

Public Reporting Burden for this collection is based on the size of the project and the level of compliance and is **estimated to average 8 hours per response**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This form replaces form HUD-9838, Management Review for Unsubsidized Multifamily Housing Programs. This information is required by 24 C.F.R. 880.612, 24 C.F.R. 884.224, 24 C.F.R. 886.130, 24 C.F.R. 891.450, and/or the Regulatory Agreement. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is used by HUD to evaluate the quality of project management, determine the causes of project problems, and devise collective actions to stabilize projects and prevent defaults. The information is gathered and recorded during a review of project operations. HUD does not ensure confidentiality to respondents.

PURPOSE: To assess management and oversight of multifamily housing projects.

INSTRUCTIONS: This form is to be completed by HUD staff, Performance Based Contract Administrators/Traditional Contract Administrators (CAs) and Mortgagees of Coinsured Projects (Mortgagees). The Management Review form consists of three parts: Desk Review, On-site Review with Addendums, and Summary Report. All Reviewers of subsidized projects must complete all Addendums (A, B & C). Reviewers of unsubsidized projects must complete Addendums B & C only. If any questions on any given form are not relevant to the program under review or if the information is not available, notate with "N/A". Additional guidance regarding the management process can be found in HUD Handbooks 4350.1, REV-1 and 4566.2.

A. Prior to On-Site Review

Complete Part I – Desk Review

- To complete the Desk Review worksheet prior to the on-site visit, review the project files, system reports, other documents, and contact the HUD representative for any unavailable information needed to complete the desk review. This portion of the review will assist the Reviewer in identifying potential problem areas. HUD staff must complete the entire Desk Review for subsidized projects. For unsubsidized projects, HUD staff/mortgagees must complete all applicable sections. CAs must complete the entire Desk Review except where noted "This question applies only to HUD Staff/Mortgagees."
- Schedule a date for the on-site review with the owner/agent and confirm the review date in writing. The owner/agent should be given at least a two-week notice in writing and notified of the documents that need to be available the day of the review, as specified in Addendum C. Addendum C provides a list of documents notated by the Reviewer that the owner/agent must have available during the on-site review. Addendum C and Part A of Addendum B must be forwarded to the owner/agent with the letter confirming the scheduled on-site review. The Reviewer may request additional items as necessary.

B. Conducting the On-Site Review

Complete Part II – On-Site Review

- On-Site Reviews will be completed as follows:
 - (1) HUD staff and Mortgagees must complete all applicable questions in Part II.
 - (2) CAs must complete all questions in Part II except where noted "This question applies only to HUD staff/Mortgagees."
 - (3) HUD staff completing a review of a project which is also reviewed by a CA will only complete questions not applicable to CAs.
- Use additional sheets as necessary to complete applicable questions.
- Upon completion of the on-site review, the Reviewer will hold a close-out session with the owner/agent to discuss observations and conclusions.

C. After On-Site Review

- The Reviewer will record deficiencies, findings and corrective actions. Findings must include the condition, criteria, cause, effect and required corrective action. The condition describes the problem or deficiency. The criteria cite the statutory, regulatory or administrative requirements that were not met. The cause explains why the condition occurred. The effect describes what happened because of the condition. The corrective action provides what the owner/agent must do to eliminate the deficiency. The corrective action must include a requirement that the owner determine and correct not only the discovered errors and omissions, but also describe to the Reviewer how and what systems, controls, policies and procedures were adjusted or changed to assure that the errors and omissions do not reoccur. In completing the Report of Findings, the Reviewer should also indicate the target completion date.
- Complete Summary Report as follows:

Based on the Report of Findings, the Reviewer will assess the overall performance for each applicable category. The Reviewer must indicate **A** (Acceptable) or **C** (Corrective action required) and include target completion dates (TCD) for all corrective action items. For those items not applicable, indicate "N/A" in the TCD column.

For each of the seven major categories (*A, B, C, D, E, F, and G*), rate each category by checking Superior, Above Average, Satisfactory, Below Average, or Unsatisfactory. If a section was not completed, indicate "Not Rated". After rating the individual categories, an overall rating must be assessed. This rating should be based upon the individual line items, the seriousness of the findings, and the ratings assigned in categories A through G. CAs will rate all sections except Section D. Section D is for HUD staff/Mortgagees only. Additional guidance for ratings can be found in HUD Handbook 4350.1, REV-1.

- Distribute the Summary Report and cover letter as follows:
 - (1) Project Owner (original)
 - (2) Management Agent (copy)
 - (3) HUD office for PBCA reviews rated below average or unsatisfactory
 - (4) HUD office for all TCA reviews

*A copy of the completed Management Review Report, form HUD-9834 and supporting documents must be maintained in the project file.

- If a below average or unsatisfactory rating is determined, the owner/agent must be afforded an opportunity to appeal. Guidance on appeal procedures is provided in HUD Handbook 4350.1, REV-1.
- All Secure Systems users must document all required data in the Real Estate Management System (REMS).

D. Management Review Deficiency Follow up:

- Reviewer must conduct follow-up activity until all corrective actions as required in the Summary Report have been completed. Enter applicable close-out dates in REMS.

NOTE: The Fair Housing and Equal Opportunity (FHEO) checklist has been included as part of this management review form; however no determination of compliance with applicable Fair Housing laws and regulations is included in the summary report. CAs must forward the original checklist (Addendum B) to HUD staff. HUD staff must maintain the original checklist in the project file and forward a copy to the Office of FHEO in the appropriate jurisdiction for review.

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

| | | | | |
|--|---|---|--|--|
| Date of On-Site Review: | Date of Report: | Project Number: | Contract Number: | |
| Section of the Act: | Name of Owner: | Project Name: | Project Address: | |
| Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured | Contract Administrator: <input type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA | Type of Subsidy | | Type of Housing |
| | | <input type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR | <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized | <input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify) |

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

| A. General Appearance and Security | A | C | TCD | General Appearance and Security Rating |
|---|--------------------------|--------------------------|-----|---|
| 1. General Appearance | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 2. Security | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B. Follow-up and Monitoring of Project Inspections | A | C | TCD | Follow-up and Monitoring of Project Inspections Rating |
| 3. Follow-Up and Monitoring of Last Physical Inspection and Observations | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 4. Follow-Up and Monitoring of Lead-Based Paint Inspection | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C. Maintenance and Standard Operating Procedures | A | C | TCD | Maintenance and Standard Operating Procedures Rating |
| 5. Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 6. Vacancy and Turnover | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Energy Conservation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| D. Financial Management/Procurement | A | C | TCD | Financial Management/Procurement Rating |
| 8. Budget Management | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 9. Cash Controls | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Cost Controls | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. Procurement Controls | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. Accounts Receivable/Payable | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. Accounting and Bookkeeping | <input type="checkbox"/> | <input type="checkbox"/> | | |
| E. Leasing and Occupancy | A | C | TCD | Leasing and Occupancy Rating |
| 14. Application Processing/ Tenant Selection | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 15. Leases and Deposits | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. Eviction/Termination of Assistance Procedures | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. Tenant Rental Assistance Certification System (TRACS) Monitoring and Compliance | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18. Tenant File Security | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 19. Summary of Tenant File Review | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | |
| F. Tenant/Management Relations | A | C | TCD | Tenant Services Rating |
| 20. Tenant Grievances | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 21. Provision of Tenant Services | <input type="checkbox"/> | <input type="checkbox"/> | | |
| G. General Management Practices | A | C | TCD | General Management Practices Rating |
| 22. General Management Operations | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated |
| 23. Owner/Agent Participation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24. Staffing and Personnel Practices | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Overall Rating: | | | | |
| <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory | | | | |

| | |
|---|---|
| Name and Title of Person Preparing this Report: (Please type or print): | Name and Title of Person Approving this Report: (Please type or print): |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.

**Management Review for Multifamily
Housing Projects**

U.S. Department of Housing and Urban Development
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OMB Approval No. 2502-0178
Exp. 11/30/2011

SUMMARY REPORT – FINDINGS

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

| Item Number | Finding | Target Completion Date |
|-------------|---------|------------------------|
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**Management Review
for Multifamily Housing Projects**

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

PART I. DESK REVIEW –The Reviewer must complete this section **prior** to the on-site review using all relevant information in project files and HUD database systems. Questions on the desk review, which include category references, are linked to the on-site review. Category references on the desk review that relate to the on-site review must be considered when determining the category rating. Category references are marked following the applicable question (i.e. B3, E14).

If any questions on any given form are not relevant to the program under review or if the information is not available notate with “N/A”.

1. What is the most recent Physical Assessment Subsystem (PASS) score? **B3**

Enter PASS Score _____ Date of REAC inspection_____

If required, has the project filed a certification that all items listed on the previous REAC inspection have been completed? If more than one inspection is of record, does the reviewer note repetitive defects?

Yes No

Comments:

2. Were Exigent Health and Safety (EH&S) conditions cited in the report? **B3**

Yes No

Comments:

3. Have all latent defects been corrected? *(This question applies only to newly constructed projects within the last 24 months.) (This question applies only to HUD Staff/Mortgagees.)*

Yes No N/A

If not, list depository and amount of any construction escrows remaining.

