of Resident Buildings:

Unit Breakdown:

SRO	Studio	1-BD	2-BD	3-BD	4-BD	_____BD

Site # 3

Site Name:

Street Address:

City/State/Zip:

County:

Year Built/Last Rehabbed:

Total Number of Units:

Number of Resident Buildings:

Unit Breakdown:

SRO	Studio	1-BD	2-BD	3-BD	4-BD	_____BD

Site # 4

Site Name:

Street Address:

City/State/Zip:

County:

Year Built/Last Rehabbed:

Total Number of Units:

Number of Resident Buildings:

Unit Breakdown:

SRO	Studio	1-BD	2-BD	3-BD	4-BD	_____BD

Property Funding – OHCS

Please select all **OHCS Funding Programs** that are currently applicable to this project by placing a check in the left column. You must identify the set-asides to include the number of restricted units and the applicable Area Median Income/Median Family Income(s)% per the agreement. **Do not enter non-OHCS funding.**

Note: Certain OHCS Funding Types or Agreements will require Management to enter into a Regulatory Agreement as to Project Management with OHCS

Check	OHCS Funding Programs	# of Units	AMI/MFI Restriction %
☐	4% Low Income Tax Credit (LIHTC)		
☐	9% Low Income Tax Credit (LIHTC)		
☐	Local Innovation and Fast Track (LIFT) Rental		
☐	Conduit Bonds		
☐	OHCS-Issued HOME Investment Partnerships Program (HOME)		
☐	Housing Development Grant Program (HDGP)		
☐	General Housing Account Program (GHAP)		
☐	Veterans GHAP		
☐	Weatherization (LIWX/OMEP)		
☐	Oregon Affordable Housing Tax Credit (OAHTC)		
☐	Ag Worker Housing Tax Credits (AWHTC/FWTC)		
☐	Risk Share		
☐	Elderly/Disabled Bonds		
☐	TCAP/ARRA 1602 Exchange		
☐	National Housing Trust Fund (HTF)		
☐	OHCS-Monitored HUD 811 Project Rental Assistance (PRA)		
☐	OHCS-Administered (HCA) HUD Contract Section 8		
☐	OHCS Permanent Supportive Housing (PSH)		
☐	Portfolio Stabilization Funds		
☐	Higher Education Loan Programme (HELP)		

Check	OHCS Funding Programs	# of Units	AMI/MFI Restriction %
☐	Neighborhood Stabilization (NSP2)		
☐	Mental Health Housing Fund (MHHF)		
☐	Community Investment Program (CIP)		
☐	Other:		
☐	Other:		

Property Funding – Other Agencies

Please indicate any major non-OHCS funding programs applicable to this project by placing a check in the left column. This should include those from federal agencies, as well as any county and/or local agencies and housing authorities. It is of the utmost importance that we are aware of any external funding this project may have.

Check	External (non-OHCS) Funding Programs	Issuing Agency	# of Units	AMI/MFI Restriction %
☐	HUD Sec 8 Rental Assistance			
☐	Project-Based Vouchers (PBV) (Housing Auth)			
☐	Veterans Affairs Supportive Housing (VASH)			
☐	USDA Rural Development (RD-515)			
☐	HOME (issued by County, City, etc.)			
☐	Other:			
☐	Other:			

HUD approval for HUD Section 8 and Risk Share Funded Projects: If the property has HUD Sec 8 or Risk Share funding, you must submit a copy of your approved HUD 2530 and 9839B showing that HUD has been informed of the management

change when submitting the Management Agent Packet to OHCS Portfolio Administration.

Management Agent Information and Experience

Complete all sections. Do not leave any field blank; enter N/A if not applicable.

Please select the Management Type:

Owner-Managed ☐ Third Party Managed ☐

Management Agent/Entity:

Mailing street address:

City/State/Zip:

President/CEO Name:

Year company established:

Previous/Other company names used:

Current Overall Portfolio Size:

Properties: Units:

The above Management Entity has experience managing OHCS-funded properties?

Yes ☐ No ☐

If no, does the above management entity have experience managing affordable housing in other states?

Yes ☐ No ☐ If yes, which states?

