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. 04/30/2018

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

INSTRUCTIONS: This form is to be completed by HUD staff, Performance Based Contract Administrators (PBCA), Traditional Contract Administrators (CAs) and Mortgagees of Coinsured Projects (Mortgagees). The Management Review form consists of three parts: Desk Review, On-site Review with Addenda, and Summary Report. All reviewers of subsidized projects must complete Addenda (A, B, C, & D). Reviewers of unsubsidized projects must complete Addenda 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". FHEO staff provide MFH staff a list of requests for documents and special observations each year. 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, and other documents, and contact the HUD representative for any unavailable information needed to complete the desk review. Fair Housing/Civil Rights review requirements are all in Addendum B. This portion of the review will assist the reviewer in identifying potential problem areas. Owner must complete Addendum B, Part A, and send it to Multifamily Housing. 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.
- In accordance with Part D, bring back all information requested by FHEO.
- 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 should 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.
- The reviewer cretrieves Addendum B and forwards the completed form to FHEO, along with the approved initial or updated Affirmative Fair Housing Marketing Plans in accordance with "General Operational Procedures for the Civil Rights Front-End and Limited Monitoring Reviews of Subsidized Multifamily Housing Projects", which may be found on FHEO's web site.
- 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 entering a score between 1 and 100. If a category was not reviewed, enter a score of zero (0). After rating the individual categories, an overall rating must be assessed. This rating will be based upon the ratings assigned in categories A through G. CAs will rate all categories except Category D. Category D is for HUD staff and 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 traditional CA 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 Integrated Real Estate Management System (iREMS).

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 iREMS.
- Housing reviewers will Forward all completed FHEO checklists and attachments to FHEO within five (5) business days of their own on-site reviews or within 5 business days of receipt of the checklists from the CA, as applicable. Follow-up instructions may be found on FHEO's web site.

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.

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

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Exp. 04/30/2018

Summary

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: ☐ Insured ☐ HUD-Held ☐ Non-Insured ☐ Co-Insured	Contract Administrator: ☐ HUD ☐ CA ☐ PBCA	Type of Subsidy: ☐ Section 8 ☐ Rent Supplement ☐ PAC ☐ RAP ☐ Section 236 ☐ PRAC ☐ Section 221(d)(3) BMIR ☐ Unsubsidized	Type of Housing: ☐ Family ☐ Disabled ☐ Elderly ☐ Elderly/Disabled ☐ 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**	**Enter a score between 1 and 100 for the General Appearance and Security Rating.** **If this Section was not reviewed, enter 0.** **___ is 10% of the overall score.** **This category is rated**
1. General Appearance	☐	☐		
2. Security	☐	☐		
B. Follow-up and Monitoring of Project Inspections	**A**	**C**	**TCD**	**Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating .** **If this Section was not reviewed, enter 0.** **___ is 10% of the overall score.** **This category is rated**
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	☐	☐		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	☐	☐		
C. Maintenance and Standard Operating Procedures	**A**	**C**	**TCD**	**Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating.** **If this Section was not reviewed, enter 0.** **___ is 10% of the overall score.** **This category is rated**
5. Maintenance	☐	☐		
6. Vacancy and Turnover	☐	☐		
7. Energy Conservation	☐	☐		
D. Financial Management/Procurement	**A**	**C**	**TCD**	**Enter a score between 1 and 100 for the Financial Management/Procurement Rating.** **If this Section was not reviewed, enter 0.** **___ is 25% of the overall score.** **This category is rated**
8. Budget Management	☐	☐		
9. Cash Controls	☐	☐		
10. Cost Controls	☐	☐		
11. Procurement Controls	☐	☐		
12. Accounts Receivable/Payable	☐	☐		
13. Accounting and Bookkeeping	☐	☐		
E. Leasing and Occupancy	**A**	**C**	**TCD**	**Enter a score between 1 and 100 for the *Leasing and Occupancy Rating.*** **If this Section was not reviewed, enter 0.** **___ is 25% of the overall score.** **This category is rated**
14. Application Processing/ Tenant Selection	☐	☐		
15. Leases and Deposits	☐	☐		
16. Eviction/Termination of Assistance Procedures	☐	☐		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	☐	☐		
18. Compliance with Using EIV Data and Reports	☐	☐		
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	☐	☐		
20. TRACS Security Requirements	☐	☐		
21. Tenant File Security	☐	☐		
22. Summary of Tenant File Review	☐	☐		
F. Tenant/Management Relations	**A**	**C**	**TCD**	**Enter a score between 1 and 100 for the Tenant Services Rating.** **If this Section was not reviewed, enter 0.** **___ is 10% of the overall score.** **This category is rated**
23. Tenant Concerns	☐	☐		
24. Provision of Tenant Services	☐	☐		
G. General Management Practices	**A**	**C**	**TCD**	**General Management Practices Rating.** **If this Section was not reviewed, enter 0.** **___ is 10% of the overall score.** **This category is rated**
25. General Management Operations	☐	☐		
26. Owner/Agent Participation	☐	☐		
27. Staffing and Personnel Practices	☐	☐		

Overall Rating:

☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average ☐ Unsatisfactory ___ Overall Score:

To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number.
For convenience, a utility is included with this form which will perform all of the necessary calculations.

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.

Summary

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
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Part I Desk Review

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?
Yes ☐ **No** ☐

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** ☐ **N/A** ☐

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 and 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 a previous management review, proceed to question 7.

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

Date of Construction _____ **If construction occurred 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**
Was lead found? **Yes** ☐ **No** ☐ **N/A** ☐

If yes, is there a HUD approved lead hazard control plan? **Yes** ☐ **No** ☐ **N/A** ☐

Comments

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

Comments:

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

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

Comments:

Desk Review (Continued)

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 was received timely.
This question applies only to HUD Staffand 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. — **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:

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

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

_____
_____
_____

Comments:

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

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 with other similar projects.

Comments:

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12. Does annual financial analysis or FASS printouts 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
____ $_____
____ $_____
____ $_____

Comments:

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13. If the owner/agent has taken unauthorized distributions, reimbursements, or supervision fees, have these been repaid?
This question applies only to HUD Staff and Mortgagees. **Yes** ☐ **No** ☐

If no, indicate amount due to the project. $_____

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

Comments:

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

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

Comments:

Desk Review (Continued)

16. Does the balance in the security deposit trust account equal or exceed the project's liability account? **Yes** ☐ **No** ☐
This question applies only to HUD Staff and Mortgagees.

If no, explain how deficit will be funded.

Comments:

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 and Mortgagees. **Yes** ☐ **No** ☐

Comments:

18. 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 and Mortgagees. **Yes** ☐ **No** ☐

If yes, please enter date of certification. _____

Determine that the content of certification is consistent with present operations.

