

## Exhibit C-5 – Management Review Questionnaire

Property and Contact Information	
Property name:	Property #:
Property address:	Date:
Information provided by:	Email address:
Management company:	Management company hire date:
Site manager's name:	Site manager's email address:
Site office phone number:	Leasing office hours and days per week:
Owner:	Email address:

General Housing Unit Occupancy Information
<b>List the total number of units, including set-aside information if applicable.</b>
How many units are currently vacant?
How many units are ready for occupancy?
What is the average monthly turnover in the last 3 months?
What is the average length of vacancy?
What is the average preparation time for a vacated unit?
How many units are occupied by low-income residents?
How many units are occupied by very low-income residents?

Property Features	
<b>Please list number of units the property has by bedroom size.</b>	
0 bedroom/Studio #	3 bedroom #
1 bedroom #	4 bedroom #
2 bedroom #	5 bedroom #

Property Amenities			
<b>List of amenities and resident charges (check all that apply)</b>			
Refrigerator	Air conditioning	Garage	Stove
Dishwasher	Disposal	Microwave	Washer/Dryer
Washer/Dryer Hookup	Drape/Blinds	Fireplace	Clubhouse
Other:			
<b>Utilities (check if paid by Owner)</b>			
Heating	Water	Electricity	Gas
Lighting	Trash	Sewer	
<b>Utility Allowance Election (check one)</b>			
PHA	RD	HUD	Local utility/HUD Model
Energy Consumption Model	<b>*Submit a copy of the Utility Allowance Schedule</b>		
Additional comments:			
Reference: <a href="https://mhdc.com/programs/asset-management/program-compliance/compliance-accounting/utility-allowance/">https://mhdc.com/programs/asset-management/program-compliance/compliance-accounting/utility-allowance/</a>			

Program Compliance and Documentation	
Do you have a current copy of the MHDC Compliance Manual?	Yes      No
<a href="https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/manual-and-reference-guides">https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/manual-and-reference-guides</a>	
Do you have a current copy of the HUD MTSP Rent & Income Limits* schedule?	Yes      No
<a href="https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/income-limits">https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/income-limits</a>	
<i>*It is the owner's responsibility to obtain the limits when they are published by HUD and to implement the new limits within 45 days of the effective date. Documentation must be available for review (approved rents/income limits).</i>	
Is there an IRS waiver for this property?	Yes      No
Has the IRS had any contact with the owner/agent?	Yes      No

Personnel			
<u>List all staff billed to development account</u>			
Name	Title	Date Employed	Hours/Week

Does management have updated/current \*Training Certificates?    Yes    No    If yes, submit training certificate(s).

\*Properties with staff responsible for day-to-day operations such as qualifying households are required to attend a compliance training session, with ongoing training to be updated at least every two years. Be sure all applicable programs are covered.

**Personnel Experience and Training**

Categorize by employee and attach certification of completion.

Name	Date of last training	Training type and provider

Additional comments:

Do any employees live on-site?    Yes    No    If yes, explain how rent payment is handled below.

**Property and Surrounding Area**

Are property signs adequate?    Yes    No    N/A

All property signs must be in good condition. Signs in place prior to 2004. At a minimum the property sign should include:

- A. The property name;
  - B. Fair Housing / Equal Opportunity logo;
- Signs built or put in place after 2004 should include;
- C. The on-site office number &/or manager’s emergency contact phone number as well as the local TDD number;
  - D. Fair Housing / Equal Opportunity; and
  - E. Handicap logo (if applicable).

Additional comments:

Describe current neighborhood conditions. \*Check all that apply.

Prosperous                  Average                  Depressed                  Improving                  Staying the Same                  Declining

Additional comments:

Security Deposit Payments and Fees		
Security Deposit:	Damage deposit:	Pet deposit:
Assistance Animal Deposit:	Additional fees charged:	
Are deposits held in an interest-bearing account?      Yes      No		
List below any applicable fees and indicate if the fees are optional or non-optional?		

Tenant Selection				
Do you have a written tenant selection plan in place?	Yes	No	<u>If yes</u> , provide a copy of the tenant selection plan.	
Are applicants/resident files securely kept?	Yes	No	<u>If no</u> , explain below.	
Does management check references of applicants?	Yes	No		
Does an outside service check references of applicants?	Yes	No		
<u>If yes</u> , how much is the fee per applicant?				
Please select which are reference checks that apply:				
Previous Landlord	Criminal Background Check	Credit Bureau	Employer	Sex Offender
Other:				

Leasing Information			
<b>*Please submit a blank copy of your lease and addendum, if any.</b>			
Are units leased on a non-transient basis?	Yes	No	
Minimum lease term _____ Months _____			
How many units are currently rented at market rate?			
How many units are rented using Housing Tax Credits?			
How do you determine which units are set-aside for low-income use (If a mixed-income property)?			
Does this property receive property based rental assistance?	Yes	No	<u>If yes</u> , what type? Explain below.
Have you rejected any applicants with a Section 8 voucher?	Yes	No	<u>If yes</u> , explain the reason(s) below.

