|  |  |  |
| --- | --- | --- |
| KANSAS CITY OFFICE920 Main, Suite 1400Kansas City, MO 64105(816) 759-6600 |  | ST. LOUIS OFFICE505 N. 7th Street20th Floor, Suite 2000St. Louis, MO 63101(314) 877-1350 |
| www.mhdc.com |

**Exhibit C-5 Management Review Questionnaire**

**Date:**

**Property name:**

**Property address:**

**Property #:**

**Date:**

**Information provided by:**       **Email Address:**

**Site Manager’s name:**       **Email Address:**       **Date of Employment:**

**Site office phone number:**       Comments:

**Management Company:**

**Owner:       Email Address:**

**Total number of units, including set-aside information if applicable:**

**Number of vacant units:**       **as of:**

**Number ready for occupancy:**       **as of:**

**Average monthly turnover (last three (3) months:**

**Average length of vacancy:**       **days**

**Average preparation time for a vacated unit:**       **days**

**Personnel:** List all staff billed to development account.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TITLE** | **DATE EMPLOYED** | **HOURS/WEEK** |
|  |  |  |  |
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**RENTAL COLLECTION PRACTICES**

Is the Collection Policy written? [ ]  Yes [ ]  No

Late charges of $  on  (day of month)

Delinquency Notices sent on  (day of month)

Eviction proceedings begin on (day of the month)

**EVICTION**

Number of evictions in the past six months**:**

### RENT/SECURITY DEPOSIT PAYMENT

During an average month, how many residents have not paid their rent by the tenth of the month?

How many have not paid by the end of the month?

Damage deposit fee? $

Pet Deposit fee? $

Assistance Animal Deposit? $

Any additional fees charged? $

Are Deposits held in an interest bearing account? [ ]  Yes [ ]  No

**DRUG USE**

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

If yes, how many?

Does management suspect drug use or sales on site? [ ]  Yes [ ]  No

### TENANT SELECTION

Have written tenant selection procedures been established? [ ]  Yes [ ]  No

If yes, please provide a copy of the tenant selection plan/criteria.

Does management check references of applicants? [ ]  Yes [ ]  No

Does an outside service check references of applicants? [ ]  Yes [ ]  No

(Please check which ever applies)

[ ]  Previous Landlord

[ ]  Criminal Background check

[ ]  Credit Bureau

[ ]  Employer

[ ]  Sex offender

[ ]  Other

If outside service performs background check what is the fee $

**VAWA**

The owner/agent has distributed the **VAWA HUD forms 5380 & 5382** to residents. Yes [ ]  No [ ]

HUD requires that the owner/agent develop a method to provide these forms and make a note to the file specifying that the forms were provided and the time they were distributed.

Comments:

Owner/agent has developed and implemented a **VAWA Emergency Transfer (VET) Plan**. Yes [ ]  No [ ]

Comments:

**LEASING**

Are units leased on a non-transient basis? [ ]  Yes [ ]  No

Minimum lease term  months.

*\*Please submit a blank copy of your lease and addendum, if any.*

Minimum lease term  months. *Be mindful of program requirements.*

Number of currently occupied ***market rate*** units.

How do you determine which units are set-aside for low-income use (If a mixed-income property)?

Number of currently occupied Housing Tax Credit units?

Does this property receive property based rental assistance? [ ]  Yes [ ]  No

If yes, what type?

Are any of the set-aside units currently occupied exclusively by the fulltime 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).*

Have you rejected any applicants with a Section 8 voucher? [ ]  Yes [ ]  No

If yes, explain the reason(s)

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.

 Required # of units Current # of units

**Family**

**Elderly**

**Disabled**

**Special Needs**

**NHTF**

**HOME units       High:       Low:             High:       Low:**

**AHAP**

**Work Force**

**811**

**HOME-ARP**

**CDBG-DR**

**Other (describe)**

Does management track unit set-asides (**i.e. for HOME, AHAP, Special Needs, NHTF, Work Force, Market Rate, Average income Set-aside, etc.**)?