Comments:

19. Is the management fee paid to the agent in accordance with the Management Certification? **Yes** ☐ **No** ☐
This question applies only to HUD Staff and Mortgagees.

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 and Mortgagees. **Yes** ☐ **No** ☐

Comments:

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

Comments:

22. Has a management entity profile been submitted to HUD? **Yes** ☐ **No** ☐
This question applies only to HUD Staff and Mortgagees.

If yes, is it relevant to the agent's organization and how it operates? **Yes** ☐ **No** ☐

Date of the 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 and Mortgagees. **Yes** ☐ **No** ☐

Determine if management is by an identity-of-interest contractor, and compare the contract arrangement to the annual financial report.

Comments:

24. Have the principals and board members listed received HUD-2530 approval? **Yes** ☐ **No** ☐ **N/A** ☐
This question applies only to HUD Staff.

Request a list of all current principals and board members and check for HUD-2530 approval.

Comments:

25. Is the agent charging the project for expenses which the agreement requires the agent to pay? **Yes** ☐ **No** ☐
This question applies only to HUD Staff and Mortgagees.

Comments:

Desk Review (Continued)

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

26. Has the project's mortgage been restructured? **Yes** ☐ **No** ☐
This question applies only to HUD Staff.

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? **Yes** ☐ **No** ☐
This question applies only to HUD Staff.

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? **Yes** ☐ **No** ☐ **N/A** ☐
This question applies only to HUD Staff.

Comments:

31. Has the owner/agent received approval to retain excess income? **Yes** ☐ **No** ☐
This question applies only to HUD Staff. **D13**

Comments:

32. Was an annual report submitted for usage of retained excess income? **Yes** ☐ **No** ☐
This question applies only to HUD Staff. **D13**

Comments:

33. Are there any delinquent excess income payments due HUD? **Yes** ☐ **No** ☐
This question applies only to HUD Staff. **D13**

If yes, is there a payment plan? **Yes** ☐ **No** ☐

Comments:

34. Are rent increase requests submitted to HUD promptly when needed? **Yes** ☐ **No** ☐
This question applies only to HUD Staff.

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:

Desk Review (Continued)

35. If approval is required, are rent increase requests submitted promptly? **Yes** ☐ **No** ☐ **N/A** ☐

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** ☐ **No** ☐
General Operating Reserve (Co-ops)	$	$	$	**Yes** ☐ **No** ☐
Residual Receipts	$	$	$	**Yes** ☐ **No** ☐
Other	$	$	$	**Yes** ☐ **No** ☐

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. Are repairs consistently paid from the appropriate operating expense account, and eligible items reimbursed from the reserves? **Yes** ☐ **No** ☐

Comments:

37. Has the owner/agent performed an 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, what was effective date of last utility allowance adjustment? _____

What was the date of approval? _____

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? _____

Comments:

40. Is the current approved rent schedule sufficient to meet project needs? **Yes** ☐ **No** ☐
This question applies only to HUD Staff.

Comments:

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. Is the owner/agent transmitting data for Section 236 and Section 221(d)(3) BMIR tenants to TRACS as required by the automation rule? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

45. What is the term of the subsidy contract? _____ Date the contract term ends: _____
Comments:

Desk Review (Continued)

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

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

47. Does review of the EIV reports listed below include information that needs a resolution or explanation by the owner/agent? **E18b**

Income Discrepancy Report?	**Yes** ☐	**No** ☐	**N/A** ☐
New Hires Report	**Yes** ☐	**No** ☐	**N/A** ☐
Failed EIV Pre-Screening Report?	**Yes** ☐	**No** ☐	**N/A** ☐
Failed Verification Report (Failed the SSA Identity Test)?	**Yes** ☐	**No** ☐	**N/A** ☐
Deceased Tenant Report?	**Yes** ☐	**No** ☐	**N/A** ☐
Multiple Subsidy Report?	**Yes** ☐	**No** ☐	**N/A** ☐

Comments:

48. Is there a Neighborhood Networks Center for the project? (Check iREMS or other available source) **Yes** ☐ **No** ☐ **N/A** ☐
If no, answer "N/A" and proceed to 50.
Comments:

49. If yes to question 48, 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: _____

Comments:

50. Are there any unresolved findings from previous management reviews? If yes, specify in the comments section.
Yes ☐ **No** ☐

Comments:

51. Review complaints, congressional inquiries, etc. received within the last 12 months regarding the overall management practices.
Provide a general description below and attach applicable documentation**.** **G25**

Issue/Complaint	Status

Part II On-Site Review

Indicate by marking the appropriate box - Yes, No, or N/A if not applicable. Provide comments as needed.

CATEGORY A. GENERAL APPEARANCE & SECURITY

1. General Appearance

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 of the event(s).

Event	Frequency	Event	Frequency
☐ Break-Ins		☐ Arrests	
☐ Vandalism		☐ Drug Activity	
☐ Auto Theft		☐ Other (please specify):	
☐ Personal Assaults		☐ None	

Comments:

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

☐ Tenant Patrol
☐ Police Patrol
☐ Motion Sensors
☐ Other (please specify)
☐ Volunteer Organization
☐ TV Monitor
☐ Crime Prevention Plan
☐ Paid Car Patrol
☐ Drug Free Housing Plan
☐ Community Policing
☐ None
☐ Paid on-site Guard
☐ Security Cameras

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 cost increases in security costs? **Yes** ☐ **No** ☐

If yes, indicate security measures taken.

Comments:

CATEGORY 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 an explanation.

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

Comments:

b. Based on a sampling of units and common areas, for all other deficiencies noted in the REAC inspection, 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:

On-Site Review (Continued)

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, check N/A for questions a and b.

a. Is there a certification on file documenting that the project has been certified to be free of lead-based paint or lead hazards? **Yes** ☐ **No** ☐ **N/A** ☐

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

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:

CATEGORY 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 to account 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 the inspections: Name and Title:

Comments:

e. How often are units inspected?

☐ 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 a unit inspection, 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? ___

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 the procedure:

On-Site Review (Continued)

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? (check 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.

Number of Units Visited: ___ Number of Units Ready for Occupancy: ___ Number of Units Not Ready for Occupancy: ___

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 ☐ Applicants Do Not Meet Screening Criteria
☐ 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** ☐
(check 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 ☐ Energy Efficient Lighting ☐ Energy Star Appliances
☐ Written Energy Conservation Plan ☐ Other (please specify) _____ ☐ None

Comments:

CATEGORY D. FINANCIAL MANAGEMENT/PROCUREMENT

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

8. Budget Management

a. Does the owner/agent's staff have access to the current operating budget in order 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:

On-Site Review (Continued)

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? **Yes** ☐ **No** ☐ **N/A** ☐
This question applies only to HUD Staff.

