

MANAGEMENT REVIEW QUESTIONNAIRE

Property Name: _____

Inspection Date: _____

A. Property Maintenance Operations

CERTIFICATIONS

Check the appropriate box below for applicable paperwork that is current. Please have copies of the certifications **available** the day of the review. The following is a checklist of the areas that are included:

<u>Certificate:</u>	Yes	No	N/A	Certification Date
Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Generator Test Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead Based Paint Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Smoke and Carbon Monoxide Detectors were last tested on? Date: _____

PREVENTATIVE MAINTENANCE

1. Does management have a written preventative maintenance plan? Yes No
2. Does management have documentation showing they are following the preventative maintenance plan? Yes No
3. How often are sewer lines, roofs, gutters and downspouts cleaned? Frequency
4. How often are entryways, siding, exterior windows, etc. cleaned? Frequency
5. Does management have a schedule for preventive maintenance and servicing of all items listed below?

<u>System / Item</u>	<u>Completed by</u>	<u>Frequency</u>
• Heating and A/C Equipment	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Water Heaters	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Cleaning Carpets and Drapes	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Inspect Roof and Fascia	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Major Appliances	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Motor Vehicles	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Grounds Maintenance	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency
• Other _____	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor	Frequency

6. Is there a schedule for exterior painting? Yes No

If yes, specify the schedule: _____

7. Was the property built pre-1978? Yes No Building construction year? _____

8. Do Lead Based Paint requirements apply? Yes No

If No, explain why? (See 24 CFR 35.115 for a list of exemptions) _____

9. Are annual Lead Based Paint re-evaluations being completed? Yes No
10. Is the Lead Based Paint disclosure or pamphlet provided to the households? Yes No
11. Has the property experienced any infestations **over the last year**? Yes No

If yes, please complete: Roach Bed Bug Vermin Other: _____

Units affected **over the last year** _____ When: _____

Explain your remedy procedure: _____

List units **currently** affected: _____

CAPITAL NEEDS ASSESSMENT

Any major capital item requiring repair or replacement in the next five years? Yes No

*(Attach most recent copy of Capital Needs Assessment for the property if available.)

- | | | |
|---|---|------------------|
| <input type="checkbox"/> Roof: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Foundations: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Structural: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Elevators: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Windows: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Doors: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> HVAC: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Kitchens: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Baths: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Underground Utilities: | | |
| • <input type="checkbox"/> Storm Drains | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| • <input type="checkbox"/> Water Lines | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| • <input type="checkbox"/> Other: _____ | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Electrical: _____ | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |
| <input type="checkbox"/> Other: | Repair <input type="checkbox"/> or Replace <input type="checkbox"/> | Immediacy: _____ |

UNIT TURNOVER

1. What is the average amount of time it takes to prepare a vacant unit for occupancy? _____ days
2. How many units required substantial turnover to make rent ready in the past year? _____ number

Unit numbers: _____

Describe reason for substantial rehab? _____

Describe reason for substantial rehab? _____

3. Does management have a written policy and procedure establishing an inspection schedule? Yes No
4. Does management keep a record of maintenance inspections? Yes No
5. Does management keep a chronological record of work completed in each unit? Yes No
6. How frequently are units inspected? Frequency _____ Last date of unit inspections: _____

7. Have any units been taken off-line in the last 12 months due to deferred maintenance or disaster (i.e. fire, flood, other)? Yes No

If yes, indicate unit #, how long it has been vacant, reason, and if unit is ready-to-rent (RTR):

- Unit #: _____ Vacant: _____ (days) Reason: _____ RTR? Yes No
- Unit #: _____ Vacant: _____ (days) Reason: _____ RTR? Yes No

B. Leasing and Occupancy Operations

TENANT SELECTION & APPLICATION PROCESSING

1. Does the property maintain a waiting list of prospective tenants? Yes No

If yes, list number of applicants on the waiting list for the types of units below:

0 BR: _____ 1 BR: _____ 2 BR: _____ 3 BR: _____ Other: _____

2. Does the property follow a written tenant selection plan? Yes No

3. Has the property implemented any tenant preference requirements? Yes No

If so, list preference (i.e. Elderly) _____

4. Does management check references? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Previous landlord(s) | <input type="checkbox"/> Drug, sex offender, & Criminal screening |
| <input type="checkbox"/> Personal references | <input type="checkbox"/> Credit bureaus (Cost = \$ _____) |
| <input type="checkbox"/> Employer(s) | <input type="checkbox"/> Other: _____ |

