



**What We Do
Matters!**

**MANAGEMENT AGENT PACKET
(Request for Approval)**

Grant, Tax Credit and Bond Financed Projects

**OREGON HOUSING AND COMMUNITY SERVICES
BUSINESS OPERATIONS DIVISION
725 Summer Street NE,
Suite B Salem, Oregon 97301-1266**

MANAGEMENT AGENT PACKET CONTACTS

BUSINESS OPERATIONS DIVISION (BOD)

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MANAGEMENT AGENT PACKET

Overview

Oregon Housing and Community Services Department (the “Department”) includes the Business Operations Division (BOD), which is comprised of three sections:

- Asset Management Section (AMS);
- HUD Contract Administration Section (HCA)

The quality of the apartment communities and the lives of the low to moderate income Oregonians that live in them; are enhanced by Department staff members that thoroughly review management practices. The Division ensures that Project Owners (also known as the Borrower or Sponsor) and Management Agents (“Agent”) are in compliance with regulatory, loan, and grant agreements and Housing and Urban Development’s Housing Assistance Payment Contracts (HAP Contracts).

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

BOD is responsible to oversee the Projects that receive funding from the Department. Part of that responsibility is to review and approve the proposed management entities that will manage the Projects. Basically there are two types of management situations:

- Owner managed, where the Owner of the real property (and usually the entity that receives the funding) is also the Management Agent, and
- Agent managed, where the Owner hires a third-party entity to perform the necessary management responsibilities.

Whether Owner managed or Agent managed, the Management Agent (the “Agent”) must meet criteria established by the Department which includes compliance with State licensing laws, acceptable experience with the applicable funding requirements, current compliance status for other Department funded Projects (if applicable), and the entity’s capacity to manage additional projects (whether funded by the Department or not).

Required Forms

There are several forms that may be required to be submitted with a request for approval of an Agent. The particular forms required are dependent on the funding for the Project. The following is a brief summary of the forms required as determined by the source of Department funds:

Loan Programs

For Risk Sharing and Section 8 Projects: The Department cannot approve an Agent until HUD processes the HUD Form-2530. If undue delay would cause a hardship for the Project, a conditional approval may be considered by Department staff subject to receipt of temporary verbal approval from HUD.

Note: Some programs do not require the completion of the Resident Services Plan portion of the form for a ***change in the Agent***. Some Projects may require a simple status report of services if a Plan has already been approved by the Department within the last five (5) years.

Risk Sharing:

- Management and Resident Services Plan (form)
- Management Agent Qualifications (form)
- HUD Form-2530 (Previous Participation Certification)
- HUD Form-9352a (Affirmative Fair Housing Marketing AFHM Plan - Multifamily Housing)
- Department's Management Agreement

Section 8 Loans:

- Management and Resident Services Plan (form)
(Resident Services portion of form is not required)
- Management Agent Qualifications (form)
- HUD Form 2530 (Previous Participation Certification)
- Department's Management Agreement

Elderly/Disabled:

- Management and Resident Services Plan (form)
- Management Agent Qualifications (form)
- Department's Management Agreement

Conduit:

- Management and Resident Services Plan (form)
- Management Agent Qualifications (form)

Grants & Tax Credits

- Management and Resident Services Plan (form)
- Management Agent Qualifications (form)

Department Review Process

The Department assists the Owner and Agent through the review of the “Management and Resident Services Plan” and the “Management Agent Qualifications” during the underwriting process and on an on-going basis to help Owners and Agents maintain satisfactory Project management. In all instances, the Department's written approval is required *prior to* implementation of new management or a change of the current Agent.

Prior Written Approval Required

An Owner who has received a grant, tax credit, or loan from the Department shall not implement management of the Project without prior written approval from the Department.

If management is implemented or changed without prior Department approval, the Department may, at its sole discretion, enforce remedies as provided under the Loan Documents or program requirements. These remedies may include termination of the Agent and/or require a change in the Agent of the Project.