Has management updated the Affirmative Fair Housing Marketing Plan (AFHMP)?    Yes    No    N/A  
 Is the Affirmative Marketing Plan on site?    Yes    No    ([https://www.hud.gov/sites/documents/CLARIFICATION\\_AFHMPs.PDF](https://www.hud.gov/sites/documents/CLARIFICATION_AFHMPs.PDF))  
 Additional comments:

Is management aware of any reports of discrimination made by applicants or residents to HUD or the Missouri Commission on Human Rights?    Yes    No    N/A    **If yes, please attach back-up documentation and explain below.**

Has management notified MHDC regarding the incident?    Yes    No  
**If yes, date notified and to whom:**  
 Additional comments:

**Fulltime Student Status**

Are any of the set-aside units currently occupied exclusively by the full-time students?    Yes    No

Is there a college or university in the area?    Yes    No

How is \*student status verified?

**\*If LIHTC & HOME: Each program has a separate annual certification of Student Status and both certifications must be completed annually for each. (MHDC Ex. M for LIHTC and the Ex. M-1 for HOME).**

**Declaration of Land Use Restriction Agreement (LURA)**

If the property is subject to a Declaration of Land Use Restriction Agreement (LURA) which identifies a targeted population, list the number of required units and the number of units currently occupied by households satisfying the requirements.

Target Population	Required # of Units	Current # of Units
Family		
Elderly		
Disabled		
Special Needs		
NHTF		
Other (Describe)		

Does management track units' set-aside (i.e. for HOME, Permanent Supportive Housing/Special Needs, NHTF, Work Force, Market Rate, etc.)?    Yes    No    N/A

**Please provide a detailed description of any applicable units' set aside and designations below.**

**Permanent Supportive Housing**

Permanent Supportive Housing (formerly known as Special Needs) and/or Service Enriched (SE) Set-Aside?      Yes      No  
 If **Yes**, the Exhibit Z Housing Priority Checklist certification is required to be submitted in the Asset Management Reporting System (AMRS) Exhibit Z module, 90 days following the last day of the property’s annual seasonal reporting period.  
 Date of last submission: \_\_\_\_\_.

AMRS: <https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/amrs/>

Special Needs units: Documentation of approval from the Lead Referral Agency (LRA) must be in the resident file for LRA SN residents. FAQ sheet: <https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/notices/>

- Permanent Supportive Housing Lead Referral Agency (LRA):
- Service Provider (Service Enriched):

**Violence Against Women Act (VAWA)**

Has the owner/agent distributed the **\*VAWA HUD forms 5380 & 5382** to current residents?      Yes      No      N/A  
 If you answered **No** or **N/A**, please explain below.

Has the owner/agent developed and implemented a **VAWA Emergency Transfer (VET) Plan**?      Yes      No      N/A  
 If you answered **No** or **N/A**, please explain below.

**\*HUD requires that the owner/agent develop a method to provide VAWA HUD 5380 and 5382 forms to residents and make a note to the file specifying that the forms were provided and the time they were distributed.**

Reference: [https://www.hud.gov/sites/dfiles/Housing/documents/Revised\\_VAWA\\_QA.pdf](https://www.hud.gov/sites/dfiles/Housing/documents/Revised_VAWA_QA.pdf), page 5, #16 and #18; Federal Register Vol. 81, No. 221; HUD Notice H-2017-05; <https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/notices/>.

**Tenant Drug Use**

Have arrests been made on site for illegal drugs, in the last year?      Yes      No

If yes, how many arrests have been made?

Does management currently suspect drug use or sales on site?      Yes      No      If yes, please explain below.

**Rent Collection and Eviction Policy**

Is there a written Collection Policy?      Yes      No

When is a rent payment considered late (day of month)?

How much are late charges on overdue rent?

When are delinquency notices sent (day of month)?

When do eviction proceedings begin (day of the month)?

How many legal evictions have you had in the past six months?

On average, how many residents have not paid rent by the tenth of the month?

On average, how many residents have not paid rent by the end of the month?

Vacancy Information				
How does management monitor timely preparation of vacancies? <span style="color: red;">Please explain below.</span>				
How many vacancies and turnovers have taken place in the last twelve months?				
Does the property currently have a wait list?      Yes      No      Length:				
Additional comments:				
What factors contribute to vacancies?				
Security Problems	Location	Lack of Demand	Home Purchase	Non-Competitive
Amenities	Resident Health Issues/Death		Evictions	Other:
Do you notify the local Housing Authority when there are vacancies?      Yes      No				
Is the property experiencing any significant occupancy problems?      Yes      No				
<span style="color: red;">If yes, please explain below and provide documentation of efforts to address.</span>				
Please provide a printout of all vacant units with the move-out date(s) or complete the form below.				
Unit #	Resident Name			Move-out date

Common Areas				
<p><b>Outside Common Areas Requirement:</b> To have an accessible route to the common area. Outside common areas include parking lots, patios, play areas, and freestanding and attached common buildings such as a laundry building. The routes to all outside common areas are to be accessible to wheelchairs, walkers, etc. (i.e.; there are curb cuts, ramps, and sufficient (36”) width). Reference: Uniform Physical Conditions Standards (UPCS) protocol (<a href="#">Real Estate Assessment Center (REAC)   HUD.gov / U.S. Department of Housing and Urban Development (HUD)</a> &amp; <a href="#">National Standards for the Physical Inspection of Real Estate (NSPIRE)   HUD.gov / U.S. Department of Housing and Urban Development (HUD)</a>); MHDC QAP: Section II Development Standards B.; MHDC LIHTC Manual; The Fair Housing Act as amended in 1988 (CFR Part 8); and the Americans with Disabilities Act (ADA) adopted in 1990.</p>				
Are common areas compliant with accessibility standards?      Yes      No      N/A				
Additional comments:				

Does the property have accessible fire extinguishers?      Yes      No      If yes, submit current inspection documentation.