Yes [ ]  No [ ]  N/A [ ]

**Provide a set-aside list indicating all applicable unit set-aside designations.**

Comments:

**Special Needs (SN) and/or Service Enriched (SE) Set-Aside** [ ]  Yes [ ]  No

If applicable, submit a completed E**xhibit Z:**  Housing Priority Checklist <http://www.mhdc.com/program_compliance/LIHTC/forms-documents.htm>

*\*Special Needs units: Documentation of approval from the Lead Referral Agency (LRA) must be in the resident file for LRA SN residents. See SN FAQ at mhdc.com.*

* **Special Needs Lead Referral Agency (LRA):**
* **Service Provider (Service Enriched):**

**IRS CONTACT**

Is there an IRS waiver for this property? [ ]  Yes [ ]  No

Has the IRS had any contact with the owner/agent? [ ]  Yes [ ]  No

**MHDC COMPLIANCE MANUAL** *(*[*http://www.mhdc.com/program\_compliance/pc.htm*](http://www.mhdc.com/program_compliance/pc.htm)*)*

Do you have a current copy of the:

Compliance Manual [ ]  Yes [ ]  No *(*[*http://www.mhdc.com/program\_compliance/pc.htm*](http://www.mhdc.com/program_compliance/pc.htm)*)*

Rent & Income Limits\* schedule [ ]  Yes [ ]  No [*http://www.mhdc.com/program\_compliance/Income\_limits.htm*](http://www.mhdc.com/program_compliance/Income_limits.htm)

*\*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).*

Do any employees live on-site? Yes [ ]  No [ ]

If yes, how is rent payment handled?

Exterminating? Yes [ ]  No [ ]

Date of Last Extermination:

Exterminate units: [ ]  Monthly; [ ]  Bi-monthly; [ ]  Quarterly; [ ]  Bi-annually; [ ]  Annually; [ ]  As needed; [ ]  Other:

Fire Extinguisher? Yes [ ]  No [ ]  **If yes, submit current inspection documentation.**

Where are fire extinguishers provided?       Date of Last Inspection:

Comments:

Playground? Yes [ ]  No [ ]  Comments:

Is there a common laundry room? Yes [ ]  No [ ]

Number of washing machines: Number of Dryers:

Is there a front load washing machine? Yes [ ]  No [ ]

*(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.)*

Comments:

Elevators on-site? Yes [ ]  No [ ]  **If yes, submit current inspection certificates.**

How many elevators on-site?       Date of Last Inspection:

Comments:

Is there an on-site Storage/Utility building/Maintenance Shop? Yes [ ]  No [ ]

Comments:

Describe neighborhood conditions:

[ ]  Prosperous [ ]  Average [ ]  Depressed [ ]  Improving [ ]  Staying the Same [ ]  Declining

Comments:

Leasing Office hours and days per week:

Comments:

Are Project 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 Logo;

Signs built or put in place a*fter 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 Logo; and

E. Handicap Logo (if applicable).

 Comments:

Community Room/Services included in rent:

Services: [ ]  24 hour maintenance; [ ]  Snow removal; [ ]  Lawn care; [ ]  Social services;

 [ ]  Other:

Comments:

List amenities and Resident Charges (if app):

[ ]  Refrigerator; [ ]  Air Cond; [ ]  Garage; [ ]  Stove; [ ]  Dishwasher; [ ]  Clubhouse; [ ]  Disposal;

[ ]  Drape/blinds; [ ]  Washer/dryer; [ ]  Fireplace; [ ]  Microwave; [ ]  Washer/dryer hook-up; [ ]

Other:

Comments:

Utilities (check if paid by Owner):

[ ]  Heating; [ ]  Hot Water; [ ]  Air Cond; [ ]  Cold Water; [ ]  Cooking; [ ]  Sewer; [ ]  Lighting; [ ]  Trash

UA election - check one: [ ]  PHA; [ ]  RD; [ ]  HUD; [ ]  Local Utility/HUD Model; [ ]  Energy Consumption Model

**Submit a copy of the Utility Allowance Schedule**

Comments:

Reference: <http://www.mhdc.com/program_compliance/accounting/index.htm>

Please list number of units for each bedroom size:

0 bedroom

1 bedroom

2 bedroom

3 bedroom

4 bedroom

5 bedroom

Swimming Pool? Yes [ ]  No [ ]  **If yes, submit current inspection documentation.**

 Lifeguard? Yes [ ]  No [ ]  N/A [ ]  Fenced & Locked? Yes [ ]  No [ ]  N/A [ ]

Comments:

Has the property filed any insurance claims since the last inspection? Yes [ ]  No [ ]

Comments:

If insurance loss drafts or replacement reserve funds were released, is the work complete?