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 secured and properly controlled? **Yes** ☐ **No** ☐

Comments:

b. Are adequate controls in place when cash is accepted? **Yes** ☐ **No** ☐ **N/A** ☐
Check the controls that are 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 (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 a check signer, and by one who has no cash receipt or disbursement function?
Yes ☐ **No** ☐

Comments:

10. Cost Controls

a. Are bills, including the mortgage payment, paid in sufficient time to avoid late penalties? **Yes** ☐ **No** ☐

Comments:

b. Are operating expenses, including taxes and utilities, periodically reviewed to assure that project is paying the lowest possible rate?
Yes ☐ **No** ☐

If yes, provide a 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? **Yes** ☐ **No** ☐ **N/A** ☐
Review contracts and determine if bids were obtained and, if the lowest bids were not selected, determine the owner's/agent's reasoning for selection.

Comments:

On-Site Review (Continued)

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 or services is not the same individual authorizing payment?
Yes ☐ **No** ☐

Comments:

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

Please provide the name and title:

f. Does the project maintain a list of 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?

Comments:

i. Below, check services currently contracted with outside contractors and provide the name of the contractor and annual amount of the 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
☐ Elevator		$
☐ Exterminating		$
☐ Apartment Cleaning		$
☐ Heating and A/C		$
☐ Plumbing		$
☐ Security		$
☐ Trash Collection		$
☐ Decorating		$
☐ Grounds		$
☐ 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 of 10% of one month's rent potential? **Yes** ☐ **No** ☐

Amount of receivables above is ___% of monthly rent potential.
Of this amount, $___ is more than 30 days past due.

Comments:

On-Site Review (Continued)

b. Does the procedure for write-off of bad debts appear reasonable? **Yes** ☐ **No** ☐

Comments:

c. Has annual "write-off of tenants' accounts receivable for the last two fiscal years been less than 1% of gross rent potential?
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 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 that are 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 (_)**

Comments:

b. Are all required project accounts in the name of the project in a federally insured institution? **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? (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 administered in accordance with HUD's approval? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

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:

On-Site Review (Continued)

j. If there are automobiles and/or debit or credit cards charged to the project, are the titles kept in the name of the project?
Yes ☐ **No** ☐

If yes, do they have HUD approval? **Yes** ☐ **No** ☐

Comments:

CATEGORY E. LEASING AND OCCUPANCY (This Category does not apply to Mortgagees)

14. Application Processing and Tenant Selection

a. Does the application form contain sufficient information to determine applicant eligibility? **Yes** ☐ **No** ☐

Comments:

b. Does the application ask whether the applicant or any member of the applicant's household is subject to a liftetime state sex offender registration program in any state? **Yes** ☐ **No** ☐

Comments:

c. Does the application ask for a listing of states where the applicant and members of the applicant's household have resided?
Yes ☐ **No** ☐

d. Is form HUD-92006 "Supplement to Application for Federally Assisted Housing", an attachment to the application or part of the application package?
Yes ☐ **No** ☐

Comments:

e. Is there an arms length procedure between the person who denies an application and the application appeal reviewer?
Yes ☐ **No** ☐

Comments:

f. 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:

g. Does the owner/agent have a written tenant selection plan? **Yes** ☐ **No** ☐

If yes, does the plan include all required criteria stated in Chapter 4, Handbook 4350.3 REV-1 and all applicable notices?
Yes ☐ **No** ☐ **N/A** ☐

If no, list the required criteria that the tenant selection plan does not include:

Comments:

h. Does the project maintain a waiting list of prospective tenants? **Yes** ☐ **No** ☐ **N/A** ☐

If yes, does the list include all required elements stated in Handbook 4350.3 REV-1? **Yes** ☐ **No** ☐

Comments:

i. Enter the number of applicants on the waiting list for each type of unit: 0 BR ___ 1 BR ___ 2 BR ___ 3 BR ___ 4 BR ___ Other: ___

Comments:

j. Were the applicants selected from the waiting list in the proper order, recognizing applicable preferences? **Yes** ☐ **No** ☐

Comments:

k. When preferences were applied, were they properly documented? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

l. Is documentation available to show that the owner/agent has leased not less than 40% of the Section 8 units that became 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:

On-Site Review (Continued)

m. What marketing steps has the owner/agent taken to attract extremely low-income families? If not applicable, proceed to question n.

Please describe:

Comments:

n. Does the advertising program comply with the existing affirmative fair housing marketing plan? **Yes** ☐ **No** ☐

Request to see copies of advertisements.

Comments:

o. Is the fair housing sign posted in the rental office? **Yes** ☐ **No** ☐

Comments:

p. Is the fair housing logo included in published advertising materials? **Yes** ☐ **No** ☐

Comments:

15. Leases and Deposits

a. Have modifications been made to the HUD model lease? **Yes** ☐ **No** ☐ **N/A** ☐

If yes, has the lease and/or lease addenda in use been approved by HUD? **Yes** ☐ **No** ☐ **N/A** ☐
This does not include lease addenda issued by HUD

Comments:

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

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** ☐ **N/A** ☐

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 or with state/local requirements?
Yes ☐ **No** ☐

Comments:

f. Are damages caused by tenants properly identified and charged to tenants? **Yes** ☐ **No** ☐

Comments:

16. Eviction/Termination of Assistance Procedures

a. Are tenants notified of termination of tenancy or assistance 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

NOTE: Addendum D must identify any eviction during the last 12 months which was due to a household member being subject to a state lifetime sex offender registration requirement.

On-Site Review (Continued)

Comments:

c. Is the termination of assistance initiated timely when warranted? **Yes** ☐ **No** ☐ **N/A** ☐
Reason(s) for termination of assistance:

Comments:

17. Enterprise Income Verification (EIV) System Access and Security Compliance
Applies to subsidized properties only

a. Does the owner/agent have access to EIV? **Yes** ☐ **No** ☐

Comments:

b. Does the EIV Coordinator(s) have an owner approval letter(s) authorizing access to EIV?
Yes ☐ **No** ☐

Comments:

c. Does the owner/agent and/or EIV Coordinator have:

- An initial and currently approved EIV Coordinator Access Authorization Form (CAAF) on file for each person designated by the owner as an EIV Coordinator? **Yes** ☐ **No** ☐
- An initial and currently approved EIV User Access Authorization Form (UAAF) on file for each person designated by the EIV Coordinator as an EIV User? **Yes** ☐ **No** ☐ **N/A** ☐
- Signed copies of the EIV Rules of Behavior for Individuals without access to the EIV system, who use EIV reports and/or data to perform their job functions? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

d. Is there evidence that staff with access to the EIV system or to EIV reports take annual security awareness training?
Yes ☐ **No** ☐
If yes, is a record kept of employees who attended the training? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

e. Does the owner/agent have security measures in place to limit access to EIV information and reports to only those persons who have proper authorization?
Yes ☐ **No** ☐

Comments:

f. Does the owner/agent have a procedure to review all EIV User IDs to periodically determine if the users still have a valid need to access EIV data?
Yes ☐ **No** ☐

Comments:

g. Does the owner/agent terminate access promptly (within 30 days) of all users who no longer have a valid need to access EIV data?
Yes ☐ **No** ☐

Comments:

h. Does the owner/agent have a procedure to document and report the occurrence of all improper disclosures of EIV data?
Yes ☐ **No** ☐
Have any improper disclosures been reported to the owner/agent? **Yes** ☐ **No** ☐

Comments:

i. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?
Yes ☐ **No** ☐
Have any occurrences of unauthorized EIV access or security breaches been reported? **Yes** ☐ **No** ☐

Comments:

j. Is there evidence that the owner/agent or any of their employees are sharing IDs and passwords? **Yes** ☐ **No** ☐

Comments:

On-Site Review (Continued)

k. Is EIV data being improperly shared with other entities (e.g., state officials monitoring LIHTC projects, RHS staff, or Service Coordinators not participating in the re-certification process)? **Yes** ☐ **No** ☐

Comments:

l. Does the owner/agent keep in the tenant file the Tenant Consent for Disclosure of EIV Information, signed by the tenant and a third party when a third party assists in the re-certification process? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

18. Compliance with Using EIV Data and Reports
Applies to subsidized properties only.

a. Does the owner/agent have policies and procedures describing the use of EIV employment and income information and the EIV reports? **Yes** ☐ **No** ☐

If yes, do they comply with HUD's usage requirements? **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

b. Is the owner/agent using the following EIV reports, and taking appropriate action to correct discrepant data in TRACS, and/or to reduce improper subsidy payments and where applicable, retaining documentation to support the action(s)?

New Hires Report **Yes** ☐ **No** ☐

No Income Report **Yes** ☐ **No** ☐

Failed EIV Pre-screening Report **Yes** ☐ **No** ☐

Failed Verification Report (Failed the SSA Identity Test) **Yes** ☐ **No** ☐

Existing Tenant Search **Yes** ☐ **No** ☐

Multiple Subisidy Report **Yes** ☐ **No** ☐

Deceased Tenant Report **Yes** ☐ **No** ☐

Comments:

19. TRACS Monitoring and Compliance (applies to subsidized properties only)

a. Is the owner/agent using TRACS queries to review and monitor their transmission? **Yes** ☐ **No** ☐

Comments:

b. Is the owner/agent following up and correcting deficiencies identified in TRACS data? **Yes** ☐ **No** ☐

Comments:

20. TRACS/EIV Security Requirements (applies to subsidized properties only)

a. Does staff log on using their own user name and password when accessing Secure Systems? **Yes** ☐ **No** ☐

Comments:

b. Have staff with access to EIV and/or TRACS in Secure Systems completed the required security awareness training each year and is there a signed Rules of Behavior? **Yes** ☐ **No** ☐

Comments:

c. Have staff with access to the EIV system completed the hard copy authorization form HUD-52676 when access was initially granted and completed the EIV online authorization form annually (coordinators) or semi-annually (users) as required? **Yes** ☐ **No** ☐

Comments:

On-Site Review (Continued)

d. Have staff who use EIV reports, but do not access the EIV system in Secure Systems, completed the security awareness training annually and is there a signed the Rules of Behavior? **Yes** ☐ **No** ☐

Comments:

e. For new staff, or staff that was given access to EIV or TRACS within the last year, was the security awareness training completed before access, or within 30 days of being given access and signing the TRACS and EIV Rules of Behavior? **Yes** ☐ **No** ☐

Comments:

21. Tenant File Security

a. Are the tenant files, as well as other files that contain EIV reports, if applicable, locked and secured in a confidential manner? **Yes** ☐ **No** ☐

Comments:

b. Is documentation relating to an individual's domestic violence, dating violence, or stalking, kept in a separate file in a secure location from other tenant files? **Applicable to Section 8 only**. **Yes** ☐ **No** ☐ **N/A** ☐

Comments:

c. Is access to tenant file information limited to only authorized staff? **Yes** ☐ **No** ☐

Comments:

d. Who is authorized to have access to the tenant files? Name(s) and Title(s):

Comments:

e. Is the owner/agent maintaining tenant files according to HUD's document retention requirements? **Yes** ☐ **No** ☐

Comments:

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

Comments:

22. 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 tenant files of new move-ins, re-certifications (annual, interim, initial), at least one applicant reject file, and at least one terminated/move-out file. In order to review specific functions (EIV usage, 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.

Number of Units	***Minimum File Sample***
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, applicable HUD Notices, and any changes to the CFR? **Yes** ☐ **No** ☐

Documents Missing from Files:

On-Site Review (Continued)

Comments:

b. Application/Tenant Selection

i. Are the applications in the files signed and dated by applicant? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

ii. Is screening conducted in accordance with the Tenant Selection Plan? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

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

Number of Files with Deficiencies: ___

Comments:

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. Are the correct model leases used? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

ii. Are the leases signed and dated by all required parties? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

iii. Are HUD issued lease addenda properly signed and in the file? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

iv. Are the applicable addenda attached to the lease? **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Comments:

v. Are security deposits collected in the correct amount for the program? **Yes** ☐ **No** ☐ **N/A** ☐

Number of Files with Deficiencies: ___

Comments:

vi. Are pet deposits within acceptable range and payment installments allowed? **Yes** ☐ **No** ☐ **N/A** ☐

Number of Files with Deficiencies: ___

Comments:

vii. Do the tenant files contain signed acknowledgement(s)and/or copies of the following documents indicating receipt by the tenant?

HUD-9887 Fact Sheet **Yes** ☐ **No** ☐

Number of Files with Deficiencies: ___

Lead Based Paint Disclosure **Yes** ☐ **No** ☐ **N/A** ☐

Number of Files with Deficiencies: ___

On-Site Review (Continued)

Resident Rights and Responsibilities Brochure **Yes** ☐ **No** ☐
Number of Files with Deficiencies: ___

EIV & You Brochure **Yes** ☐ **No** ☐
Number of Files with Deficiencies: ___

Fact Sheet How Your Rent is Determined **Yes** ☐ **No** ☐
Number of Files with Deficiencies: ___

Race/Ethnicity Form **Yes** ☐ **No** ☐
Number of Files with Deficiencies: ___

Comments:

d. Certification/Re-Certification Activities:

i. Are re-certification notices issued in accordance with HUD requirements? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ii. Are certifications completed on time? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iii. Are all necessary verifications completed and properly documented? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iv. Are EIV Income Reports used for third party verification of employment and income? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

v. If the tenant disputed the EIV employment and/or income reported in EIV, was a third party verification obtained from the source?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

vi. Are appropriate actions being taken for income discrepancies reported on the EIV Income Discrepancy Report, and is the action documented?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

vii. Are income and deductions calculated correctly prior to data entry? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

viii. Does income information on the tenant certifications agree with verified file information? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ix. 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:

x. Are Repayment Agreements in accordance with HUD requirements? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

xi. Are notices provided to tenants in accordance with HUD tenant notification requirements when their portion of rent has increased?
Yes ☐ **No** ☐ **N/A** ☐

On-Site Review (Continued)

Number of Files with Deficiencies: ___

Comments:

xii. Are the correct contract rents used when determining the subsidy to be paid on behalf of tenants? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

xiii. If tenants are paying their own utilities, are the current certifications reflecting the correct utility allowances?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

xiv. Are 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. Are there any deficiencies noted in the tenant file review that results in over payment or under payment of the subsidy?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ii. For the move-in/move-out tenant file review, does the owner/agent make appropriate voucher adjustments?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

f. Move-In Files

i. Are proper income limits used for determining eligibility at move-in? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ii. Do the files contain move-in inspections? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iii. If the files contain move-in inspections, have the owner/agent and the tenant signed and dated the inspection?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iv. Do the move-in files created after January 31, 2010 indicate that the owner/agent utilizes the EIV Existing Tenant Search for all household members and applicants? **Yes** ☐ **No** ☐ **N/A** ☐

Number of Files with Deficiencies: ___

Comments:

g. Move-Out Files

i. Do tenants provide written notice of intent to vacate in accordance with the HUD model lease? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ii. Are move-out inspections conducted? **Yes** ☐ **No** ☐ **N/A** ☐

On-Site Review (Continued)

Number of Files with Deficiencies: ___

Comments:

iii. Are security deposits refunded in 30 days or less if required by state law? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iv. Are tenants provided an itemized list of charges against the security deposits? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

v. If charges exceed the security deposit, are the tenants billed for the balance due? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

h. Application Rejection Files

i. Are applicants denied admittance in accordance with the Tenant Selection Plan? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

ii. Do rejection letters provide applicants the right to appeal? **Yes** ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iii. If applicant appealed an application rejection, was the appeal reviewed by someone other than person who made the original decision to reject?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

iv. Were appeals processed and applicants notified of the appeal decision within 5 days of the meeting?
Yes ☐ **No** ☐ **N/A** ☐
Number of Files with Deficiencies: ___

Comments:

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

23. Tenant Concerns

a. Is there a written procedure for resolving 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 tenant organization at this project? **Yes** ☐ **No** ☐

Comments:

d. Is tenant involvement in project operations encouraged? **Yes** ☐ **No** ☐

Comments:

24. Provision of Tenant Services

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

On-Site Review (Continued)

Service	Provider	Financial Source
☐ Child Care		
☐ Recreation		
☐ Health Care		
☐ Energy Conservation		
☐ Vocational Training/Job Training		
☐ Meals		
☐ Financial Counseling		
☐ Substance Abuse Counseling		
☐ Service Coordinator		
☐ Neighborhood Networks Center		
☐ Other (please specify)		

b. Is there a Service Coordinator for the project? **Yes** ☐ **No** ☐
If there is no Service Coordinator, proceed to question 24.f.

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 make the information 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, proceed to question 24.h.

☐ Open for Business
☐ Temporarily Closed – State the date the center will reopen: _____
☐ Permanently Closed – State the date the center closed: _____

Comments:

g. What 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 question 25. **Yes** ☐ **No** ☐

Comments:

i. HUD policy prohibits an owner/agent from evicting tenants for delinquent 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:

On-Site Review (Continued)

CATEGORY G. GENERAL MANAGEMENT PRACTICES

25. 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? **Yes** ☐ **No** ☐

Comments:

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

Describe the process:

d. Does owner/agent have a formal ongoing training program for its staff? **Yes** ☐ **No** ☐
If yes, indicate types of training used and the frequency.

Type	Frequency	Type	Frequency
☐ On-Site		☐ Industry/Association Training	
☐ HUD Seminars		☐ Local Colleges	
☐ Energy Conservation		☐ Other (please specify)	

Comments:

e. Are reports submitted to the owner from the management agent? **Yes** ☐ **No** ☐ **N/A** ☐
This question applies only to HUD Staff and Mortgagees.

Comments:

f. Are there signs enabling persons to locate the office? **Yes** ☐ **No** ☐

Comments:

g. Are after hours and emergency telephone numbers posted? **Yes** ☐ **No** ☐

Comments:

h. List the 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 and Mortgagees.

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

Comments:

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

Comments:

On-Site Review (Continued)

26. Owner/Agent Participation
This question applies only to HUD Staff and Mortgagees. CAs may proceed to question 27.)

a. If the project is owned by a cooperative or a nonprofit entity, does the Board of Directors meet regularly and record 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 the owner/agent have a system or procedure for providing field supervision of on-site personnel?
Yes ☐ **No** ☐ **N/A** ☐

Comments:

27. 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 / Title	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 ☐ No ☐	Yes ☐ No ☐
/		%			Yes ☐ No ☐	Yes ☐ No ☐
/		%			Yes ☐ No ☐	Yes ☐ No ☐
/		%			Yes ☐ No ☐	Yes ☐ No ☐
/		%			Yes ☐ No ☐	Yes ☐ No ☐

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

Tenant File Review Worksheet

Instructions: Review the appropriate number of tenant files and complete a copy of 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 this is a Certification or Recertification, check the certification type:
Certification Type ☐ Initial ☐ Annual ☐ Interim ☐ Corrections ☐ 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		**Comments**
1. Is the application complete, including the date and time received by the owner/agent?	**Yes** ☐ **No** ☐	
2. Is there a form HUD-92006, "Supplement to Application for Federally Assisted Housing" in the files of tenants who applied after 12/14/2009? **Tenant completion of this form is optional**.	**Yes** ☐ **No** ☐ **N/A**☐	
3. Are the EIV Existing Tenant Search results in the file along with contacts made as a result of the search? **Applicable to move-ins after January 31, 2010**	**Yes** ☐ **No** ☐ **N/A**☐	
4. Are the household members identified correctly? (as head, spouse, dependent, co-head, other adult(s), live-in aide, foster child and foster adult)	**Yes** ☐ **No** ☐	
5. Is the unit size appropriate for household?	**Yes** ☐ **No** ☐	
6. Was this household's income eligible at move-in? **This question applies only to a tenant file move-in review.**	**Yes** ☐ **No** ☐ **N/A**☐	Over income? ☐ Low income? ☐ Very low income? ☐ Extremely low income? ☐
7. If household was not income eligible at move-in, was an exception or waiver granted?	**Yes** ☐ **No** ☐ **N/A**☐	
8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	**Yes** ☐ **No** ☐	
9. Is there current HUD 9887/9887A Consent Form signed and dated by head, spouse, co-head regardless of age, and family members at least 18 years of age?	**Yes** ☐ **No** ☐	