Where are fire extinguishers located? \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Additional comments:

\*Provide copies of applicable certificates (i.e.: fire extinguishers/sprinklers/alarm systems, lead-based paint, boilers, etc.)

Are Carbon Monoxide (CO) Alarms or Detectors installed as required (HUD Notice 2022-01)?      Yes      No      N/A

If No or N/A, explain below.

How many elevators are on site? \_\_\_\_\_      Date of last inspection? \_\_\_\_\_

Additional comments:

\*(This requirement applies to projects built after January 26, 1992. EXCEPTION: Where elevators are not provided as allowed in ADA regulation Sec. 4.1.3(5), accessible amenities are not required on inaccessible floors as long as one of each type is provided in common areas on accessible floors.)

Does the property have a swimming pool?      Yes      No      If yes, submit current inspection documentation.

Is there a lifeguard on duty?      Yes      No      N/A

Does the property have a playground?      Yes      No

Additional comments:

Does the property include a community room?      Yes      No      If yes, what does the community room include?

Does the property have a common laundry room?      Yes      No

How many washing machines do you have?      How many dryers do you have?

Is there a front load washing machine onsite?      Yes      No

Services included in rent:

24 Hour Maintenance      Snow Removal      Lawn Care      Social Services

Other:



Are all resident facilities included in the eligible basis of any building in the property (i.e. swimming pools, recreational facilities, parking areas, washer dryer hook-ups, appliances, etc.) provided on a *comparable basis* without charge to all residents?    Yes    No    N/A

If you answered yes, and there are additional fees charged for items such as garages, pools, community rooms, etc., indicate whether these items are part of the *eligible basis* of the property. **Please explain below.**

**Rental Unit and Property Maintenance**

Average number of tenant related work requests per month?

Average response time:

Current backlog:

Additional comments:

Does management have a preventive maintenance plan?    Yes    No

Is there a written preventive maintenance schedule?    Yes    No    **Provide additional comments below.**

An Infectious Disease (ID) Plan is required for 2020 allocations and years going forward. *Reference: Developer’s Guide*  
Has the O/A developed and implemented an ID plan?    Yes    No    N/A    **If N/A or No, please explain below.**

Does your property have a storage building?    Yes    No

Does your property have a utility building?    Yes    No

Does your property have a maintenance shop?    Yes    No

Do you exterminate?    Yes    No

How often do you exterminate units?

Monthly    Bi-monthly    Quarterly    Bi-annually    Annually    As needed

Other:

**Maintenance Schedule**

Extermination schedule / Date of last extermination

Cleaning sewers, gutters, and downspouts

Cleaning exterior window surfaces

Replacing furnace filters

Elevator maintenance (if applicable)/Date of last inspection

**Please provide a copy of the current elevator certificate.**

Parking lot reseal / restripe

Service Providers				
	Staff	Contractor Name	N/A	Identities of Interest
Heating and A/C equipment:				
Hot water heater:				
Cleaning carpets & drapes:				
Roofing and fascia inspection:				
Major appliances:				
Elevators:				
Motor vehicles:				
Exterminating:				

Contracted Service Providers		
Name	Service	Identity of Interest

Major Property Improvements			
Have any major property improvements been made during the last year?	Yes	No	Please describe below.
Are any major property improvements planned for the upcoming year?	Yes	No	Please describe below.

Insurance Claims			
Has the property filed any insurance claims since the last inspection?	Yes	No	Please describe below.
If insurance loss drafts or replacement reserve funds were released, is the work complete?	Yes	No	N/A
If you answered no, is repair work progressing on schedule?	Yes	No	Please describe below.
If any casualty loss occurred, list a detail of damage, is work complete?	Yes	No	N/A

Please describe details of loss below.		
Detail of Damage	Date of Loss	Date Restored
Did you notify MHDC and submit a copy of the insurance claim?    Yes    No    N/A If you answered yes, when was it submitted to MHDC? _____ <b style="color: red;">MHDC must be notified of any casualty loss.</b> Additional Comments:		

**Electronic exhibit submission:** If submitted electronically, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original signed hard copy in their files. **Submit this form to the Compliance Officer within seven (7) business days prior to the inspection date. It may be uploaded to <http://www.mhdc.com/bigfile> (further instructions can be found on the inspection appointment letter).**

**Note:** Some documents are to be submitted through MHDC’s Asset Management Reporting System (AMRS). See form for more details.

Signature:	Date:
Print Name:	

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.