Comments:

Questions 4 through 6 only apply to subsidized family properties or elderly properties housing children under the age of six that were constructed prior to 1978. If the lead based paint inspection has been conducted and the information was documented on the previous management review, proceed to question 7.

4. Document year of construction for Lead-Based Paint compliance. *(Obtain this information from the Physical Condition/PASS screen in REMS Open REAC Inspection Report, then open the PASS Physical Inspection Report. The year of construction can be found under Buildings/Units .)*

Date of Construction _____ **(If constructed after 1977, proceed to question 7.)**

5. Has a lead-based paint inspection been conducted? **4B**

Yes No Information Not Available

Comments:

6. What were the results of the Lead-Based Paint Inspection/Evaluation? **4B**

Lead Found?

Yes No

If yes, is there a HUD approved lead hazard control plan?

Yes No

Comments

7. Is an Annual Financial Statement required? (If no, proceed to question 10). *(This question applies only to HUD Staff.)*

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

8. What was the most recent Financial Assessment Subsystem (FASS) score? *(This question applies only to HUD Staff)*

Enter FASS Score _____

If financial reporting is not required determine why; and record in reviewer comments below.

Comments:

9. Have the following reports been consistently submitted on a timely basis? (Look at multiple periods) Check the appropriate box for reports received and indicate whether or not the report. *(This question applies only to HUD Staff/Mortgagees)*

Annual Audited Financial Statement Yes No N/A

Date last report was due: _____

Date last report received: _____

Monthly Accounting Report Yes No N/A

Excess Income Report (HUD-93479, 80, 81) Yes No N/A

Quarterly performance report for projects on flexible subsidy, modification, workout, etc. (9813c) Yes No N/A

Annual operating budget (cooperatives) Yes No N/A

If the reports have been submitted, were they received in acceptable form? Yes No

Comments:

10. Has owner corrected all findings on HUD financial and or Inspector General audits? *(This question applies only to HUD Staff/Mortgagees)*
Yes No N/A

List findings outstanding and determine whether remedial action is required to assure correction within established goals:

Comments:

11. Do project operating expenses appear reasonable compared with similar projects? *(This question applies only to HUD Staff) D10*
Yes No

Indicate latest OPIIS rating and check problem areas flagged by OPIIS.

Administrative Maintenance Utility Taxes and Insurance Financial

Also, use OPIIS to conduct an expense comparison.

12. Does annual financial analysis or FASS printout indicate that project is free of actual or potential financial problems? *(This question applies only to HUD Staff)*
Yes No

For each of last 3 years, enter Profit (Loss) before depreciation (from the Statement of Profit & Loss).

Year
____ \$ _____
____ \$ _____
____ \$ _____

13. If the owner/agent has taken unauthorized distributions, reimbursements, or supervision fees, have these been repaid? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

If no, indicate amount due project.

14. If required, have all required deposits to the residual receipts fund been made? *(This question applies only to HUD Staff)*
Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

15. Based on the last FASS submission, are accounts payable reasonably current? *(This question applies only to HUD Staff/Mortgagees)* **D12**
Yes No

Indicate amount of accounts payable more than 60 days old

16. Does balance in security deposit trust account equal or exceed liability? *(This question applies only to HUD Staff/Mortgagees)*
Yes No

If no, explain how deficit will be funded.

17. If security deposits are invested in an interest-bearing account, is interest passed through to tenants or transferred to project account? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

Comments:

18. Is the management fee paid to the agent in accordance with the management certification? *(This question applies only to HUD Staff/Mortgagees)*
Yes No

Comments:

19. Have the owner and managing agent executed and submitted an appropriate management certification (form HUD-9839A, B, or C) to HUD? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

If yes, please enter date of certification. Determine that the content of certification is consistent with present operations.

Comments:

20. Has the owner and management agent executed a management agreement in accordance with the management certification? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

Comments:

21. Does the management agreement reflect HUD's regulations and guidelines? *(This question applies only to HUD Staff/Mortgagees)*
Yes No N/A

Comments:

22. Has management entity profile been submitted to HUD? *(This question applies only to HUD Staff/Mortgagees)*
Yes No

If yes, is it relevant to the agent's organization and how it operates?

Yes No

Date of management entity profile

23. Do the Management Entity Profile and Management Certifications clearly describe the relationships and responsibilities of the owner and agent? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

Determine if any are identity-of-interest contracts and compare the listing to the annual financial report.

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

24. Have the principals and board members listed received HUD-2530 approval? (Request a list of all current principals and board members and check for HUD-2530 approval.). *(This question applies only to HUD Staff.)*

Yes No N/A

Comments:

25. Is agent charging project for expenses for which the agreement requires agent to pay? *(This question applies only to HUD Staff/Mortgages)*

Yes No

Comments:

Questions 26 –29 apply to OAHF restructuring. If not applicable proceed to question 30.

26. Has the project's mortgage been restructured? *(This question applies only to HUD Staff.)*

Yes No

If yes, is there a use agreement on the project? Yes No

If there is a use agreement, does it require any owner certifications? Yes No

If owner certifications are required, have they been submitted timely? Yes No

If applicable, has work required under the Rehabilitation Escrow been/is being completed according to schedule? Yes No

Comments:

27. Is the owner eligible for incentives? *(This question applies only to HUD Staff)*

Yes No

If yes, has the owner calculated those incentives correctly? (i.e., Capital Recovery Fee (CRF) and/or Incentive Performance Fee (IPF))

Yes No

Comments:

28. Does the HUD billing statement (HUD-92771) indicate timely and accurate payments toward the Mortgage Restructuring Note? *(This question applies only to HUD Staff)*

Yes No

Comments:

29. If an owner is in non-compliance with HUD business agreements, has the owner been notified by HUD within the required timeframes? *(This question applies only to HUD Staff)*

Yes No

Comments:

Questions 30 through 33 apply to Section 236 projects. If this is not a Section 236 project proceed to question 34.

30. Does the rental income generate excess income? *(This question applies only to HUD Staff)*

Yes No N/A

Comments:

31. Has the owner/agent received approval to retain excess income? *(This question applies only to HUD Staff) D13*

Yes No

Comments:

32. Was an annual report submitted for usage of retained excess income? *(This question applies only to HUD Staff) D13*

Yes No

Comments:

33. Are there any delinquent excess income payments due HUD? *(This question applies only to HUD Staff) D13*

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

Yes No

If yes, is there a payment plan? Yes No

Comments:

34. Are rent increase requests submitted to HUD promptly when needed? *(This question applies only to HUD Staff)*

Yes No

Review the timing of the last three rent increase requests and the results of the requests (approval, denial or modification to requested amount) and whether the rents are comparable to other neighboring properties. If a wide disparity exists, determine the cause of the difference.

Does owner/agent generally provide sufficient documentation for rent increases? Yes No

Comments:

35. Are contract renewals submitted to HUD promptly when needed?

Yes No

Comments:

36. Complete chart below. *(This question applies only to HUD Staff/ Mortgagees)*

| Name of Reserve | As of ____/____/____ | | | Held in Interest Bearing Account? |
|------------------------------------|----------------------|----------|-----------------|--|
| | Total | Per Unit | Monthly Deposit | |
| Replacement Reserve | \$ | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| General Operating Reserve (Co-ops) | \$ | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Residual Receipts | \$ | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | \$ | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

a. Do balances in replacement or general operating reserve accounts appear adequate to meet future needs?

Yes No If not, what action is recommended?

b. Is only one account (i.e., the appropriate reserve or operating expense account) being billed for repairs that are eligible for reimbursement from the reserves?

Yes No

Comments:

37. Has the owner/agent performed analysis to determine future Reserve for Replacement needs when submitting a budget based rent increase?

Yes No

Comments:

38. If there is a utility allowance, when was the last adjustment approved?

Effective date of last utility allowance adjustment: _____

If a utility allowance was approved was it implemented within 75 days as required by HUD? Yes No

Comments:

39. What is the effective date of the last rent adjustment? Date of last rent adjustment: _____

Comments:

40. Is current approved rent schedule sufficient to meet project needs? *(This question applies only to HUD Staff)*

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

41. Has a special rent increase been approved?

Yes No N/A

If yes, please check the appropriate box. Insurance Taxes Utilities Security Service Coordinator

Comments:

42. Are monthly rental subsidy vouchers submitted on time?

Yes No N/A

Comments:

43. Is the owner/agent submitting tenant certification data to TRACS to support the voucher billings?

Yes No N/A

Comments:

44. What is the term of the subsidy contract? Date of contract term: _____

Comments:

45. List vacancy activity for the past twelve months and indicate the number for each month. (This information can be obtained from the TRACS Voucher Detail Summary) **C6.**

| JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | | | | | | | | | | | |

46. Is there a Neighborhood Networks Center for the project? (Check REMS or other available source) **(If no, answer "N/A" and proceed to 48)**

Yes No N/A

Comments:

47. If yes to question 46, does the Neighborhood Networks Center have a Strategic Tracking and Reporting Tool (START) Business Plan?

Yes No

If yes, date HUD approved:

If no, when will a START Business Plan be completed?