Tenant File Review (Continued)

10. Is there an acknowledgement and/or signed document in the file indicating receipt by the tenant? • Lead based paint • Resident Rights and Responsibilities Brochure • *EIV & You* Brochure • Fact Sheet on How Your Rent is Determined	 **Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐	
11. Does the tenant file indicate that the owner /agent has taken necessary steps to address any EIV reported receipt of multiple subsidies?	**Yes** ☐ **No** ☐ **N/A**☐	
12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on: EIV Multiple Subsidy report? EIV Deceased Tenant Report?	 **Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **N/A**☐	
B. VERIFICATION **Have the following items been properly verified and documented?**		**Comments**
1. Social Security numbers (except for those exempted by 24 CFR 5.216)? EIV Summary Report in file to validate SSNs? Exemption from SSN disclosure?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **N/A**☐	
2. Eligible immigration status or citizenship status?	**Yes** ☐ **No** ☐ **N/A**☐	
3. Criminal and drug screening?	**Yes** ☐ **No** ☐	
4. State lifetime sex offender registration check in each state where household members reported they have resided, and/or background checks conducted using a database that checks against all state registries?	**Yes** ☐ **No** ☐	
5. Other screening as disclosed in Tenant Selection Plan?	**Yes** ☐ **No** ☐ **N/A**☐	
6. Verification of: • Disability status? • Student status? • Ages of occupants?	 **Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **N/A**☐	
C. LEASE		**Comments**
1. Is the correct HUD model lease used?	**Yes** ☐ **No** ☐	
2. Is the original lease and subsequent leases or addenda signed and dated by the owner/agent, head, spouse, co-head, and all other adult members of the household?	**Yes** ☐ **No** ☐	
3. Are applicable attachments attached to the lease, e.g. house rules, pet rules, unit inspection report?	**Yes** ☐ **No** ☐	
4. If security deposit is required, is it in the		

Tenant File Review (Continued)

correct amount? If required, enter the amount here: $	**Yes** ☐ **No** ☐ **N/A**☐	
5. If pet deposit is required, is it in the correct amount? If required, enter the amount here: $	**Yes** ☐ **No** ☐ **N/A**☐	
6. If a pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations?	**Yes** ☐ **No** ☐ **N/A**☐	
7. Are there inspections in the file: Move-in (dated and signed by tenant and owner/agent)? Annual unit inspections?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **N/A**☐	
D. CERTIFICATION/RECERTIFICATION ACTIVITIES		**Comments**
1. Are re-certification notices provided within the required timeframes?	**Yes** ☐ **No** ☐	
2. Are re-certifications completed on time?	**Yes** ☐ **No** ☐	
3. Is the certification signed and dated by the appropriate parties?	**Yes** ☐ **No** ☐	
4. Has a 30-day notice of increase in rent been provided to the tenant?	**Yes** ☐ **No** ☐ **N/A**☐	

NOTE: If necessary, use additional sheets to complete applicable income information.

			Comments
All reported income and deductions verified and calculated correctly?	**3rd Party Verification?**	**Amount Reported on 50059**	**Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified**
5. Wages	EIV Income Report ☐ Traditional 3rd party ☐ Other ☐ Not verified ☐ N/A ☐	$	
6. Social Security benefits	EIV Income Report ☐ Traditional 3rd party ☐ Other ☐ Not verified ☐ N/A ☐	$	
7. Unemployment benefits	EIV Income Report ☐ Traditional 3rd party ☐ Other ☐ Not verified ☐ N/A ☐	$	
8. **Other Income**			
Welfare/Public Assistance/TANF	**Yes** ☐ **No** ☐ **N/A**☐	$	
Child Support	**Yes** ☐ **No** ☐ **N/A**☐	$	
Pensions	**Yes** ☐ **No** ☐ **N/A**☐	$	
Other _____	**Yes** ☐ **No** ☐ **N/A**☐	$	

Tenant File Review (Continued)

_____				
9. **Actual Income from Assets**			Cash Value	
	Yes ☐ **No** ☐ **N/A**☐	$	$	
Checking Account	**Yes** ☐ **No** ☐ **N/A**☐	$	$	
Savings Account	**Yes** ☐ **No** ☐ **N/A**☐	$	$	
Certificates of Deposit	**Yes** ☐ **No** ☐ **N/A**☐	$	$	
40lK/Keogh/Retirement Accounts	**Yes** ☐ **No** ☐ **N/A**☐	$	$	
Real Estate	**Yes** ☐ **No** ☐ **N/A**☐	$	$	
Other _____				
_____				
10. Imputed income when assets are greater than $5,000	**Yes** ☐ **No** ☐ **N/A**☐	$		
11. **Allowances/Expenses**				
Dependent Allowance	**Yes** ☐ **No** ☐ **N/A**☐	$		
Elderly/Disabled Household Allowance	**Yes** ☐ **No** ☐ **N/A**☐	$		
Medical Expenses	**Yes** ☐ **No** ☐ **N/A**☐	$		
Disability Expenses	**Yes** ☐ **No** ☐ **N/A**☐	$		
Childcare Expenses	**Yes** ☐ **No** ☐ **N/A**☐	$		
12. Are all expenses and allowances that are claimed eligible under the HUD Handbook 4350.3 REV-1?	**Yes** ☐ **No** ☐ **N/A**☐			
13. Has the household certified whether or not they disposed of assets during the past two years?	**Yes** ☐ **No** ☐ **N/A**☐			
14. Is the correct unit rent being used for subsidy determination?	**Yes** ☐ **No** ☐			
Enter the reviewer verified amounts for the following:	**Amount Reported on the 50059**	**Did income information on the 50059 agree with the verified file information? If not, comment on any discrepancies identified.**		
15. Contract Rent **$**	**$**			
Utility Allowance **$**	**$**			
Gross Rent **$**	**$**			
Total Tenant Payment **$**	**$**			
Tenant Rent $	**$**			
Utility Reimbursement **$**	**$**			
Assistance Payment **$**	**$**			
16. Is the tenant paying minimum rent?	**Yes** ☐ **No** ☐ **N/A**☐			
If yes, was a hardship exception granted?	**Yes** ☐ **No** ☐ **N/A**☐			
17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, resolved and file documented?	**Yes** ☐ **No** ☐ **N/A**☐			
18. Has tenant entered into a written repayment agreement for monies due to the project?	**Yes** ☐ **No** ☐ **N/A**☐			
If yes, does the plan contain the required information?	**Yes** ☐ **No** ☐ **N/A**☐			