The Department's Management Agreement

When required, the Department will provide a standard Management Agreement (“Agreement”) to the Owner and Agent to sign and return pending the completion of the Agent review process. Failure to complete and return the required Agreement may result in denial of the Agent request or revocation of a previous approval or previous conditional approval.

The Agreement is not open to modification and requests to modify the Agreement must be approved by the Department's legal counsel. Costs of legal review will be charged to the Owner. At the Department's sole discretion, payment of a *non-refundable* estimate of the legal costs may be required prior to approval of the Agent.

When an Agreement is required (see above), the Owner and Agent must complete the document in a timely manner to avoid risking denial or revocation of the Agent.

Management Plan

Although the Owner is required to submit the Management Agent Packet (“Packet”) to the Department with the request for management approval, the proposed Agent must complete the Plan and Qualifications portions of the forms. This portion of the Packet provides insight for Department staff reviewing the submission for a satisfactory management plan for the Project. It provides information regarding the Owner/Agent relationship, site staffing and their specific responsibilities and marketing efforts. In addition, it addresses management's Fair Housing procedures and policies, the process for screening of applicants, mediation protocol, and compliance procedures, etc. There are several specific documents requested through the Packet. ***ALL*** documents must be submitted with the Packet to avoid delay in processing.

Management Fees

All management fees will be reviewed for compliance by the Department.

Resident Services Plan

At the time of funding or at reservation of awards, the Department requires the Owner of the Project to complete and subsequently implement an approved Resident Services Plan. The Resident Services requirement has two major objectives:

- *Through coordination, collaboration, and community linkages, residents will be provided the opportunity to access appropriate services which promote self-sufficiency, maintain independent living, and support them in making positive life choices; and*
- *To effectively maintain the fiscal and physical viability of the development by incorporating into the ongoing management the appropriate services to address residents issues as they arise.*

The Department reviews the Management Plan and Resident Services Plan simultaneously. Both plans share common goals and in many instances one person performs the duties of both site manager and resident services coordinator.

The resident services activities review is part of the ongoing monitoring compliance of a State funded Project with the exception of Section 8 Department funded multifamily housing.

Where the Agent and its employees perform the duties of a resident service coordinator, they are advised to work closely with the Owner in all aspects of the resident services requirement. The Owner carries the ultimate responsibility of compliance for the resident services requirement.

NOTE: If the Department approved the Resident Services Plan within the last five (5) years, a status report may be acceptable in lieu of an updated Resident Services Plan. The Department has a status report form that is not mandatory to use, but is available upon request.

Management Agent Qualifications

The Management Agent Qualifications portion of the Packet provides the Department with the information necessary to evaluate the Agent's capacity to successfully manage the Project successfully. It is vital that all experience, knowledge, certifications, and resumes for the Agent's staff be included for review. It is not uncommon for an Agent with little to no experience in the various funding programs to receive conditional approval or even temporary denial until satisfactory training and experience is obtained. There are several specific documents requested through the Packet. ***ALL*** documents must be submitted with the Packet to avoid delay in processing.

MANAGEMENT AND RESIDENT SERVICES PLAN

PROJECT CONTACTS AND INFORMATION

PLEASE TYPE OR PRINT LEGIBLY

Date: _____ Project name: _____ Project address: _____ _____ County of Project: _____ Owner: _____ Address: _____ Contact: _____ Resident Services Provider: _____ Address: _____ Contact: _____ Management Agent: _____ Address: _____ Contact: _____	<p>Existing Projects only:</p> <p>OHCS # _____</p> <p>HAP #: OR16- _____</p> <p>Servicer #: _____</p>
Targeted population (elderly, family, large family, etc.): _____ Income level of targeted population. Include all levels of income for tenants that will reside at the project (i.e., 20% of tenants at 50% of AMI): _____ Projected number of children on-site at full occupancy: _____ Are tenants of affordable units required to have net income greater than two times the rent?	Phone: _____ Fax: _____ E-Mail: _____ Phone: _____ Fax: _____ E-Mail: _____ Phone: _____ Fax: _____ E-Mail: _____ Yes (X) No (X) <input type="checkbox"/> <input type="checkbox"/>