Projected date for START Business Plan:

48. Are there any unresolved findings from previous management reviews? If yes, specify in the comments section.

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

49. Review complaints, congressional inquiries, etc. received within the last 12 months regarding the overall management practices. Provide a general description below or attach applicable documentation. **G22**

| Issue/Complaint | Status |
|-----------------|--------|
| | |
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Part II - ON-SITE REVIEW – Indicate by marking the appropriate box - Yes, No or N/A if not applicable. Provide comments as needed.

A. GENERAL APPEARANCE & SECURITY

1. General Appearance

1. Based on observation, are the project’s exterior and common areas (i.e., grounds, landscaping, parking lots, playgrounds, hallways, laundry room, elevator, garbage area, stairwells, management office) clean, free of graffiti, debris and damage?

Yes No N/A

If no, provide location and describe condition(s).
Comments:

2. Security

a. Indicate whether any of the events below have been documented in the last twelve months and the frequency.

| Event | Frequency | Event | Frequency |
|--|-----------|--|-----------|
| <input type="checkbox"/> Break-Ins | | <input type="checkbox"/> Arrests | |
| <input type="checkbox"/> Vandalism | | <input type="checkbox"/> Drug Activity | |
| <input type="checkbox"/> Auto Theft | | <input type="checkbox"/> Other (please specify): | |
| <input type="checkbox"/> Personal Assaults | | <input type="checkbox"/> None | |

Comments:

b. Indicate which types of security measures, if any, are utilized on site.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tenant Patrol | <input type="checkbox"/> Volunteer Organization | <input type="checkbox"/> Paid Car Patrol | <input type="checkbox"/> Paid on-site Guard |
| <input type="checkbox"/> Police Patrol | <input type="checkbox"/> TV Monitor | <input type="checkbox"/> Drug Free Housing Plan | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Motion Sensors | <input type="checkbox"/> Crime Prevention Plan | <input type="checkbox"/> Community Policing | |
| <input type="checkbox"/> Other (please specify) _____ | | <input type="checkbox"/> None | |

Comments:

c. Based on the answers provided in questions a and b above, what corrective actions, if any have been taken by the owner/agent?

Comments:

d. Has the owner/agent requested a rent increase based on increases in security costs?

Yes No

If yes, indicate security measures taken.

Comments:

B. FOLLOW-UP & MONITORING OF PROJECT INSPECTIONS

3. Follow-Up & Monitoring of Project Inspections and Observations (Sampling is at reviewer’s discretion to respond to questions a and b below)

a. Based on a sampling, if EH&S items were identified have the deficiencies been corrected and documented according to the owner/agent’s certification for the most recent REAC inspection?

Yes No N/A

If no, provide explanation.

Does the analysis show any repetitive or systemic problems? Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

b. Based on a sampling of units and common areas, for all other deficiencies noted in the REAC inspection (other than EH&S), as applicable, verify that corrective actions have been taken. Have the deficiencies been corrected?

Yes No N/A

If no, is there a schedule for correcting the deficiencies within a reasonable timeframe to comply with decent, safe, sanitary and good repair standards?

Yes No

Comments:

4. Follow-Up & Monitoring of Lead-Based Paint Inspection – The following questions only apply to subsidized family properties or elderly properties housing children under six years of age that were constructed prior to 1978. If constructed after 1977, indicated N/A for question a and b.

a. Is there a certification on file documenting the project has been certified to be free of lead-based paint or lead hazards?

Note: If there is a certification, obtain a copy for the project file.

Yes No N/A

Comments:

b. Is the owner in compliance with the HUD approved lead hazard control plan as noted on the desk review?

Yes No N/A

Comments:

C. MAINTENANCE & STANDARD OPERATING PROCEDURES

5. Maintenance

a. Indicate below to confirm that there is a schedule for preventive maintenance/servicing for the items listed that are applicable.

- Heating and A/C Equipment
- Water Heaters
- Carpets and Drapes
- Roof, gutter and Fascia Inspection
- Major Appliances
- Elevators
- Motor Vehicles
- Sewer lines
- Exterior painting
- Windows
- Recreational equipment
- Landscaping maintenance
- Other (please specify):

Comments:

b. Is there a satisfactory inventory system for accounting for tools, equipment, supplies, and keys (serial numbers, bar codes, etc.)?

Yes No

Comments:

c. Has the owner/agent secured inventory items, such as appliances and tools, to prevent theft?

Yes No

Comments:

d. Does the owner/agent have a written procedure that explains the process for inspecting units?

Yes No

If yes, review a copy. Identify employee responsible for conducting inspection: Name and Title:

Comments:

e. How often are units inspected? (At right, indicate the appropriate answer[s].)

- Monthly
- Quarterly
- Semi-Annually
- Annually
- Move-In
- Move-Out
- Other (please specify):

Comments:

f. How are unit inspections documented?

Please Describe:

g. If deficiencies are noted during unit inspections, what is the procedure for correction?

Please describe:

h. What is the average number of days from move-out until the unit is ready for occupancy?

Average Number of Days:

Comments:

i. Is there a written procedure for completing work orders?

Yes No

If yes, review a copy.

Comments:

j. Is there a procedure in place to handle emergency work orders?

Yes No

If yes, describe procedure:

k. Is there a backlog of work orders?

Yes No

If a backlog exists, indicate the current number of work orders:

Number between 1-3 days: _____ Number between 4-7 days: _____ Number more than one week: _____

Comments:

l. Who is provided copies of completed work orders? (Below, indicate all that apply.)

Tenant Tenant File Maintenance Staff Other (please specify) _____

Comments:

m. Is there documentation by unit that indicates the date of purchase, manufacturer, model, and serial number for appliance purchases (i.e., ranges, refrigerators, furnaces, air conditioners, hot water heaters, etc.)?

Yes No

Comments:

6. Vacancy and Turnover

a. How many units were vacant on the date of the on-site visit?

Number of Vacant Units: _____ Number Ready for Occupancy: _____ Average Length of time for unit turnover: _____

Comments:

b. Walk through at least two vacant units that are ready for occupancy. Assess and document unit readiness.

Comments:

c. Based on the interview with on-site staff, are any of the factors listed below contributing to vacancy problems? (Below, indicate all that apply.)

Security Problems Non-competitive Amenities Inadequate Marketing Project Reputation Poor Maintenance Rents too High
 Location Lack of Demand Tenant/Management Relations Other (please specify) _____
 Bedroom Mix/Size (If yes, indicate which bedroom sizes are hard to rent) _____

Comments:

d. Based on the responses in questions a, b and c, what actions are being taken by the owner/agent to resolve the issue(s)?
If not applicable, proceed to question 7.

Please describe:

7. Energy Conservation

Has management attempted to reduce energy consumption?

Yes No

(Indicate all that apply.)

- Caulking and weather-stripping Conversion to individual metering Storm doors and windows Consumer education
 Water saver devices Extra insulation Assessment of Utility Rate Schedule
 Other (please specify) _____ None

Comments:

D. FINANCIAL MANAGEMENT/PROCUREMENT

(This section applies only to HUD Staff and/or Mortgagees as indicated. CAs may proceed to Section E.)

8. Budget Management

a. Does the owner/agent's staff have access to the current operating budget to monitor and control expenses?

Yes No N/A

Comments:

b. Is an operating budget prepared annually and approved by the owner?

Yes No N/A

If yes, obtain a copy of the current year's budget.

Comments:

c. Are monthly or quarterly reports prepared by the owner/agent indicating variances between actual income and expenses versus budgeted income and expenses?

Yes No N/A

Comments:

d. If this is a 202 or 811 project, does the owner/agent maintain a current annual budget? *(This questions applies only to HUD Staff)*

Yes No N/A

If yes, is it available on-site? Yes No

Comments:

9. Cash Controls

a. Are collections deposited on the day received or, pending deposit, are they properly controlled?

Yes No

Comments:

b. Are adequate controls over cash accepted?

Yes No

Check controls used.

- Pre-numbered rent receipts Bank collections Safe Lock box

Comments:

c. Do different persons handle bank deposits and accounts receivable, or is an alternative safeguard used?

Yes No

Indicate Names and Titles:

Comments:

d. Are all disbursement checks prenumbered, properly identified with account numbers and supported by vouchers or invoices?

Yes No

Comments:

e. Is the supply of unused checks adequately safeguarded or under the custody of persons who do not sign checks manually, control the use of facsimile signature plates, or operate the facsimile signature machine?

Yes No

Comments:

f. Are funds (i.e., receipts, disbursements, petty cash, etc.) periodically checked on a surprise basis by a responsible official (other than site employees)?

Yes No

Comments:

g. Are bank statements reconciled promptly upon receipt by someone other than check signer and by one who has no cash receipt or disbursement function?

Yes No

Comments:

10. Cost Controls

a. Are bills (including mortgage payment) paid in sufficient time to avoid late penalties?

Yes No N/A

Comments:

b. Are operating expenses (including taxes and utilities) periodically reviewed to assure that project is paying the lowest possible rate?

Yes No N/A

If yes, give recent example.

11. Procurement Controls

a. What is the procedure used to obtain and award contracts?

Describe procedure:

b. Are bids obtained prior to awarding contracts? (Review contracts and determine if bids were obtained and, if the lowest bids were not selected, obtain owner/agent decision for selection).

Yes No N/A

Comments:

c. Is there a written procedure for checking the quality of work performed by a contractor prior to authorizing payment?