Please indicate which major funding programs the Management Agent/Entity has sufficient compliance knowledge of and/or experience with. Check all that apply:

LIHTC ☐ Risk Share/Elderly Bond ☐ HOME ☐

Permanent Supportive Housing ☐ HUD Sec 8 ☐

Other:

Please list any relevant industry compliance, and/or program certifications that your staff may hold (i.e.: HCCP, C3P+, SHCM, etc.):

Note: If the Management Entity is found to not have sufficient experience and/or training on the affordable funding programs that are relevant to the property they intend to manage, Management may be required to contract with a qualified third party compliance firm/agency until such training can be completed.

Which entity will be responsible for compliance matters? Please choose:

Management Agent will be responsible for compliance matters (tenant files, reporting, etc.). ☐

Ownership will be responsible for compliance matters. ☐

Management Agent/Owner will be contracting a 3rd party for compliance matters. Which Third Party compliance firm? ☐

Which entity (Management or Ownership) will be responsible for submitting the following items for this property?

Annual Financial Reporting (if required)?

Annual Continuing Certification of Property Compliance (CCPC) reporting?

Please indicate the property's accounting Fiscal Year End Month (FYEM):

Management Agent Staffing Plan

Please complete:

Staff Position	# of Intended Full-Time Employees	# of Intended Part-Time Employees	Need to Hire? Y/N
Site Manager			
Assistant Site Manager			
Leasing Staff			
Maintenance Supervisor			
Maintenance Technicians			

Is a Manager/Staff Unit allocated per funding agreements or been approved by OHCS?

Yes ☐ No ☐

Will a staff member be living on site? Yes ☐ No ☐

If yes, which Staff Position?

Note: If there is a change to the Staff Unit or new staff will be living in an allocated Staff Unit, Staff Unit Approval and Staff Certification forms will need to be provided to the property's assigned OHCS Compliance Analyst for approval.

Management Business Registration

Please select one:

Management Agent's OR Secretary of State Business Registration has already been provided during earlier steps in the MAP process. ☐

Management Agent's OR Secretary of State Business Registration **has not already been provided but** will be submitted along with the other supplemental MAP documentation that is required. ☐

Management is **not** registered with OR Secretary of State. ☐

Reason:

Management Real Estate License

Please select one:

Management Agent's documentation of a valid OR Real Estate License has already been provided during earlier steps in the MAP Process. ☐

Management Agent's OR Real Estate License **has not already been provided but** will be submitted along with the other supplemental MAP documentation that is required. ☐

Management Agent is claiming an exemption per ORS 696.030. ☐

Exemption Reason:

Management Certification

As an authorized representative of the Management Agent/Entity, I certify that:

- Management Agent/Entity has the operational capacity to manage this property in a satisfactory manner along with all other properties within the OHCS portfolio.
- OHCS is authorized to conduct any necessary reference checks with any provided/requested reference contacts regarding our professional performance (if Management Agent/Entity is new to managing OHCS properties).
- We agree to engage in clear, consistent, and timely communication with OHCS on any required matters related to this Management Agent Packet and once approved, on any matters that may come about in the future while managing the subject property.
- We can confirm that the Management Agent/Entity is registered with the Oregon Secretary of State and that, if applicable, the Management Agent/Entity meets the Oregon Real Estate Licensure requirements with a valid License. We are legally able to conduct property management activities in Oregon.
- All information reported in this Management Agent Packet and in the provided supplemental documentation is complete and true to the best of our knowledge.

Management Agent/Entity:

Authorized Signer Name:

Signature:

Date:

Ownership Certification

As the authorized representative of the property Ownership Entity, I attest that

- I have legal signing authority for the property's parent ownership entity.
- This document and all supplemental materials that are required to be provided as part of the Management Agent Packet process have been reviewed by the property's ownership and have been found to be complete and true.
- Prior to engaging in a Property Management Agreement, we have appropriately verified our selected Management Agent's ability to legally conduct property management activities in the state of Oregon.
- I understand that property ownership is the party that is ultimately responsible for any compliance-related matters with OHCS and the overall performance of the management agent chosen.
- We agree to engage in clear, consistent, and timely communication with OHCS on any required matters related to this Management Agent Packet and once approved, on any matters that may come about in the future regarding the subject property.

Ownership Entity:

Authorized Signer Name:

Signature:

Date: