

Exhibit C5 - Management Review Questionnaire

Property and Con	itact Informa	tion	
Property name:			Property #:
Property address:			Date:
Information provided by:		Email addr	ess:
Management company:		Manageme	ent company hire date:
Site manager's name:	Site manager's email address:		ddress:
Site office phone number:	Leasing office hours and days per week:		d days per week:
Owner:	Email addre	ess:	
General Housing Unit C	Occupancy In	formation	
List the total number of units, including	ng set-aside ir	formation i	f applicable.

General Housing Unit Occupancy Information
List the total number of units, including set-aside information if applicable.
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 F	eatures
Please list number of units the p	roperty has by bedroom size.
0 bedroom/Studio#	3 bedroom #
1 bedroom #	4 bedroom #
2 bedroom #	5 bedroom #



	Property Ameni	ties	
List of a	menities and resident charg	es (check all that apply)	
Refrigerator	Air conditioning	Garage	Stove
Dishwasher	Disposal	Microwave	Washer/Dryer
Washer/Dryer Hookup	Drape/Blinds	Fireplace	Clubhouse
Other:			
	<u>Utilities</u> (check if paid b	oy Owner)	
Heating	Water	Electricity	Gas
Lighting	Trash	Sewer	
	Utility Allowance Election	(check one)	
PHA	RD	HUD	Local utility/HUD Model

*Submit a copy of the Utility Allowance Schedule

Reference: https://mhdc.com/programs/asset-management/program-compliance/compliance-accounting/utility-allowance/

Program Compliance and Documentation

Do you have a current copy of the MHDC Compliance Manual? Yes No

https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/manual-and-reference-guides

Do you have a current copy of the HUD MTSP Rent & Income Limits* schedule? Yes No

 $\underline{\text{https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/income-limits}}$

*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).

Is there an IRS waiver for this property? Yes No

Energy Consumption Model

Additional comments:

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

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



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

*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:



Sec	urity Deposit F	Payments and Fees	
Security Deposit:	Dama	age deposit:	Pet deposit:
Assistance Animal Deposit:	Additional fe	ees charged:	
Are deposits held in an interest-bearing accou	nt? Yes	No	
List below any applicable fees and indicate if t	he fees are opti	onal or non-optional?	

		Tena	ant Sele	ction				
Do you have a written tenant	selection plan in _l	place?	Yes	No	If yes, pro	vide a copy of th	ne tenant selection	n plan.
Are applicants/resident files so	ecurely kept?	Yes	No	<u>If no</u> , ex	xplain belov	w.		
Does management check refe	rences of applica	nts? Y	⁄es	No				
Does an outside service check	• •	plicants?	Yes	N	0			
Please select which are refere	nce checks that a Criminal Backgro	,	С	redit Bu	ıreau	Employer	Sex Offender	
Other:								

Leasir	ng Infoi	rmation		
*Please submit a blank copy	of you	r lease ar	nd add	endum, if any.
Are units leased on a non-transient basis? Yes	No			
Minimum lease termMonths				
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-i	ncome	use (If a	mixed-	income property)?
Does this property receive property based rental assistance	ce?	Yes	No	If yes, what type? Explain below.
Have you rejected any applicants with a Section 8 vouche	r?	Yes	No	If yes, explain the reason(s) below.