Yes No

Comments:

d. Is there a procedure to assure that the individual authorizing contracted work/services is not the same individual authorizing payment?

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

e. Who is the responsible person charged with inspecting the quality of work performed by contractors prior to payment?

Please indicate name and title:

f. Does the project maintain a list on outside contractors?

Yes No

Comments:

g. Are vendor bills paid in time to obtain maximum trade discounts?

Yes No

Comments:

h. Is there any indication that real or personal property has been subtracted from the mortgaged premises without the permission of the Department?

Yes No

Comments:

i. Below, check services currently contracted with outside contractors and identify name of contractor and annual amount of contract. (Indicate (by asterisk) whether there is an identify-of-interest relationship between the contractor and the owner/agent)

| Service | Name of Contractor | Annual Contract Amount |
|---|--------------------|------------------------|
| <input type="checkbox"/> Elevator | | \$ |
| <input type="checkbox"/> Exterminating | | \$ |
| <input type="checkbox"/> Apartment Cleaning | | \$ |
| <input type="checkbox"/> Heating and A/C | | \$ |
| <input type="checkbox"/> Plumbing | | \$ |
| <input type="checkbox"/> Security | | \$ |
| <input type="checkbox"/> Trash Collection | | \$ |
| <input type="checkbox"/> Decorating | | \$ |
| <input type="checkbox"/> Grounds | | \$ |
| <input type="checkbox"/> Other | | \$ |

Comments:

12. Accounts Receivable/Payable

a. Complete the following as of end of last month.

Cash \$ _____ Accounts Receivable \$ _____ Accounts Payable \$ _____

Are tenant accounts receivable within acceptable limits (10% of one month's rent potential)?

Yes No

Amount of receivables above is _____% of monthly rents due from tenants.

Of this amount, \$ _____ is more than 30 days past due.

Comments:

b. Does procedure for write-off of bad debts appear reasonable?

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

c. Has annual "write-off of tenants" accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants?
Yes No

Comments:

d. Are accounts payable reasonably current?
Yes No

Indicate amount of accounts payable more than 60 days old: \$ _____

What are the owner/agent plans to do to reduce outstanding payables?

Comments:

13. Accounting and Bookkeeping

a. Are books and records maintained as required by HUD Handbook 4370.2 (Chapter 4) and 24 CFR Part 5?
Yes No N/A

Check books of accounts maintained. Indicate where books may be examined.

O – owner's office; A – agent's office; P – project site

General Ledger () Rent Receivable Ledger () General Journal ()
 Cash Receipts Journal () Cash Disbursements Journal () Accounts Payable Journal ()

b. Are all required project accounts in the name of the project in a federally insured account?
Yes No

Comments:

c. Are operating funds, security deposits, reserve funds, and flexible subsidy funds maintained in separate accounts and properly secured for authorized use?
Yes No

Comments:

d. Does the mortgagor make frequent postings (at least monthly) to the ledger accounts?
Yes No

Comments:

e. If applicable is owner adhering to HUD-approved repayment Plan? (i.e., loan from reserve for replacement, 236 excess income, capital improvement loan, etc.)
Yes No

Comments:

f. Is centralized accounting used for disbursements?
Yes No

If yes, are only HUD-insured projects in the pool? Yes No

Comments:

g. If centralized accounting is used, has it been approved by HUD
Yes No N/A

Comments:

h. If centralized accounting is used, is it being operated in accordance with HUD's approval?
Yes No N/A

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

i. If the trust account is part of a centralized disbursement account, are only HUD-insured projects in that account?

Yes No

If yes, is the project's balance transferred to the project account at least once monthly?

Yes No

Comments:

j. If there are automobiles and/or charge cards charged to the project, are the titles in the name of the project?

Yes No

If yes, do they have HUD approval? Yes No

Comments:

E. LEASING AND OCCUPANCY (This Section does not apply to Mortgages)

14. Application Processing/Tenant Selection

a. Does the application form contain sufficient information to determine applicant eligibility

Yes No

Comments:

b. Is there an arms length procedure between the person who denies the applicant and the applicant appeal reviewer?

Yes No

Comments:

c. Has the owner/agent leased a Section 8 unit to a police officer or security personnel who is over the income limits for the project?

Yes No

If yes, has HUD or CA authorized the admission? Yes No

Comments:

d. Does the owner/agent have a written tenant selection plan?

Yes No

If yes, does the plan include all required criteria as stated in the Handbook 4350.3 REV-1?

Yes No

Comments:

e. Does the project maintain a waiting list of prospective tenants?

Yes No N/A

If yes, does the list include all required elements as stated in Handbook 4350.3 REV-1?

Yes No

Comments:

f. List number of applicants on the waiting list for the types of units below.

0 BR _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ Other: _____

Comments:

g. Were the applicants selected in proper order from the waiting list?

Yes No

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

h. Is documentation available to show that the owner/agent is leasing not less than 40% of the Section 8 units that become available for occupancy in the previous fiscal year to extremely low-income families?

Yes No N/A

If yes, please review and obtain a copy.

Comments:

i. What steps has the owner/agent taken to market to extremely low-income families?
(If not applicable, proceed to question j.)

Please describe:

Comments:

j. Does the advertising program comply with the existing affirmative fair housing marketing plan?

Yes No

Comments:

k. Is the affirmative fair housing sign posted in the rental office?

Yes No

Comments:

l. Is the fair housing logo included in published advertising materials?

Yes No

Comments:

15. Leases and Deposits

a. Have changes have been made in the model lease?

Yes No N/A

If yes, has the lease in use been approved by HUD?

Yes No

Comments:

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

List the type and amount of any of these charges.

Comments:

c. If other charges aside from rents and security deposits are assessed, have they been approved by HUD?

Yes No

Comments:

d. Are rents collected in accordance with the provisions of the lease?

Yes No

Comments:

e. Is the policy for late fee assessment in compliance with the Handbook 4350.3 REV-1?

Yes No

Comments:

f. Are damages properly identified and charged to tenants?

Yes No

Comments:

16. Eviction/Termination of Assistance Procedures

a. Are tenants notified of termination of tenancy in accordance with HUD requirements?

Yes No N/A

Comments:

b. Are eviction procedures initiated timely, when warranted?

Yes No N/A

Please document the following:

Number of evictions completed during the last 12 months. _____

Average cost per eviction \$ _____

Eviction handled by: Owner/Agent Attorney on staff of Owner/Agent Attorney on contract Attorney on call

Comments:

c. Are tenants notified of termination of assistance in accordance with HUD requirements?

Yes No N/A

Comments:

d. Is the termination of assistance initiated timely when warranted?

Yes No N/A

Reason(s) for termination of assistance:

Comments:

17. TRACS Monitoring and Compliance

a. Is the owner/agent using the TRACS queries to review and monitor their transmission?

Yes No

Comments:

b. Is the owner/agent following up and correcting TRACS deficiencies?

Yes No

Comments:

18. Tenant File Security

a. Are the files locked and secured in a confidential manner?

Yes No

Comments:

b. Is access to tenant file information limited to only authorized staff?

Yes No

Comments:

c. Who is authorized to have access to the tenant files?

Indicate Name(s) and Title(s):

Comments:

d. Is the owner/agent maintaining tenant files according to HUD’s document retention requirements?
Yes No

Comments:

e. Is the owner/agent properly disposing of tenant records (shred, burn, pulverize etc.)?
Yes No

Comments:

| 19. Summary of Tenant File Review | |
|---|--|
| This section applies only to subsidized projects and should be completed after the tenant file reviews (See Addendum A.) The minimum file sample should include review of files for new move-ins, recertifications, at least one Reject Applicant file, and at least one Terminated/Move-out Tenant file. In order to review specific functions (utility reimbursement, pet rules/deposits, minimum rents, etc.) it may be necessary to target a portion of the files reviewed to specific tenant families. The reviewer should adjust the tenant file sample to meet the needs of the review. | |
| <i>Number of Units</i> | <i>Minimum File Sample</i> |
| 100 or fewer | 5 files plus 1 for each 10 units over 50 |
| 101-600 | 10 files plus 1 for each 50 units or part of 50 over 100 |
| 601-2000 | 20 files plus 1 for each 100 units or part of 100 over 600 |
| Over 2000 | 34 files plus 1 for each 200 units or part of 200 over 2,200 |
| For each question, only answer “Yes” if the files reviewed are acceptable. Answer “No” if the files are not acceptable and note the number of files with deficiencies utilizing the tenant file worksheet, Addendum A | Number of Files Reviewed = _____ |
| (Please note: There is no maximum number of files to be sampled) | |

a. Tenant Files and Records

i. Are the tenant files organized and properly maintained?
Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Do the files contain all documentation as required in Handbook 4350.3 REV-1? (At right, indicate the documents missing in the file.)
Yes No

Documents Absent from File:

Comments:

b. Application/Tenant Selection

i. Were the applications in the files signed and dated by applicant?
Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Was screening conducted in accordance with the Tenant Selection Plan?
Yes No

Number of Files with Deficiencies: _____

Comments:

iii. Were the unit sizes appropriate for household composition at the time of this tenant file review?
Yes No

Number of Files with Deficiencies: _____

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

iv. If a household was ineligible at move in, were exceptions granted?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

c. Lease

i. Were the correct model leases used?

Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Were the leases signed and dated by all required parties?

Yes No

Number of Files with Deficiencies: _____

Comments:

iii. Were the applicable attachments attached to the lease?

Yes No

Number of Files with Deficiencies: _____

Comments:

iv. Were security deposits collected in the correct amount for the program?

Yes No

Number of Files with Deficiencies: _____

Comments:

v. Were pet deposits within acceptable range and payment installments allowed?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

d. Certification/Re-Certification Activities:

i. Were re-certification notices issued in accordance with HUD requirements?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. Were certifications completed on time?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iii. Were all necessary verifications completed and properly documented?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

iv. Were income and deductions calculated correctly prior to data entry?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

v. Did income information on the tenant certifications agree with verified file information?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

vi. If tenants were granted a hardship exemption as part of the minimum rent, was the exemption applied correctly?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

vii. Were notices provided to tenants when their portion of rent increased in accordance with HUD tenant notification requirements?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

viii. Were the correct contract rents used for determining subsidy paid on behalf of tenants?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ix. If tenants are paying their own utilities, were the current certifications reflecting the correct utility allowances?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

x. Were utility reimbursement checks distributed within 5 business days of receipt of the housing assistance payments?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

e. Voucher Billing

i. Were there any deficiencies noted in the tenant file review that resulted in over payment or under payment of subsidy?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. For the move-in/ move-out tenant file review, did the owner/agent make the appropriate voucher adjustments?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

f. Move-In Files

i. Were proper income limits used for determining eligibility at move-in?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. Did the files contain move-in inspections?

Yes No

Number of Files with Deficiencies: _____

Comments:

iii. If the files contained move-in inspections, did the owner/agent and tenant sign and date?

Yes No

Number of Files with Deficiencies: _____

Comments:

g. Move-Out Files

i. Did tenants provide written notice of intent to vacate in accordance with the HUD model lease?

Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Were move-out inspections conducted?

Yes No

Number of Files with Deficiencies: _____

Comments:

iii. Were security deposits refunded in 30 days or less if required by state law?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iv. Were tenants provided an itemized listing of charges against the security deposits?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

v. If charges exceeded the security deposits, were the tenants billed for the balances?

Yes No

Number of Files with Deficiencies: _____

Comments:

h. Application Rejection Files

i. Were applicants denied admittance in accordance with the Tenant Selection Plan?

Yes No

Number of Files with Deficiencies: _____

Comments:

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

ii. Did rejection letters provide applicants the right to appeal?

Yes No

Number of Files with Deficiencies: _____

Comments:

iii. If applicants appealed application rejections, were appeals reviewed by someone other than person who made the original decision?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iv. Were appeals processed and applicants notified of appeal decision within 5 days of meeting?

Yes No N/A

Number of Files with Deficiencies: _____

Comments:

F. TENANT/MANAGEMENT RELATIONS (This Section does not apply to Mortgagees)

20. Tenant Concerns

a. Is there a written procedure to resolve tenant complaints or concerns?

Yes No

If yes, review a copy.

Comments:

b. Does the procedure adequately cover appeals?

Yes No

Comments:

c. Is there an active formal tenant organization at this project?

Yes No

Comments:

d. Is tenant involvement in project operations encouraged?

Yes No

Comments:

21. Provision of Tenant Services

a. What social services are provided by either project or neighborhood, which meet the tenants' needs? (Below, indicate services available and identify entity providing the service (i.e., city/county/state, church/school, community groups, etc. and any cost to project.)

| Service | Provider | Financial Source |
|---|----------|------------------|
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Recreation | | |
| <input type="checkbox"/> Health Care | | |
| <input type="checkbox"/> Energy Conservation | | |
| <input type="checkbox"/> Vocational Training/Job Training | | |
| <input type="checkbox"/> Meals | | |
| <input type="checkbox"/> Financial Counseling | | |
| <input type="checkbox"/> Substance Abuse Counseling | | |
| <input type="checkbox"/> Service Coordinator | | |
| <input type="checkbox"/> Neighborhood Networks Center | | |
| <input type="checkbox"/> Other (please specify) | | |

b. Is there a Service Coordinator for the project? (If there is no Service Coordinator, proceed to question f)

Yes No N/A

Comments:

c. Is the Service Coordinator's office clearly identifiable and private?

Yes No

Comments:

d. Are the Service Coordinator's files kept secure and confidential?

Yes No

Comments:

e. Does the Service Coordinator maintain a directory of service agencies and contacts and made available to all parties?

Yes No

Comments:

f. If there is a Neighborhood Networks Center as indicated on the Desk Review, what is the status of operations?
(If there is no Neighborhood Networks Center, question h)

- Open for Business
- Temporarily Closed – State the date the center will reopen:
- Permanently Closed – State the date the center closed:**

Comments:

g. What types of programs are offered at the Neighborhood Networks Center?

- GED Adult Basic Education Computer Classes Job Training Job Placement
- Homework Assistance English as a Second Language Other (please specify)

Comments:

h. The Department allows owners and their agents to provide services related to renter's insurance products. Does the owner/agent offer such services?
If the owner/agent offers no such service, proceed to Section 22.

Yes No

Comments:

i. HUD policy prohibits an owner/agent from evicting tenants if delinquent in renter's insurance payments.
How does the owner/agent deal with unpaid renter's insurance?

Please explain the process:

Comments:

j. Review the renter's insurance information provided to tenants. Does the information provided to tenants clearly indicate that purchasing insurance is optional and not required as a condition of occupancy?

Yes No N/A

Comments:

G. GENERAL MANAGEMENT PRACTICES

22. General Management Operations

a. Have the complaints, as noted on the Desk Review, been satisfactorily resolved?

Yes No N/A

Comments:

b. Is the project staff able to adequately perform management and maintenance functions?

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 11/30/2011

Yes No

Comments:

c. How does the owner/agent implement HUD changes in policies and procedures?

Describe the process:

Comments:

d. Does owner/agent have a formal ongoing training program for its staff?

Yes No N/A

If yes, indicate types of training used and the frequency.

| Type | Frequency |
|--|-----------|
| <input type="checkbox"/> On-Site | |
| <input type="checkbox"/> HUD Seminars | |
| <input type="checkbox"/> Energy Conservation | |
| <input type="checkbox"/> Industry/Association Training | |
| <input type="checkbox"/> Local Colleges | |
| <input type="checkbox"/> Other (please specify) | |

Comments:

e. Are reports submitted to the owner from the management agent? *(This question applies only to HUD Staff/Mortgagees)*

Yes No

Comments:

f. Are there signs enabling persons to locate the office?

Yes No

Comments:

g. Are after hours/emergency telephone numbers posted?

Yes No

Comments:

h. List current insurance coverages (property, liability, Directors and Officers, workman's compensation, automobile). (Check to make sure that HUD is listed as an additional loss payee, if applicable. Also, check to make sure that the insurance policy is in the name of the mortgagor entity.) *(This question applies only to HUD Staff/Mortgagees)*

| Type | Basic Coverage | Annual Premium |
|------------------------|----------------|----------------|
| Property | | |
| Liability | | |
| Other (please specify) | | |
| Other (please specify) | | |

Comments:

Management Review for Multifamily Housing Projects

i. Does the owner/agent have a fidelity bond? *(This question applies only to HUD Staff/Mortgagees)*
Yes No N/A

Comments:

23. Owner/Agent Participation *(This section applies only to HUD Staff/Mortgagees. CAs may proceed to 24.)*

a. If project is owned by a cooperative or nonprofit entity, does Board of Directors meet regularly and provide minutes?
Yes No N/A

Comments:

b. Review copies of the minutes. Does a review of the minutes indicate compliance with HUD's business agreements?
Yes No N/A

Comments:

c. Does owner/agent have a system or procedure for providing field supervision of on-site personnel?
Yes No N/A

Comments:

24. Staffing and Personnel Practices

a. Has management made an effort to employ tenants in accordance with Section 3 of the Housing and Community Development Act of 1968?
Yes No

Comments:

b. List all on-site staff charged to the project. (Use additional sheets if necessary).

| Staff Person | Date Hired | % of Time Charged to Site | Annual Salary | Unit Size | Is the Employee Receiving Subsidy? | Is the Employee occupying a Non-Income Producing Unit? |
|--------------|------------|---------------------------|---------------|-----------|--|--|
| | | | | | 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"/> |

Comments:

c. Does the staffing chart above match Part D of the Rent Schedule, form HUD-92458 as it relates to non-income producing units? **(HUD staff only)**
Yes No

Comments:

Tenant File Review Worksheet

Instructions: Review the appropriate number of tenant files and complete this worksheet for each file reviewed. Indicate the initial move-in date in the appropriate box. Indicate by marking the appropriate box (Yes, No, or N/A) for each document available in the tenant file. For move-out and applicant rejections files, reviewer should only complete the pertinent sections.