Project Description		Number of Units* number of units for each description/type listed below.				
		Studio	1 BDRM	2 BDRM	3 BDRM	4 BDRM
Apartment						
Rental/Transitional Houses						
Homeless Shelter						
Other						
(X)	FUNDING TYPE	(X)	FUNDING TYPE	(X)	FUNDING TYPE	
<input type="checkbox"/>	LIHTC 4% or 9%	<input type="checkbox"/>	HOME	<input type="checkbox"/>	Trust Fund	
<input type="checkbox"/>	TCAP	<input type="checkbox"/>	Risksharing	<input type="checkbox"/>	ADF	
<input type="checkbox"/>	Exchange	<input type="checkbox"/>	Elderly/Disabled	<input type="checkbox"/>	Farmworker Tax Credit	
<input type="checkbox"/>	OAHTC	<input type="checkbox"/>	Housing Plus	<input type="checkbox"/>	Weatherization	
<input type="checkbox"/>	Conduit	<input type="checkbox"/>	GHAP	<input type="checkbox"/>	HELP	
<input type="checkbox"/>	HUD - Section 8	<input type="checkbox"/>	Rural Development (RD)	<input type="checkbox"/>	ORR	
<input type="checkbox"/>	Other Type	<input type="checkbox"/>	Other Funder			
(X)	PROJECT TYPE	#Units *	(X)	PROJECT TYPE	#Units *	
<input type="checkbox"/>	Apartments		<input type="checkbox"/>	RCF		
<input type="checkbox"/>	SRO		<input type="checkbox"/>	ALF		
<input type="checkbox"/>	Transitional		<input type="checkbox"/>	Group Care Home		
<input type="checkbox"/>	Other		<input type="checkbox"/>	Congregate Care		

MANAGEMENT AND RESIDENT SERVICES PLAN - CERTIFICATION

CERTIFICATION OF OWNER AND AGENT

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE THE AUTHORIZED SIGNOR OF THE OWNER AND THAT THE INFORMATION SET FORTH IN THIS MANAGEMENT AND RESIDENT SERVICES PLAN DOCUMENT AND IN ANY ATTACHMENT IN SUPPORT HEREOF, IS TRUE, CORRECT AND COMPLETE AS OF THE ABOVE DATE.

OWNER:

Owner Entity Name: _____

Signature of Authorized Signor: _____

By (Printed Name): _____

Title: _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE THE AUTHORIZED SIGNOR OF THE MANAGEMENT AGENT AND THAT THE INFORMATION SET FORTH IN THIS MANAGEMENT AND RESIDENT SERVICES PLAN DOCUMENT AND IN ANY ATTACHMENT IN SUPPORT HEREOF, IS TRUE, CORRECT AND COMPLETE AS OF THE ABOVE DATE.

MANAGEMENT AGENT:

Management Agent Name: _____

Signature of Authorized Signor: _____

By (Printed Name): _____

Title: _____

MANAGEMENT PLAN SECTION

SECTION 1: Role and Responsibility of Management Agent (“Agent”)

1. What are the supervisory relationships between the Owner, Agent, and project staff?

***Attach an organizational chart for the Agent.**

2. Describe the minimum requirements that are accepted when hiring Agent staff.

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

4. *Attach a copy of the Agreement between the Owner and the Agent, if available. NOTE: For Risk Sharing, Elderly/Disabled, and Section 8 loan programs, the Department’s Management Agreement will be the controlling document for management purposes.

SECTION 2: Personnel Policy and Staffing Arrangements

All supervisory, bookkeeping/accounting, and clerical expenses, along with all of the Agent’s overhead expenses will be borne by the Agent out of its own funds and will not be treated as an operating expense of the project.

1. Detail the staffing for the project, including a breakdown of jobs and salary schedules:

Position	# Units Provided	# Full Time	# Part Time	Wage Rate or Salary	
				FT	PT
Manager					
Assistant Manager					
Maintenance Supervisor					
Maintenance					
Activities Director					
Other					

2. Which staff position of the Agent is responsible for resolving personnel disputes and/or problems?

3. Describe how on-site management will be provided 24 hours a day, 7 days a week.

4. Are there on-site staff that will live at the project? If “Yes,” include which type of apartment they will occupy and how they are compensated for living on-site.