5. Does management provide denied applicants a written explanation for rejection? Yes No

If not, explain the process for notifying rejected applicants of the rejection. _____

6. Describe advertising/marketing efforts over the last 12 months: (Indicate Frequency from drop down)

- | | | |
|--|---|---|
| <input type="checkbox"/> Newspaper - Frequency | <input type="checkbox"/> Local Agencies - Frequency | <input type="checkbox"/> Internet - Frequency |
| <input type="checkbox"/> TV - Frequency | <input type="checkbox"/> Fliers - Frequency | <input type="checkbox"/> Community Events - Frequency |
| <input type="checkbox"/> Other: _____ | Frequency | |
| <input type="checkbox"/> Other: _____ | Frequency | |

LEASES & DEPOSITS

1. Have changes been made to the lease in the last twelve months? Yes No

2. Describe the changes made: _____

3. Does the lease require the owner/managing agent and tenant(s) to sign and date? Yes No

4. Aside from rents and security deposits, what other charges are assessed (i.e., replacement keys, lockouts)?

- | | | |
|----------------------|----------|--|
| • Replacement Key | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Returned Check | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Lockout | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Cleaning Fee | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Administration Fee | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Screening Fee | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Pet Fee | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Other: _____ | \$ _____ | Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Are new tenants advised of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Property rules | <input type="checkbox"/> Lease terms |
| <input type="checkbox"/> Maintenance request procedure | <input type="checkbox"/> Explanation of appliances |
| <input type="checkbox"/> Grievance procedures | <input type="checkbox"/> Rent payment procedure |
| <input type="checkbox"/> Security deposit and charge backs | <input type="checkbox"/> Location of schools, transportation, services, etc. |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

RENT & UTILITY ALLOWANCE

Provide the Current Rental Rates: Effective date of current rent: _____

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

Provide the Current UA Rate: Effective date of current UA: _____

0 BR: _____ 1 BR: _____ 2 BR: _____ 3 BR: _____ 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 only authorized staff? Yes No
3. List all authorized staff with access to the tenant files?
 - Name/Title: _____
 - Name/Title: _____
 - Name/Title: _____
4. Describe the procedure and schedule regarding how owner/management properly disposes of tenant records:

BUDGET MANAGEMENT

1. If required, is an aged delinquency report prepared monthly? Yes No
2. How many tenants have not paid their rent by the tenth of the month? _____
3. How many tenants have not paid their rent by the end of the month? _____
4. What is the amount of late fees collected monthly? \$ _____

ADMINISTRATIVE

1. Is there an Administrative Notebook/manual on-site? Yes No
2. Indicate the documents included in the Administrative notebook:
 - Restrictive documents associated with property Yes No
 - Documentation reflecting current utility allowance & its source Yes No
 - Current income limits Yes No
 - Current rent limits Yes No
 - Resident Services Plan Yes No
 - Copy of completed 8609 form/s; including lower portion, part II: Yes No
(for LIHTC funding only)
3. Are additional LIHTC/HUD handbooks, manuals & guide materials available on-site? Yes No
If no, describe tools available to staff? _____

4. Indicate facilities included in the eligible basis; per section 42(d) of the code: (for LIHTC funding only)

- Swimming Pool/Spa: Yes No Community Room(s): Yes No
- Play Ground: Yes No Recreational Area: Yes No
- Parking Area(s): Yes No Laundry Facilities: Yes No
- Washer/Dryer hook-ups Yes No Storage Area(s): Yes No
- Other (specify): _____ Yes No
- Other (specify): _____ Yes No

5. Were common areas changed or renovated into commercial and/or office space? Yes No
If yes, please specify: Type of change: _____ Completed on: _____

MANAGEMENT COMMUNICATION AND TRAINING

1. When on-site staff has questions, do they know who to call for assistance? Yes No
Contact Name: _____ Contact Number: _____

2. How does the owner or managing agent implement and inform staff of program changes in policies and procedures? Describe the process:

3. Is there a formal ongoing training program provided for staff? Yes No
Indicate types of training used and the frequency:

- On site _____ Frequency
- Housing Consultants _____ Frequency
- HUD seminars _____ Frequency
- Local colleges _____ Frequency
- Other: _____ Frequency

4. List property staff with program training certifications:

Staff Name	Certification	Certification Date
_____	_____	_____
_____	_____	_____

5. What is the owner/agent's procedure for responding to after hour/emergency calls:

PROPERTY SECURITY

1. Is the property located in a high crime area? Yes No
2. 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.
3. Over the past 12 months how many police calls were generated for the following incidents:
 _____ Drug Activity _____ Auto Theft
 _____ Break-ins _____ Personal Assault
 _____ Vandalism (including graffiti) _____ Other _____
4. Describe the security measures taken to ensure the safety and well-being of the property and the residents.