Tenant File Review (Continued)

19. Does file contain a re-certification as a result of new employment reported on the EIV New Hires Report? If yes, is the new employment income included in the reported annual income?	**Yes** ☐ **No** ☐ **N/A**☐ **Yes** ☐ **No** ☐ **N/A**☐	
E. BILLING		**Comments**
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the applicable form HUD-50059?	**Yes** ☐ **No** ☐ **N/A**☐	
2. If required, have adjustments been made to the monthly billing?	**Yes** ☐ **No** ☐ **N/A**☐	
F. MOVE-OUT FILE REVIEW ONLY		**Comments**
1. Is there a move-out notice from tenant? If yes, Date of Notice _____ Move-out date _____	**Yes** ☐ **No** ☐	
2. Is there a move-out inspection? If yes, enter the date of the inspection _____	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐	
3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter?	**Yes** ☐ **No** ☐ **N/A**☐	
4. Was an itemized list of damages and charges provided to the tenant?	**Yes** ☐ **No** ☐ **N/A**☐	
5. Were any additional charges paid by tenant?	**Yes** ☐ **No** ☐ **N/A**☐	
6. Does the tenant move-out date on the voucher match the date the tenant vacated?	**Yes** ☐ **No** ☐	
G. APPLICANT REJECTION REVIEW ONLY		**Comments**
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	**Yes** ☐ **No** ☐	
2. Was the reason for rejection provided in specific terms and in plain language?	**Yes** ☐ **No** ☐ **N/A**☐	
3. Did the rejection letter provide the applicant the right to appeal?	**Yes** ☐ **No** ☐	
4. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	**Yes** ☐ **No** ☐ **N/A**☐	
5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting?	**Yes** ☐ **No** ☐ **N/A**☐	

ADDENDUM B

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. 04/30/2018

Office of Fair Housing and Equal Opportunity
And
Office of Multifamily Housing

Checklist for On-Site Limited Monitoring and Section 504 Reviews

Multifamily Housing (Housing) staff or Performance-Based Contract Administrators and 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 with 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 the 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 or civil rights or a Section 504 violation.

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name: _____

FHA /Project Number: _____

Section 8/PAC/PRAC Number: _____

Owner/General Partner Name: _____ Management Agent Name: _____

Owner/General Partner Address: _____ Management Agent Address: _____

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 ☐ Mortgagee

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 as been determined:

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

☐ Possible noncompliance with Title VI, Subpart 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, Subpart D of the Housing and Community Development Act of 1992 - Not Applicable

Reviewed By: _____
(Name and Title)

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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 Part A, 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 retrieve the completed form from the owner/agent during the on-site review.

SECTION I – OCCUPANCY

1. This property was designed primarily for:	2. Indicate the number of units currently occupied by client groups below
☐ Exclusively Elderly ☐ Exclusively Disabled ☐ Elderly and Disabled ☐ Near Elderly and Disabled ☐ Family	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?
Yes ☐ **No** ☐ **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, Subpart D of the Housing and Community Development Act of 1992? **Yes** ☐ **No** ☐
Refer to HUD Handbook 4350.3, REV-1.
If No, proceed to question 5.

If yes, please enter:
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, Subpart D of the Housing and Community Development Act of 1992? **Yes** ☐ **No** ☐
Refer to HUD Handbook 4350.3, REV-1

6. Total Number of Units exclusively for the Elderly	7. Total Number of Units exclusively for Persons with Disabilities	8. Total Number of Units exclusively for 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: _____

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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 accessible units								
4. Vision and/or Hearing accessible units								
*****5. (Total Accessible Units)								
6. Number of persons on waiting list who have requested accessible units								
7. Number of accessible units occupied by elderly or family tenants								
8. Number of accessible units occupied by non-elderly tenants with disabilities who require the features of the unit								
9. Number of accessible 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 ÷ Total line 1 x 100) ___%								
11. Percentage of Total Units that are mobility accessible Total line 3 ÷ Total line 1 x 100) ___%								
12. Percentage of Total Units that are vision and/or hearing accessible Total line 4 ÷ 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: _____

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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 appropriate and 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?	☐	☐	
b. Readers?	☐	☐	
c. Use of tapes?	☐	☐	
d. Braille materials?	☐	☐	
Other (Describe):	☐	☐	
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: _____	

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, Subpart D of the Housing and Community Development Act of 1992 (Title VI Subpart D) to reserve a percentage of units for non-elderly persons with disabilities in accordance with the provisions of Section 652, Title VI Subpart 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 accessibility features 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 requiring that the property must serve only elderly persons, answer "Yes", in the space provided, and attach a copy of the document(s). If there is no use agreement or other document requiring 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 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.

4. Section 651 of Title VI Subpart D permits an owner to give preference[1] 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.

Section 651 of Title VI Subpart 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 Subpart D requires that the owner review the occupancy records on January 1, 1992 and October 28, 1992, the date of enactment for Title VI Subpart D, and determine the number of non-elderly persons with disabilities that occupied units on those two dates. Compare the higher of the two numbers with 10 percent of total project units. The lower of the two resulting numbers must be reserved for non-elderly persons with disabilities, or families with disabilities.

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 must do is find the occupancy records for January 1992 and see how many units were occupied by non-elderly personswith disabilities, or families with disabilities, on January 1. In this example, it was 10 units.

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.

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

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, which in this example is 15.

Then the owner will then compare that number 15 with a number that is 10 percent of the total project units In this example it's 10. 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 a need exists in the community.

Answer question 4 as follows:

If there is an elderly preference in accordance with Section 651 of Title VI Subpart D, answer "Yes". If there is no preference provided to elderly families, answer "No".

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, Subpart D of the Housing and Community Development Act of 1992 (Title VI Subpart 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 Subpart D, answer "Yes". If there is no elderly restriction and occupancy is not limited to elderly applicants, answer "No".

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".
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".
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".