Yes [ ]  No [ ]  N/A [ ]

Comments:

If no, is repair work progressing on schedule? Yes [ ]  No [ ]

Comments:

If any Casualty Loss occurred, list a detail of damage, is work complete? Yes [ ]  No [ ]  N/A [ ]

Date of Loss:       Date restored:       Details of loss:

Comments:

Has MHDC been notified (cmaupins@mhdc.com) and has a copy of insurance claim submitted to MHDC? **MHDC must be notified of any casualty loss.** Yes [ ]  No [ ]  N/A [ ]

Date MHDC (cmaupins@mhdc.com) was notified:

Comments:

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.*

<http://www.mhdc.com/program_compliance/documents/MHDC%20Program%20Training%20Requirements.pdf>

**Experience and Training:**

*Categorize by employee and attach certification of completion.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of last training** | **Training type and provider** |
|  |  |  |
|  |  |  |
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|  |  |  |

Comments:

Have any major physical improvements been made during the last year? Yes [ ]  No [ ]

Comments:

Are any major physical improvements planned for the upcoming year? Yes [ ]  No [ ]

Comments:

Has management updated the Affirmative Fair Housing Marketing Plan (AFHMP)? Yes [ ]  No [ ]  N/A [ ]

Is the Affirmative Marketing Plan on site? [ ]  Yes [ ]  No

Comments:

*Reference:* [*https://www.hud.gov/sites/documents/CLARIFICATION\_AFHMPS.PDF*](https://www.hud.gov/sites/documents/CLARIFICATION_AFHMPS.PDF)

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 explain:       **and attach back-up documentation.**

Has management notified MHDC? Yes [ ]  No [ ]

If yes, date notified and to whom:

Comments:

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 additional fees are charged for items such as garages, pools, community rooms, etc., indicate whether these items are part of the eligible basis of the property.

Comments:

How does management monitor timely preparation of vacancies?

 Comments:

Average number of work requests per month?

 Average response time:       Current backlog:

Comments:

Are applicant/resident files securely kept? Yes [ ]  No [ ]

Comments:

Does management have a Preventive Maintenance plan? Yes [ ]  No [ ]

* Is there a written preventive maintenance schedule? Yes [ ]  No [ ]

Comments:

Who performs the following maintenance?

|  |  |  |  |
| --- | --- | --- | --- |
| STAFF | CONTRACTOR NAME | N/A | Identities of Interest |
| Heating and A/C Equipment: |  |  | [ ]  |  |
| Hot Water Heater: |  |  | [ ]  |  |
| Cleaning Carpets & Drapes: |  |  | [ ]  |  |
| Inspect Roofs and Fascia: |  |  | [ ]  |  |
| Major Appliances: |  |  | [ ]  |  |
| Elevators: |  |  | [ ]  |  |
| Motor Vehicles: |  |  | [ ]  |  |
| Exterminating: |  |  | [ ]  |  |

What is the schedule for:

|  |  |
| --- | --- |
| Extermination services/Date of last extermination: |       |
| Cleaning sewers, gutters and downspouts: |       |
| Cleaning exterior window surfaces: |       |
| Replacing furnace filters: |       |
| Maintain elevator (if applicable)/Date of last inspection: (Please provide a copy of current elevator certificate) |       |
| Parking lot reseal/restripe: |       |

**CONTRACT SERVICES**

|  |  |  |
| --- | --- | --- |
| NAME | SERVICE | IDENTITY OF INTEREST |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Vacancies and Turnover (last twelve months):**

Does the property currently have a Waiting List? Yes [ ]  No [ ]  Length:

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

Number of Units Occupied by Low Income residents:

Number of Units Occupied by Very Low Income residents:

Is the project experiencing any significant occupancy problems? Yes [ ]  No [ ]

If yes, please explain and provide documentation of efforts to address:

Comments:

Please provide a ***print out of all vacant units*** with the move-out date(s) or complete the form below:

|  |  |  |
| --- | --- | --- |
| Unit # | Resident Name | Move-out date |
|       |       |       |
|       |       |       |
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Please use additional pages if necessary.

Use MHDC website links: <http://www.mhdc.com/program_compliance/LIHTC/forms-documents.htm>, <http://www.mhdc.com/program_compliance/pc.htm>, <http://www.mhdc.com/program_compliance/accounting/index.htm>

**Exhibit submissions:** Once signed, a scanned version of this document may be submitted electronically to MHDC via email to compliance.exhibits@mhdc.com. If submitted as such, 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 his/her files. ***Note:*** some documents are to be submitted through MHDC’s Asset Management Reporting System (AMRS). See form for more details.

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