5. Attach copies of all police reports and/or call logs for the property address for the past 12 months.

Attached Yes No

VACANCY

1. How many units are currently vacant?

- Number of vacant units: _____
- Number ready for occupancy: _____
- Average length of time to re-rent a unit (from vacate to occupancy): _____

2. Are there any factors listed below contributing to vacancy problems?

- | | | |
|---|---|--|
| <input type="checkbox"/> Security Problems | <input type="checkbox"/> Rents too High | <input type="checkbox"/> Inadequate Marketing |
| <input type="checkbox"/> Property Reputation | <input type="checkbox"/> Poor Maintenance | <input type="checkbox"/> Bedroom Size/Mix |
| <input type="checkbox"/> Location | <input type="checkbox"/> Lack of Demand | <input type="checkbox"/> Non-competitive Amenities |
| <input type="checkbox"/> Tenant/Mgmt. Relations | <input type="checkbox"/> Other: _____ | |

3. Based on the factors identified above, what actions are being taken to resolve the issue/s?

4. Does management have a system to monitor timely preparation of vacancies for rental? Yes No

If yes, how is it monitored? _____

5. Do tenants and management/owner perform a move-in inspection together and record it in writing?

Yes No

6. Do tenants and management/owner perform a move-out inspection together and record it in writing?

Yes No

EVICCTIONS

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

Reason/s for each eviction/s: _____

2. Average Cost per eviction \$ _____

3. Eviction handled by: Owner/Agent Attorney on staff Attorney on contract

RESIDENT SERVICES

1. Does management follow the approved Resident Services plan? Yes No

If not, why? _____

2. When were the services last evaluated? _____

3. Describe how social services are evaluated and changed to meet the needs of the tenants? _____

4. Is there a Service Coordinator for the property? Yes No If yes, who? _____

GRIEVANCE RESOLUTION

Does management have a written procedure to resolve tenant complaints or concerns? Yes No

When was it last updated? _____

Describe the grievance procedure: _____

How are residents provided the information on the grievance procedure? _____

FAIR HOUSING

1. Does the property have an Affirmative Fair Housing Marketing Plan (AFHMP)? Yes No
If yes, provide copies of the AFHMP materials and when was it last updated? _____
2. Does the owner/agent maintain a record of fair housing complaints? Yes No
3. Have there been any fair housing complaints for this property? Yes No
If yes, how many? _____ On what dates? _____
Describe the outcome: _____

ADDENDUM B

1. Has the owner/agent taken steps to ensure effective communication by using any of the following:

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

2. How many units have been designated as accessible units? _____
Please list the accessible units: _____
3. Does the property have a large population of residents who speak/read/write a language other than English?
 Yes No
If yes, does management have an oral interpreter or translator available to communicate with those who cannot speak, read, or write in English? Yes No
Describe communication: _____

PROPERTY STAFF

List all staff members with time charged to the 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide current property contact information:

Designated Owner: _____

Mailing Address _____ (Street, _____ City, _____ State, _____ Zip):

Street Address (if different) _____ (Street, _____ City, _____ State, _____ Zip):

Contact Email: _____ Phone # _____ Fax # _____

Vested Owner (of real property): _____

Mailing Address _____ (Street, _____ City, _____ Sates, _____ Zip):

Individual with Signing Authority (if different): _____

Management Company: _____

Mailing Address _____ (Street, _____ City, _____ State, _____ Zip):

Street Address (if different) (Street, City, State, Zip): _____

Contact Email: _____ Phone # _____ Fax# _____

Portfolio Manager: _____

Mailing Address _____ (Street, _____ City, _____ State, _____ Zip):

Street Address (if different) (Street, City, State, Zip): _____

Contact Email: _____ Phone # _____ Fax# _____

On-site Manager: _____

Mailing Address _____ City, _____ State, _____ Zip):

(Street, Street Address (if different) (Street, City, _____ State, Zip):

Contact Email: _____ 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 accurate 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 understand(s) that providing false representations herein constitutes an act of fraud.

I certify that the above information is true and correct.

Printed Name

Title

Signature

Date