Name of Reviewer:

Type of Review:

Applicant Rejection Tenant Move-In Tenant Move-Out Certification/Recertification

Effective date of certification(s) reviewed:

If Certification/Recertification, indicate certification type:

Certification Type: Initial Annual Interim Other

Family Name:

Unit Number:

Move-in Date:

Bedroom Size: 0 Bedroom 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 or more Bedrooms

A. HOUSEHOLD INFORMATION

| | | |
|---|---|---|
| 1. Is the application complete, including the date and time received by the owner/agent? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. Is the unit size appropriate for household? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 4. Was household income eligible at move-in? (This question applies only to a tenant file move-in review.) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: <hr/> Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/> |
| 5. If household was not income eligible at move-in, was an exception granted? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 6. Is the lead-based paint acknowledgement in the file? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 7. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 8. Have the HUD-9887/9887-A Consent Forms been signed by head, spouse, co-head regardless of age and family members at least 18 years of age? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 9. Was the HUD-9887 Fact Sheet provided to the tenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 10. Does the file contain the Resident Rights and Responsibilities acknowledgement? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |

| B. VERIFICATION | | |
|---|---|-----------|
| Have the following items been properly verified and documented? | | |
| 1. Social security numbers for all family members at least 6 years of age and older or certification, if no SSN | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Eligible immigrant status or citizenship | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. Criminal and drug screening; sex offender registration | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 4. Other screening as disclosed in Tenant Selection Plan | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 5. Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 6. Student status | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 7. Age | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 8. Did the household certify whether or not they disposed of assets during the past two years? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| C. LEASE | | |
| 1. Is the correct HUD model lease used? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Is the original lease and subsequent leases or addendums signed by the owner/agent, head, spouse, co-head, and all other adult members of the household? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 4. If security deposit is required, was it correct? If required, enter amount here: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 5. If pet deposit required, was it correct? If required, enter amount here: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 6. If pet deposit was paid in installments, was payment in accordance with the pet regulations? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 7. Is the move-in inspection dated and signed by tenant and owner/agent? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 8. Are Annual inspections documented in file? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| D. CERTIFICATION/RECERTIFICATION ACTIVITIES | | |
| 1. Were recertification notices provided within the required timeframes? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Were recertifications completed on time? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. Is the certification signed and dated by the appropriate parties? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |

ADDENDUM A

OMB Approval No. 2502-0178

Exp. 11/30/2011

| All reported income and deductions verified and calculated correctly? | 3 rd Party Verification? | Amount Reported on 50059 | Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified |
|--|---|--|--|
| 4. Wages | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 5. Social Security Benefits | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 6. Welfare/Public Assistance/TANF | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 7. Other income | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 8. Actual Income from Assets | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 9. Imputed income when assets are greater than \$5,000 | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 10. Dependent Allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 11. Medical Expenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 12. Disability Expenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 13. Childcare Expenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 14. Elderly/disabled household allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | |
| 15. Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: | |
| 16. Was the correct unit rent used for rent determination? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: | |
| Enter the reviewer verified amounts for the following: | Amount Reported on the 50059 | Did income information on the 50059 agree with verified file information? If no, comment on Discrepancies Identified. | |
| 17. Total Tenant Payment \$ | \$ | Comments: | |
| 18. Tenant Rent \$ | \$ | Comments: | |
| 19. Utility Reimbursement \$ | \$ | Comments: | |
| 20. Assistance Payment \$ | \$ | Comments: | |
| 21. Is the tenant paying minimum rent? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: | |
| 22. Has a hardship exception been granted for paying minimum rent? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: | |
| 23. Was a 30-day rent increase notice provided to tenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: | |
| 24. If applicable, has tenant entered into a written payment plan for monies due to the project? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: | |

| E. BILLING | | |
|---|---|-----------|
| 1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the 50059 data requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 2. If required, have adjustments been made to the monthly billing? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| F. MOVE-OUT FILE REVIEW ONLY | | |
| 1. Was there a move-out notice from tenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Was there a move-out inspection? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. If there is a move-out inspection, is it dated? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 4. Was the security deposit refunded to tenant within 30 days or in accordance with state/local laws whichever is shorter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 5. Was an itemized list of the damages and charges provided to the tenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 6. Were any additional charges paid by tenant? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 7. Does the tenant move-out date on voucher match the date the tenant vacated unit? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| G. APPLICANT REJECTION REVIEW ONLY | | |
| 1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 2. Did the rejection letter provide the applicant the right to appeal? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Comments: |
| 3. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |
| 4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Comments: |

Office of Fair Housing and Equal Opportunity
And
Office of Multifamily Housing
Checklist for On-Site Limited Monitoring and Section 504 Reviews

ADDENDUM B

Multifamily Housing (Housing) staff or Performance-Based Contract Administrators/Traditional Contract Administrators (CA) must complete this Checklist when conducting on-site management reviews of subsidized and unsubsidized multifamily housing projects. The questions on this checklist cover topics that the Housing staff or CA can be expected to answer and is not intended to cover the full range of civil rights concerns.

NOTE: *This document does not require the Reviewer to make a determination of civil rights or Section 504 compliance.*

The Checklist is divided into four parts.

Part A: Occupancy/Accessible Units/Program Accessibility (This section, along with instructions, must be forwarded to the owner/agent for completion prior to the *on-site* review. This document must be included in the Documents Reviewer Should Obtain from Owner. See Part D)

Part B: Limited On-Site Monitoring Review (The Reviewer must complete this section during the on-site management review of all projects.)

Part C: Section 504 Review (The Reviewer must complete this section during the on-site management review for all federally-assisted projects.)

Part D: Documents Reviewer Should Obtain from Owner/Agent (during the on-site management review).

Please Note that a “No” response to any question does not necessarily mean there is a fair housing/civil rights/Section 504 violation.

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

To be completed by the Reviewer

Name of the Owner/General Partner: _____

Address of Owner/General Partner: _____

Name of Management Agent: _____

Address of Management Agent: _____

Type of Development: Cooperative Elderly Only Disabled Only
 Elderly/Disabled Family Other(Specify)_____

Total Number of Units: _____ Total Subsidized Units: _____

Type of Federal Financial Assistance (check all that apply):

Section 8 Section 202 Section 202/8 Section 202/PAC
 Section 202 PRAC Section 811 Section 221(d)(3)BMIR Section 236 Other _____

Number of Units of Each Size: 0 BR _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ 5 BR _____
Other (Specify)_____

Resident Manager's Unit: Yes No

Date of First Occupancy: _____

Service Coordinator Employed By Project: Yes No

Reviewed by: Housing PBCA CA

Reviewer: _____

Date: _____

Phone: _____

This Section is for Multifamily Housing Staff only:

After a review of the information provided by the owner/agent in Part A, the following has been determined:

The owner/agent is in compliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992

Possible noncompliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992. Referred to the local Office of Fair Housing and Equal Opportunity for additional review and appropriate action.

Title VI, Subtitle D of the Housing and Community Development Act of 1992 - Not Applicable

Reviewed By: _____
(Name and Title)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

PART A OCCUPANCY/ACCESSIBLE UNITS/PROGRAM ACCESSIBILITY

Authority:

Section 504 of the Rehabilitation Act of 1973 (24CFR Part 8)
Fair Housing Act/Title VIII Regulations (24 CFR Part 100.200)
Uniform Federal Accessibility Standards (UFAS) (24 CFR Part 40)
Regulatory Agreement

For this Section, the reviewer must forward the form along with the instructions for completion to the owner/agent prior to the on-site review. For subsidized projects, the owner/agent must complete the project information above and the information in Sections I, II, and III below. (See attached instructions.) For unsubsidized projects, the owner/agent must complete the project information above and Sections I and II only. Section III consists of Section 504 compliance, which does not apply to projects that do not receive federal financial assistance. The reviewer will obtain the completed form from the owner/agent during the on-site review.

SECTION I – OCCUPANCY

| | | | |
|--|--|--|--|
| 1. This property was designed primarily for: <input type="checkbox"/> Exclusively Elderly <input type="checkbox"/> Exclusively Disabled <input type="checkbox"/> Elderly and Disabled <input type="checkbox"/> Family | | 2. Indicate the number of units currently occupied by client groups below Exclusively Elderly - ____ Exclusively Disabled - ____ Elderly/Disabled - ____ Near-Elderly Disabled - ____ Family - ____ | |
| 3. Is there a use agreement or any other document that indicates that this project must serve only elderly tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify type of document: ____ Effective Date: ____ (Please attach a copy of the document(s) indicated above.) | | | |
| 4. If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, proceed to question 5. If yes, please indicate: a. the date of the elderly preference: ____ b. the number of units that must be reserved for occupancy by non-elderly persons with disabilities ____, and, c. the date used to determine the number of units reserved for non-elderly persons with disabilities ____ | | | |
| 5. Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Total Number of Units Exclusively for the Elderly ____ | 7. Total Number of Units Exclusively for Persons with Disabilities ____ | 8. Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities ____ | |
| I certify that this information is true and accurate. | | | |
| Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) | | | |
| Signature of Owner | | Date: | |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

SECTION II – ACCESSIBLE UNITS

Distribution of all wheelchair and other accessible units in the project.

| Bedroom Size | 0 | 1 | 2 | 3 | 4 | 5 | Other | Total |
|--|---|---|---|---|---|---|-------|-------|
| 1. All units | | | | | | | | |
| 2. Total units with project-based rental assistance | | | | | | | | |
| 3. Mobility <i>accessible</i> units | | | | | | | | |
| 4. Vision and/or Hearing <i>accessible</i> units | | | | | | | | |
| *5. (Total Accessible Units) | | | | | | | | |
| 6. Number of persons on waiting list who have requested <i>accessible</i> units | | | | | | | | |
| 7. Number of accessible units <i>occupied</i> by elderly or family tenants | | | | | | | | |
| 8. Number of <i>accessible</i> units occupied by non-elderly tenants with disabilities who require the features of the unit | | | | | | | | |
| 9. Number of <i>accessible</i> units occupied by elderly tenants with disabilities who require the features of the unit | | | | | | | | |
| 10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) _____% | | | | | | | | |
| 11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) _____% | | | | | | | | |
| 12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) _____% | | | | | | | | |

***If a unit is both mobility accessible and vision or hearing accessible, count the unit only once in line 5.**

| | |
|---|-------|
| I certify that this information is true and accurate. | |
| Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) | |
| Signature of Owner | Date: |
| | |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

SECTION III – PROGRAM ACCESSIBILITY SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 Coordinator [24 CFR 8.53 (a)]

1. Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?