5. Who is responsible for the Department’s program requirements for reporting and compliance?

SECTION 3: Plans and Procedures for Marketing the Project

NOTE: Projects funded through the HOME program must follow HOME Affirmative Marketing Procedures.

***Attach a copy of the marketing plan.**

***Attach an original Fair Housing Marketing Plan (HUDForm-9352a)**

In which cities/communities will the project be advertised?

Describe the types of advertising media to be used.

Do you intend to distribute brochures? _____ If “Yes,” when will they be ready for distribution?

List local organizations or individuals you will contact about the project (e.g., senior centers, housing authorities, area agency on aging, doctors, hospitals, etc.).

When will marketing activities begin?

Describe the placement orientation process for new residents. Include unit care and adherence to the lease and house rules.

Describe the post-placement plan to evaluate resident satisfaction with units and services provided.

SECTION 4: Procedures for Screening Residents

1. Who is responsible for screening residents (staff name and position)?

2. Describe this above person’s experience in screening residents for this type of project. Include a brief outline of their experience and, if any, their training to be provided.

3. *Attach resident screening criteria policy . List the criteria for selecting residents (indicate the income screening procedures and include the requirements of the requested funding program). Describe in detail any income-to-rent ratio requirements. For each unit size, indicate the maximum and minimum number of tenants allowed per unit.

4. Describe the planned effort to comply with the Fair Housing Act requirements in relation to resident screening.

5. Check the proposed fees and list the amounts:

	Amount	Amount Refundable
<input type="checkbox"/> security deposit	_____	_____
<input type="checkbox"/> cleaning fees/deposit	_____	_____
<input type="checkbox"/> application processing fee	_____	_____
<input type="checkbox"/> reservation deposit/fee	_____	_____
<input type="checkbox"/> pet deposit	_____	_____
<input type="checkbox"/> other	_____	_____

6. *Attach a copy of the resident lease to be used.

7. FOR BOND FINANCING ONLY:

Describe the process to monitor/meet the following requirements of the Regulatory Agreement:

- a) At least 20% of the units are occupied by households at 50% of area median income, or 40% of the units are occupied by households at 60% of area median income.
- b) Submission to the Department of a certificate identifying the date 10% of the units are first occupied.
- c) Submission to the Department of a certificate identifying the date 50% of the units are first occupied.
- d) Submission annually to the Department updating Tenant Eligibility Certifications.
- e) Submission annually of certification of continuing program compliance and compliance with the requirement of the Regulatory Agreement & Declaration of Restrictive Covenants and Section 142(d) of the Code.
- f) Submission of Form 8703 to the IRS each year with a copy to the Business Operations Division.
- g) Maintaining on file from each low or moderate income resident a copy of the resident’s most recent federal income tax return or other satisfactory evidence of income to insure they remain low or moderate income tenants.

SECTION 5: Maintenance and Repair Program

- 1. Describe move-out inspection and repair procedures.**
- 2. Describe how residents report any and all maintenance needs to on-site and off-site management.**
- 3. Describe the schedule for interior and exterior painting and redecorating.**
- 4. Describe how major repairs are scheduled and completed.**
- 5. What is the maximum expenditure that the Agent is allowed to spend without the owner’s approval?**

SECTION 6: Rent Collection Policies and Procedures

- 1. Describe how monthly rents are collected, receipted, and deposited.**
- 2. Describe the late-rent policy for residents.**

3. Describe the eviction policy and procedure.**SECTION 7: Financial and Accounting Procedures****1. Describe the accounting and purchasing procedure.****2. Who is responsible for financial reporting requirements regarding budgets, income/expense reports, and Audited Financial Reports?****3. Describe how the Agent assures that those responsible for day-to-day financial operations will be thoroughly familiar with program funding requirements.****4. Describe how records and accounts are handled. Include, at a minimum: rent payments, maintenance requests and work orders, contracted services, inventory, resident files, and project purchases.****SECTION 8: Plans for Resident-Management Relations****1. Describe how resident grievances are handled.****2. Are there published house rules? _____ If "Yes," *Attach a copy.****3. Is there a published guest policy? _____ If "Yes," *Attach a copy.****4. Describe the coordination of management with resident services activities and staff.****SECTION 9: Security Measures**

Describe how the residents' security is assured.