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.
Totals must match numbers entered for each bedroom size.
2. Enter the total number of units (by bedroom size) that are receiving project based rental assistance.
Totals must match numbers entered for each bedroom size.
3. Enter the number of mobility accessible units by bedroom size, and enter the 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.
Totals must match numbers entered for each bedroom size.
4. Enter the number of units, by bedroom size, that are accessible for vision or hearing disabilities and enter total in the "Total" column. Refer to UFAS. See instruction number 3 above.
Totals must match numbers entered for each bedroom size.
5. Total the units from rows 3 and 4 for each bedroom size, and enter the total in the "Total" column.
Totals must match numbers entered for each bedroom size.

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.
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.
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. These tenants must have a mobility impairment as defined above.
Total must match numbers entered for each bedroom size.
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. These tenants must have a mobility impairment as defined above.
Total must match numbers entered for each bedroom size.

10. Self-explanatory
11. Self-explanatory
12. Self-explanatory

CERTIFICATION:
Self-Explanatory
Must be signed and dated by the owner.

SECTION III – Owner/Agent must respond to all questions in this section**.**
***This Section is n*ot applicable to unsubsidized projects.**

1. The Section 504 Coordinator is required if the owner employs 15 or more people 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.

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

PART B
ON-SITE LIMITED MONITORING REVIEW

Authority: 24 CFR 5, 108, 110

Questions 1 through 5 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.)	☐	☐	
2. Does the owner have an approved Affirmative Fair Housing Marketing Plan (AFHMP)?	☐	☐	
3. If there is an approved AFHMP as indicated in question 2, is it available on site?	☐	☐	
4. Has the owner/agent reviewed the AFHMP within the last 5 years to ensure that the information is current and applicable?	☐	☐	
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	☐	☐	
b. National Origin/Ethnicity	☐	☐	
c. Sex	☐	☐	
d. Disability	☐	☐	
e. Familial Status	☐	☐	
7. Has the owner/agent developed and implemented a written Tenant Selection plan?	☐	☐	

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

	YES	NO	COMMENTS
8. Does the management agent maintain a waiting list of applicants by:			
(a) Name	☐	☐	
(b) Bedroom size	☐	☐	
(c) Application date and time?	☐	☐	
(d) Requests for accommodations and/or accessible units?	☐	☐	
(e) Preferences?	☐	☐	
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?	☐	☐	Unable to Observe _____
10. Does the owner/agent maintain a record of fair housing complaints?	☐	☐	
11. Is there a local residency preference?	☐	☐	
If yes, was it approved by HUD?	☐	☐	Date of HUD Approval: _____

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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)?	☐	☐	
If Yes**,** document date procedures were adopted:			Date: _____
2. Does the owner/agent utilize a telecommunications device for the hearing impaired (TTY)?	☐	☐	
If No**,** Is there an alternative method? Describe under "Comments"	☐	☐	
3. When necessary, are auxiliary aides used to communicate with persons with disabilities? Describe under "Comments"	☐	☐	

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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)		☐		☐
For Part B:				
2. Most recent Affirmative Fair Housing Marketing Plan (AFHMP)	☐	☐	☐	☐
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	☐	☐	☐	☐
Copy of Radio Ads and Announcements	☐	☐	☐	☐
Copy of TV Ads and Announcements	☐	☐	☐	☐
Photograph of billboards	☐	☐	☐	☐
Letterhead	☐	☐	☐	☐
Handouts	☐	☐	☐	☐
Brochures and Leaflets	☐	☐	☐	☐
Photograph and site signs	☐	☐	☐	☐
Other (Specify):	☐	☐	☐	☐
4. Project Profile showing occupancy data (See Part B, Question 5).	☐	☐	☐	☐
5. Written Tenant Selection Plan	☐	☐	☐	☐

Checklist for On-Site Limited Monitoring and Section 504 Reviews (Continued)

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

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)	☐	☐	☐	☐
7. Application for Occupancy	☐	☐	☐	☐
8. Reasonable Accommodation Policy	☐	☐	☐	☐

FHEO requested that the reviewer observe the following:

The result of the observation is:

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. 04/30/2018

DOCUMENTS TO BE MADE AVAILABLE BY OWNER/AGENT

Project Name: _ **FHA/Project#** **Section 8/PAC/PRAC#**

Instructions: Reviewers should place a check mark next to those items that must be available for review. Included in this list are FHEO staff instructions to provide MFH staff a list of requests for documents and special observations each year.

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 form HUD-92458
- ☐ Procurement Files
- ☐ Work Order Journals and Logs
- ☐ Cash Disbursement Journal
- ☐ Fidelity Bond
- ☐ Property and Liability Insurance
- ☐ Copies of the form 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 form
- ☐ Copy of lease, lease addenda 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 and Tracking Log
- ☐ List of all current Principals and Board Members
- ☐ EIV Coordinator Access Authorization form(s) (CAAFs) – approved initial and current
- ☐ EIV User Access Authorization form(s) (UAAFs) – approved initial and current
- ☐ EIV Owner Approval Letter(s)
- ☐ EIV Policies and Procedures
- ☐ Rules of Behavior for individuals without access to the EIV system
- ☐ Copy of TRACS Rules of Behavior, signed and dated
- ☐ Copy of TRACs and EIV requested Security Awareness Training Certificate, signed and dated
- ☐ Other

Civil Rights Front End Limited Monitoring and Section 504 Review Documents

- ☐ Affirmative Fair Housing Marketing Plan
- ☐ Tenant Selection Plan, including any approved residency preference
- ☐ Recent advertising
- ☐ Fair Housing logo and Fair Housing poster

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. 04/30/2018

State Lifetime Sex Offender Statistics

Project Name:

FHA /Project Number:

Section 8/PAC/PRAC Number:

Instructions: Reviewers should record the below statistics on households that include a household member who is subject to a state lifetime sex offender registration requirement.

1. Number of households where, in accordance with the owner's policies and procedures, a household member subject to a state lifetime sex offender registration requirement was identified at re-certification. ___
   Of the households identified at re-certification:

   a. How many were admitted prior to June 25, 2001, the effective date of the Screening and Eviction for Drug Abuse and Other Criminal Activitiy final rule, and who had a household member subject to a state lifetime sex offender registration requirement at the time of admission? ___

      NOTE: These households (admitted prior to June 25, 2001) must not be evicted unless they commit criminal activity while living in the federally assisted housing or have other lease violations.

   b. How many were erroneously admitted? ___

   c. How many households include a member that became subject to a state lifetime sex offender requirement after admission? ___

2. Number of evictions due to the erroneous admission of a household with a member subject to a state lifetime sex offender registration requirement? ___

   Number of such evictions upheld in court. ___

3. Number of evictions due to a household member becoming subject to a state lifetime sex offender registration requirement after admission. ___

   Number of such evictions upheld in court. ___