Yes No

If "Yes", answer Question 2.; If "No" skip to Question 3.

2. Is at least one person designated to coordinate its Section 504 responsibilities?

Yes No N/A

If YES, provide the person's name and telephone number below.

Name: _____

Telephone Number: _____

Program Accessibility Under Section 504, a federally assisted Housing Development is required to ensure that its program is usable by and accessible to persons with disabilities. This includes, but is not limited to, maintaining housing and non-housing facilities that are structurally accessible for persons with disabilities. The extent to which facilities must be structurally accessible depends in part, on whether they are new, altered, or existing. In addition, owner/agents are required to ensure that effective communication methods are used while communicating with persons with disabilities.

| | YES | NO | COMMENTS |
|---|--------------------------|--------------------------|----------|
| 3. Has the owner/agent taken steps to ensure effective communication using: | | | |
| a. Qualified sign language and oral interpreters? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Readers? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Use of tapes? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Braille materials? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (Describe): | <input type="checkbox"/> | <input type="checkbox"/> | |
| I certify that this information is true and accurate. | | | |
| Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) | | | |
| Signature of Owner | | Date: | |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

INSTRUCTIONS FOR COMPLETING PART A

General instructions: Complete the project name, FHA/project number, and section 8/pac/prac information in the form header for each page:

SECTION I - Owner/Agent must respond to all questions in this section.

1. Check the appropriate box that the project was designed to serve. **(Check only one box. Do not leave blank.)**

Exclusively Elderly - defined as a person 62 years of age or older. (This option is for projects that were designed to serve only elderly persons/families, i.e. Section 202 PRAC properties)

Exclusively Disabled - Refer to HUD Handbook 4350.3, REV-1, Figure 3-6 for the applicable definition of disability. (This option is for projects that were designed to serve only persons with disabilities, i.e., Section 202/8 Projects for the Disabled and Section 811 projects. Please note that Section 202-8 Projects for the Disabled were developed to serve only non-elderly persons with disabilities. However, the Section 811 Projects were developed to serve persons with disabilities regardless of age as long as the minimum age requirement (age 18) is met.)

Elderly and Disabled - defined as a property that serves the elderly and non-elderly persons with disabilities. (This option is for projects that were originally designed to serve only elderly persons/families, however the owner may have elected a preference under Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) to reserve a percentage of units for non-elderly persons with disabilities in accordance with the provisions of Section 652, Title VI-D. See instruction 4 below for Section 651 definition.)

Family - defined as all persons regardless of age or disability. (This option is for projects that serve all families with no restrictions or preferences as long as the minimum age requirement is met. Please note that family projects may have some units that are reserved for persons with mobility/vision/hearing impairments which would require the applicant to meet the needs of the unit.)

2. Enter the number of units occupied by each client group. (Please note that the term "near-elderly disabled" is defined as a person who is at least 50 years of age and below the age of 62 with a disability as defined in HUD Handbook 4350.3, REV-1.) **(Enter zero "0" if there are no units occupied by the listed client group - do not leave blank)**

3. If there is a use agreement or other document that references that the property must serve only elderly persons, answer "Yes", indicate in the space provided, and attach a copy of the document(s) listed. If there is no use agreement or other document that references that the property must serve only elderly persons, answer "No". If you are unclear on the term "use agreement," or are not able to locate the "use agreement" or any other document that defines the occupancy of your project, the answer is "unknown". Other documents include the regulatory agreement, loan commitment papers, financial documents, bid invitation, owner's management plan, application for funding, and/or application for mortgage insurance. Please refer to HUD Handbook 4350.3, REV-1, paragraphs 3-17 and 3-18. If you do not have a copy of HUD Handbook 4350.3, REV-1, copies can be obtained from www.hudclips.org or the HUD Customer Service Center at (800) 767-7468. **(Do not leave blank).**

4. Section 651 of Title VI-D permits an owner to give *preference to elderly families if (1) the project was originally developed to serve the elderly and (2) it is a "covered Section 8 housing project." "Covered Section 8 housing projects" are projects that were constructed or substantially rehabilitated pursuant to assistance provided under section 8(b)(2) of the United States Housing Act of 1937, as in effect before October 1, 1983, that are assisted under a contract for assistance under such section.

*A "preference" allows an owner to give priority to elderly persons when selecting tenants for occupancy.

Section 651 of Title VI-D applies to the following programs:

- The Section 8 New Construction Program, 24 CFR part 880
- The Section 8 Substantial Rehabilitation Program, 24 CFR part 881
- The State Housing Agencies Program (insofar as it involves new construction and substantial rehabilitation) , 24 CFR part 883
- The New Construction Set-Aside for Section 515 Rural Rental Housing Projects Program, 24 CFR part 884
- The Section 8 Housing Assistance Program for the Disposition of HUD-Owned Projects (insofar as it involves substantial rehabilitation), 24 CFR part 886 subpart C

"Covered Section 8 housing projects" **do not** include those developed with funding under the following programs:

Section 202;
Section 202/8;
Section 202 or 811 PRAC;
Section 221 (d)(3); and/or
Section 236.

If an owner elects a Section 651 preference for the elderly, the owner must reserve a number of units for non-elderly persons/families with disabilities. Title VI-D requires that the owner review the occupancy records on January 1, 1992 and October 28, 1992 (the date of enactment for Title VI-D), determine the number of non-elderly persons with disabilities that occupied units on those two dates, take the higher of the two numbers and then take the lesser of that number and 10 percent.

For example, an owner has a "covered Section 8 project" that consists of 100 units and decides to implement an elderly preference under Section 651. The first thing the owner has to do is find the occupancy records for January 1992 and see how many units were occupied by non-elderly persons or families with disabilities on January 1. In this example, it was 10 units.

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

Then the owner must find the occupancy records for October 1992 and see how many units were occupied by non-elderly persons/families with disabilities on October 28th (the date of the enactment of the Act). In this example it was 15 units.

To obtain the number of units that must be reserved for non-elderly disabled persons or families, the owner must take the higher number of the two dates (January 1, 1992 and October 28, 1992), which, in this example is 15.

Then the owner must compare that number with 10 percent of the total project units (in this example, it's 10) and use the lower number for the number of units that must be reserved. Since 10 is less than 15, for this example the owner must reserve 10 units for non-elderly disabled persons or families.

If an owner determines that there were no non-elderly persons or families occupying units on either January 1, 1992 or October 28, 1992, the required number of units to be reserved for non-elderly persons with disabilities would be zero (0). However, owners are encouraged to exceed the number of reserved units for non-elderly persons with disabilities if the need exists in the community.

Answer question 4 as follows:

If there is an elderly preference in accordance with Section 651 of Title VI-D, answer "Yes". If there is no preference provided to elderly families, answer "No". **(Do not leave blank).**

If yes, answer the following:

- (a) If there is an occupancy preference in accordance with Section 651, indicate the effective date of the preference.
- (b) If there is an occupancy preference in accordance with Section 651, indicate the total number of units that must be reserved for non-elderly persons with disabilities based on the two dates above.
- (c) If there is an occupancy preference in accordance with Section 651, indicate which date (see above) was used to determine the number of units that must be reserved for non-elderly persons with disabilities.

5. Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) permits owners of "other federally assisted housing" to continue to restrict occupancy to elderly families in accordance with the rules, standards, and agreements governing occupancy in such housing in effect at the time the housing was developed. If (A) the project was originally developed to serve the elderly and (B) the project has continually served elderly tenants. These projects include:

- Section 202 Direct Loans (prior to the Section 202 PRAC program)
- Section 221(d)(3) BMIR properties (New Construction and Substantial Rehabilitation)
- Section 236 properties

Answer question 5 as follows:

If there is an elderly restriction in accordance with Section 658 of Title VI-D, answer "Yes." If there is no elderly restriction and occupancy is not limited to elderly applicants, answer "No." **(Do not leave blank).**

6. If the property designates a number of units that can be occupied **only** by elderly persons, indicate the number of units. If the property does not have units that can only be occupied by elderly persons, enter zero "0". **(Do not leave blank).**
7. If the property designates a number of units that can be occupied **only** by persons with disabilities, indicate the number of units. If the property does not have units that can only be occupied by persons with disabilities, enter zero "0". **(Do not leave blank).**
8. If the property has units that must be occupied by **non-elderly** persons with disabilities, indicate the number of units. If the property does not have units that must be occupied by non-elderly persons with disabilities, enter zero "0". **(Do not leave blank).**

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

SECTION II - Owner/Agent must respond to all questions in this section.