SECTION 10: Food Service Program**1. Is there a food service program? _____ If "Yes," who is responsible for that program and describe their experience in that area.****2. Describe the food service program, including menu choices, table or buffet style, assistance to resident, assigned eating, etc.**

MANAGEMENT PLAN SECTION - ATTACHMENT CHECKLIST

The Management Plan portion of this form requires several attachments. Below is a checklist to assist you when including attachments that may apply to the Project.

(X)	REFERENCE	DESCRIPTION
<input type="checkbox"/>	Attachment 1.1	Organizational Chart for the Management Agent
<input type="checkbox"/>	Attachment 1.4	Agreement between the Owner and the Management Agent
<input type="checkbox"/>	Attachment 3.1	Marketing Plan
<input type="checkbox"/>	Attachment 3.2	Affirmative Fair Housing Marketing Plan – HUD Form-9352a (Risk Sharing & Section 8 projects only)
<input type="checkbox"/>	Attachment 4.3	Resident Selection Criteria Policy
<input type="checkbox"/>	Attachment 4.6	Resident Lease copy
<input type="checkbox"/>	Attachment 8.2	Published House Rules
<input type="checkbox"/>	Attachment 8.3	Published Guest Policy

RESIDENT SERVICES SECTION

This portion of the Management and Resident Services Plan form is required to be provided as part of the due diligence underwriting package for tax-exempt bond financing. Please allow a minimum of 30 days for review and comment from the Department. Contact your assigned Loan Officer for project-specific deadline criteria. For projects receiving a CFC reservation, this form is due as part of meeting the reservation conditions after funding has been awarded. The requirement to complete this portion of the form does not apply to existing Section 8 projects financed by the Department.

IF COMPLETING ONLY THIS RESIDENT SERVICES PLAN SECTION, ALSO COMPLETE THE “PROJECT CONTACTS AND INFORMATION” SECTION (PAGE 1) OF THIS FORM.

PLEASE TYPE OR PRINT LEGIBLY

Policy Statement

Owners who receive Department resources must include a provision in their affordable housing development for residents to access services appropriate to the identified needs of the target population.

The anticipated outcomes of the Resident Services Plan are:

- (1) Through coordination, collaboration, and community linkages, provide residents the opportunity to access appropriate services which promote self-sufficiency, maintain independent living, and support residents in making positive life choices; and
- (2) To effectively maintain the fiscal and physical viability of the development by incorporating into the ongoing management appropriate services which address resident issues as they may arise.

The Resident Services Plan (the “Plan”) contains four sections. Complete each section thoroughly and completely. There is no limit to the number of pages that can be submitted, but conciseness is encouraged.

**PLEASE READ ALL QUESTIONS AND
TRY TO ANSWER EACH ONE THOROUGHLY**

SECTION 1: Needs Assessment

This section describes how the Owner will employ a thorough and creative process to research, identify and describe the target population and assesses their potential service needs. Contact with the local community including schools, churches, businesses, neighbors, service providers, and other affordable housing developments may be necessary in order to define the needs specific to potential residents. The Owner is encouraged to research additional sources, including market studies and local Community Action Agency needs assessments reports. Assumptions based on the Owner’s prior experience in designing services for this target population are also valuable.

1. Describe the overall goal for housing and services of the project. Include how support services fit in with the mission statement as a non-profit housing developer, or in the housing portfolio, if a for-profit developer.
2. Describe in detail the target population and their service needs.
3. Describe the methods and sources used to determine the service needs of the target population.