Has management updated the Affirmat Is the Affirmative Marketing Plan on sit	tive Fair Housing Marketing Plan (AFHMP)? e? Yes No (https://www.hud.gov/sit	Yes No N/A es/documents/CLARIFICATION_AFHMPS.PDF)
Additional comments:		
Is management aware of any reports or on Human Rights? Yes No	f discrimination made by applicants or reside N/A <u>If yes, please attach back-up</u>	ents to HUD or the Missouri Commission documentation and explain below.
Has management notified MHDC regar If yes , date notified and to whom: Additional comments:	ding the incident? Yes No	
Additional comments.	- 11.1	
Are any of the set-aside units currently	<u>Fulltime Student Status</u> occupied exclusively by the full-time studer	nts? Yes No
Is there a college or university in the ar	ea? Yes No	
How is *student status verified?		
	separate annual certification of Student Sta x. M for LIHTC and the Ex. M-1 for HOME).	itus and both certifications must be
If the property is subject to a Declaration	aration of Land Use Restriction Agreement on of Land Use Restriction Agreement (LURA ne number of units currently occupied by ho	a) which identifies a targeted population,
Target Population	Required # of Units	Current # of Units
Family		
Elderly		
Disabled		
Special Needs		
NHTF		
Other (Describe)		
Does management track units' set-asid Market Rate, etc.)? Yes No	e (i.e. for HOME, Permanent Supportive Hou N/A	using/Special Needs, NHTF, Work Force,
Please provide a detailed description of	f any applicable units' set aside and designat	tions below.



Permanent Supportive Housing

Permanent Supportive Housing (formerly known as Special Needs) and/or Service Enriched (SE) Set-Aside? Yes No If applicable, submit a completed **Exhibit Z:** Housing Priority Checklist, link to exhibits below. https://mhdc.com/programs/asset-management/program-compliance/compliance-resources/exhibits-forms/
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, page 5, #16 and #18; Federal Register Vol. 81, No. 221; HUD Notice H-2017-05; https://mhdc.com/programs/asset-management/program-compliance-resources/notices/.

Tenant Drug l	<u>Jse</u>		
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 Evic	tion Polic	су
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	ne month?	1?
On average, how many residents have not paid rent by the end of the	month?	



	Vacancy Information	
How does management monitor timely p	oreparation of vacancies? Please explain	below.
How many vacancies and turnovers have	e 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	on Lack of Demand Home	e Purchase Non-Competitive
Amenities Re	sident Health Issues/Death Evict	ions Other:
Do you notify the local Housing Authority	y when there are vacancies? Yes	No
Is the property experiencing any significa	ant occupancy problems? Yes N	No
If yes, please explain below and provide	documentation of efforts to address.	
Please provide a printout of all vacant ur	nits with the move-out date(s) or complet	te the form below.
	. , .	
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #	Resident Name	Move-out date
Unit #		Move-out date
	Common Areas	
Outside Common Areas Requirement: To lots, patios, play areas, and freestanding common areas are to be accessible to wl Reference: Uniform Physical Conditions S Department of Housing and Urban Develon HUD.gov / U.S. Department of Housing and	Common Areas have an accessible route to the common a and attached common buildings such as a heelchairs, walkers, etc. (i.e.; there are custandards (UPCS) protocol (Real Estate Apment (HUD) & National Standards for the d Urban Development (HUD); MHDC QAP: nended in 1988 (CFR Part 8); and the American	area. Outside common areas include parking a laundry building. The routes to all outside arb cuts, ramps, and sufficient (36") width). ssessment Center (REAC) HUD.gov / U.S. Physical Inspection of Real Estate (NSPIRE) Section II Development Standards B.; MHDC ricans with Disabilities Act (ADA) adopted in



Does the property have accessible fire extinguishers? Yes No <u>If yes</u> , 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.)					
How many elevators are on site? Date of last inspection?					
Additional comments:					
*/This are also and its to a reliable with the standard 20, 4002, EVCEDTION, When a large transition of the large will be standard as the standard and the stan					
*(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 <u>If yes</u> , 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 <u>If yes</u> , 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					
Does the property include a community room?					
What does the community room include?					
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

<u>If you answered yes</u>, 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. <u>Please explain below</u>.

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	ervice Identity of Interest			
	Major Pro	perty Improvements				
Have any major property improver	nents been made durir	ng the last year? Yes	No	Please describe below.		
Are any major property improvements planned for the upcoming year? Yes No Please describe below.						
	Insu	rance Claims				
Has the property filed any insurance			No Pleas	e 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.						
, 22 a						
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?					
MHDC must be notified of any casualty loss.					
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.