1. Enter the total number of units (by bedroom size) and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
2. Enter the total number of units (by bedroom size) that are receiving project based rental assistance. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
3. Enter the number of mobility accessible units (by bedroom size) and enter total in the "Total" column. A mobility accessible unit is one that is located on an accessible route, and when designed, constructed, altered, or adapted, can be approached, entered, and used by individuals with physical disabilities, including those who use wheelchairs. (Although accessibility features include items such as grab bars, flashing fire alarms, widened doorways, entrance ramps, etc, this question should be answered by stating the number of subsidized units that (when constructed) are fully accessible in accordance with the Uniform Federal Accessibility Standards (UFAS) which is used to ensure compliance with Section 504 of the Rehabilitation Act of 1973. These standards were jointly developed by the General Services Administration, the Department of Housing and Urban Development, the Department of Defense, and the United States Postal Service, under the authority of sections 2, 3, 4, and 4a, respectively, of the Architectural Barriers Act of 1968, as amended, Pub. L. No.90-480, 42 U.S.C. 4151-4157. Copies of the UFAS are available from the Architectural and Transportation Barriers Compliance Board, 1331 F Street, NW, Suite 1000, Washington, D.C. 20004-1111, Telephone: (202) 272-0080, email address: info@access-board.gov. If the property is accessible in accordance with Minimum Property Standards (MPS), indicate the number of units that are MPS accessible. Unsubsidized units should also be counted if they meet UFAS compliance requirements. **(Total must match numbers entered for each bedroom size. Do not leave blank)**

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

4. Enter the number of units (by bedroom size) that are accessible for vision or hearing impairments and enter total in the "Total" column. (Refer to UFAS. See instruction number 3 above) **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
5. Total the units from rows 3 and 4 for each bedroom size and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
6. Enter the number of persons currently on the waiting list for an accessible unit (by bedroom size) requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
7. Enter the number of accessible units (by bedroom size) that are currently occupied by elderly or family tenants and enter total in the Total column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
8. Enter the number of accessible units (by bedroom size) occupied by non-elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
9. Enter the number of accessible units (by bedroom size) occupied by elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
10. Self-explanatory **(Do not leave blank.)**
11. Self-explanatory **(Do not leave blank.)**
12. Self-explanatory **(Do not leave blank.)**

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

SECTION III – Owner/Agent must respond to all questions in this section. (Not applicable to unsubsidized projects)

1. The Section 504 Coordinator is required if the owner employs 15 or more employees in all its activities. This includes this project combined with other projects they may own and/or manage. Answer Yes or No. If yes, proceed to Question 2; if no skip to Question 3.
2. Answer Yes or No to this Question. If yes, please provide the name and telephone number of the coordinator for Section 504 related activities at the project and go to Question 3.
3. Answer Yes or No to each item and provide comments as necessary.

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

**PART B
ON-SITE LIMITED MONITORING REVIEW**

Authority: 24 CFR 5, 108, 110

Questions 1 through 4 apply to owners of subsidized **and** unsubsidized projects.

| | YES | NO | COMMENTS |
|--|--------------------------|--------------------------|-------------|
| 1. Was this project built or substantially rehabilitated after February 1972? (If NO, skip to Question 5.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does the owner have an approved Affirmative Fair Housing Marketing Plan (AFHMP)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. If there is an approved AFHMP as indicated in question 2, is it on site? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Has the owner/agent reviewed the AFHMP within the last 5 years to ensure that the information is current and applicable? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Date of last AFHMP Update | | | Date: _____ |
| 6. Does the project maintain Project Profile Data which shows the composition of the occupants by the following categories (24 CFR 121): | | | |
| a. Race | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. National Origin/Ethnicity | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Sex | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Disability | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Familial Status | <input type="checkbox"/> | <input type="checkbox"/> | |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

| | YES | NO | COMMENTS |
|---|--------------------------|--------------------------|-------------------------|
| 7. Has the owner/agent developed and implemented a written Tenant Selection Plan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Does the management agent maintain a waiting list of applicants by: | | | |
| (a) Name | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) Bedroom size | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) Application date and time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (d) Requests for accommodations and/or accessible units? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (e) Preferences? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. When a tenant/applicant notifies the owner/agent that he/she has been subject to unlawful discrimination, does the owner/agent provide the applicant/tenant with information about how to file a complaint with HUD? | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Observe _____ |
| 10. Does the owner/agent maintain a record of fair housing complaints? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Is there a local residency preference? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, was it approved by HUD? | <input type="checkbox"/> | <input type="checkbox"/> | Date of HUD Approval: |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

**PART C
SECTION 504 REVIEW**

The Reviewer must complete this section to ensure compliance with Section 504 of the Rehabilitation Act of 1973 (Section 504). **Please note that unsubsidized projects are not required to comply with Section 504, therefore if the project is unsubsidized, the Reviewer may proceed to Part D.**

| | YES | NO | COMMENTS |
|---|--------------------------|--------------------------|----------------|
| 1. Is there a formal, written grievance procedure that provides for resolution of complaints alleging discrimination based on disability, as required by Section 8.53(b)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If Yes, document date procedures were adopted: | | | Date: _____ |
| 2. Does the owner/agent utilize a telecommunications device for the hearing impaired (TTY)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If No: Is there an alternative procedure? Describe under "Comments" | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. When necessary, are auxiliary aides used to communicate with persons with disabilities? Describe under "Comments" | <input type="checkbox"/> | <input type="checkbox"/> | |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

PART D DOCUMENTS REVIEWER SHOULD OBTAIN FROM OWNER/AGENT

The Reviewer will only bring back documents upon request from FHEO. If the Reviewer receives a request from FHEO to obtain certain documents, indicate in column a. During the on-site review, request the documents and indicate the status in columns b, c, or d. For items checked in column c, the Reviewer must provide the owner/agent the FHEO address for forwarding the documents.

| Document(s) | a. FHEO has requested that the Reviewer obtain the following documents: | b. The document has been gathered and is attached to the Checklist | c. The Owner/ Agent agrees to forward the checked document to FHEO within ten (10) business days. | d. The document is not available. |
|--|---|--|---|-----------------------------------|
| For Part A | | | | |
| 1. Accessible Units/Program Accessibility, Sections I, II, and III (as applicable) | | <input type="checkbox"/> | | <input type="checkbox"/> |
| For Part B: | | | | |
| 2. Most recent Affirmative Fair Housing Marketing Plan (AFHMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any of the following documents that are used for outreach as specifically stated in the project's AFHMP or used for other affirmative fair housing marketing. | | | | |
| Newspapers/Publications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Radio Ads and Announcements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of TV Ads and Announcements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photograph of billboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letterhead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brochures and Leaflets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photograph and site signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Project Profile showing occupancy data (See Part B, Question 5). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Written Tenant Selection Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

| Please Note: The information below only pertains to Section 504 compliance. If this project is unsubsidized, the Reviewer should not complete this section. | a. FHEO has requested that the Reviewer obtain the following documents: | b. The document has been gathered and is attached to the Checklist. | c. The Owner/ Agent agrees to forward the checked document to FHEO within ten (10) business days. | The document is not available. |
|---|---|---|---|--------------------------------|
| For Part C: | | | | |
| 6. Written Grievance Procedure (Part C, Question 3 and 24 CFR 8.53) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Application for Occupancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Reasonable Accommodation Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FHEO requested that the reviewer observe the following:

The result of the observation is:

DOCUMENTS TO BE MADE AVAILABLE BY OWNER/AGENT

Instructions: Reviewers should place a check mark next to those items that must be available for review.

General Documents

- All Tenant Files and records (including rejected, transfer and move-out files)
- Current waiting list
- Last advertisement and/or copies of apartment brochures
- HUD-approved Rent Schedule (HUD-92458)
- Procurement Files
- Work Order Journals/Logs
- Cash Disbursement Journal
- Fidelity Bond
- Property/Liability Insurance
- Copies of the HUD-52670 for the last twelve months for each subsidy contract
- Current annual budget
- Quarterly budget variance reports
- Reserve for Replacement Component Analysis
- Copy of Rent Roll
- Copy of Application
- Copy of Lease, lease addendums and house rules
- Copy of Pet Policy
- Copy of Applicant Rejection Letter
- Annual Unit Inspections
- Fact Sheet "How your rent is determined"
- Copy of the "Resident Rights & Responsibility"
- Lead Based Paint Certifications
- EH& S Certifications
- All Operating Procedure Manuals
- Documentation for Elderly Preferences Under Sections 651 or 658
- Income Targeting Tracking Log
- List of all current Principals and Board Members
- Other

Civil Rights Front End Limited Monitoring and Section 504 Review Documents

- Affirmative Fair Housing Marketing Plan
- Tenant Selection Plan
- Recent Advertising
- Fair Housing Logo and Fair Housing Poster