SECTION 2: Identification and Coordination

This section helps to demonstrate that the Owner has made linkages in the local community and the network of service providers in order to establish roles and relationships in coordination of services for the project. The Owner is encouraged to initially investigate an array of possible services and then refine and select those most appropriate to the target population.

Describe how available services in the community were identified. Include efforts to coordinate and collaborate on the design of this Plan.

SECTION 3: Implementation

This section defines the logistics of the Plan. **Describe briefly** : (1) each specific service selected as appropriate for the target population; (2) state in measurable terms the anticipated result of providing the service; and (3) identify the provider of the service. A description of how services will be funded and delivered is critical to this section.

1. Complete the table below:

<i>SERVICE PROVIDED</i>	<i>LOCATION OF SERVICE (on site / off-site)</i>	<i>ANTICIPATED RESULTS</i>	<i>SERVICE PROVIDER</i>

2. Resident Services Delivery: **Also complete 2B and/or 2C, as applicable.**

2A. Describe resident services delivery. Include who is responsible for implementation of the Plan, and if services are offered on-site or on a referral-basis to other providers.

2B. If Services are contracted out : Describe the qualifications of the prospective service provider or coordinator to implement and evaluate the Plan. Describe the qualifications and experience of the Management Agent in coordinating services. Describe the Owner's oversight process with the Management Agent to ensure that this Plan is implemented to achieve the Owner's goals.

2C. If the Management Agent through its on-site manager will implement the plan and coordinate services: Describe the qualifications and experience of the Management Agent in coordinating services. Describe the Owner's oversight process with the Management Agent to ensure that this Plan is implemented to achieve the Owner's goals.

3. Describe how the community room or other community spaces of the project will be utilized to implement the provision of services.

4. List the sources and amounts of additional resources, if any, which will be used to implement this Plan. Describe how services will be funded on an ongoing basis. Indicate if a collaborative agreement, a memorandum of understanding, or a contract has been negotiated in order to provide appropriate services to the target population.

SECTION 4: Evaluation and Coordination with Management

This section provides for evaluating the effectiveness of the Plan and creates the essential link to ongoing management of the project. Evaluating the Plan will ensure that as resident populations needs change, the services can be adapted to those needs. Effective delivery of services must be coordinated with the Management Agent, especially the on-site staff. Owners are encouraged to update their Resident Services Plan as their residents' needs and circumstances change. A copy of an updated Plan is part of the resident services report.

1. Describe how specific services offered are evaluated, including how and when the anticipated results will be measured.

2. If results of the Plan are not as anticipated, describe what corrective action will be taken.

3. Describe Management Agent's selection criteria to ensure commitment to coordination of resident services, including the hiring and training of "service sensitive" staff.

4. Describe the process of ensuring ongoing coordination of the Plan with the Management Agent.

MANAGEMENT AGENT QUALIFICATIONS

If the Agent has already been approved by the Department as a management agent within the last two years, complete only those questions that have changed since the last form was submitted. If previously approved, indicate the project(s) for which you are approved.

Approved Projects:

PLEASE TYPE OR PRINT LEGIBLY

Date: _____
 Project name: _____
 Project address: _____

 Owner: _____
 Address: _____
 Contact: _____
 Management Agent: _____
 Address: _____
 Contact: _____

Existing Projects only:	
OHCS #	_____
HAP #:	OR16- _____
SVBA #:	_____

Phone: _____
Fax: _____
E-Mail: _____
Phone: _____
Fax: _____
E-Mail: _____

Year Management Agent company was founded: _____
 Year management activities were begun: _____
 List any other company names that the Management Agent has used.
 Include names of project(s) managed and date(s): _____
 Ownership Entity of Management Agent: (Check applicable box)
 Corporation Partnership Individual Other (Specify) _____
 Targeted population (elderly, family, large family, etc.): _____
 Distance in miles from Agent's business office to the Project. _____

- Management Agent Licensing:** Management Agents ("Agent") are subject to licensing requirements of the Oregon Real Estate Agency under ORS Chapter 696. Unless exempt by Oregon law, Agents must provide license information.
 Does the Agent have a license? (yes/no/exempt) _____
 If exempt from licensing, explain why (include ORS reference): _____
 Does the Agent have a license to operate in the state of Oregon? (yes/no/exempt) (provide a copy) _____
 Type of license: _____
 License Number: _____
 Expiration of License: _____
 Name of license holder(s): _____
- Management Agent Staff:**
 Total number of employees. _____
 Number of executive and professional persons. _____
 Number of executive and professional persons who are engaged in property management and marketing activities. _____

If there is an on-site manager, will they be an employee of the Project or of the Agent? Describe frequency and type of direct supervision to be given to the resident manager and by whom.

3. Management Agent Experience: Describe the experience of the Agent (or specific employees of Agent) that qualifies for management of this particular type of project. Include all property management experience or other comparable experience which will provide the skills necessary to manage this project, including, if applicable, Congregate Care Facility, Residential Care Facility, or Assisted Living Facility. *Attach resumes if available and recent photos of currently managed building(s), exteriors, grounds, parking lot, common areas (including, but not limited to, garbage areas, laundry rooms, and play areas) and identify each photo.

4. Management Agent Experience with Project Default: Have any of the projects that the Agent managed/manages ever experienced a default or foreclosure? If "Yes," explain circumstances surrounding each default and discuss if the properties returned to sustaining status.

5. Management Program. For Projects with 50 units or more only: In addition to completing the Department's "Management and Resident Services Plan": (a) *Attach samples of the Agent's materials and forms, if any, in the following areas. (Note: This section may be skipped if the only Department resources in the project are Trust Fund, HELP, Low Income Weatherization, Alcohol and Drug Free, or a combination of any of these four sources.)

- (1) Financial statement format
(2) Budget format
(3) Work order system (See page 10 Section 5 of the plan)
(4) Written maintenance programs (See page 10 Section 5)
(5) Form leases (Attachment 4.6 – requested in the plan)
(6) Resident Handbook (Attachment 8.2 and 8.3)

(b) Describe the type of bookkeeping system used by Agent (e.g. manual, computerized and type, etc.):

6. Fair Housing: Has the Agent or any of its present personnel ever been involved in a governmental or judicial action concerning a violation of "Fair Housing" laws? If "Yes," provide details:

7. HUD 2530 Approval (Section 8 and Risk Sharing Only): Has the Agent received HUD 2530 approval from HUD? If "Yes," attach verification documentation. If "No" explain status of HUD approval below.

8. References: List references for whom management services have been provided.

Table with 4 columns: Name, Address, Phone, Date(s) Managed. Includes three rows of blank lines for data entry.

MANAGEMENT AGENT QUALIFICATIONS - CERTIFICATION

CERTIFICATION OF MANAGEMENT AGENT :

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE THE AUTHORIZED SIGNOR OF THE OWNER AND THAT THE INFORMATION SET FORTH IN THIS DOCUMENT AND IN ANY ATTACHMENT IN SUPPORT HEREOF, IS TRUE, CORRECT AND COMPLETE AS OF THE ABOVE DATE.

Management Agent: _____

**Signature of
Authorized Signor:** _____

By (Printed Name): _____

Title: _____

MANAGEMENT AGENT QUALIFICATIONS - EXHIBIT A

Name & Address of Development	Marketing functions performed? (yes/no)	Bldg. Type 1	# of units	Type of Units 2	Type of Funding	Subsidy or assistance program if any 4	Name, address and phone number of owner	% Mgmt (\$/unit/month)	Marketing fee if any	Period of service (provide dates)	
										started	ended
									\$		
									\$		
									\$		
									\$		
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- | | | |
|---|---|--|
| <p>1
R = Row
E = Elevator
W = Walk-up
O = Other</p> | <p>2
C = Congregate
RCF = Residential Care Facility
ALF = Assisted Living Facility
GC = Group Care
ELD = Elderly
FAM = Family</p> | <p>4
Section 8
Voucher
Section 8 Certificate
Medicaid
Emergency Assistance</p> |
|---|---|--|

If no longer managing any of the above developments, please attach a separate sheet of explanation