

Management Review Report for
 Unsubsidized Multifamily
 Housing Programs

U.S. Department of Housing
 and Urban Development
 Federal Housing Commissioner
 OMB No. 2502-0259 (Exp 1/3/85)

Use This Form to Summarize Findings Made on the Management Review
 Worksheet

Project Name	City	State	Date of MM DD YY Inspection
Name of Owner	FHA Project Number	Section of the Act	Date of MM DD YY Report
Name of Management	Name of Resident Manager		Number of Units in Projects
Management Term	Date Hired		Number of Units Inspected
	Thru		
Type of Review (Check Applicable box)	Report Based on:		
<input type="checkbox"/> On-going Review	<input type="checkbox"/> On-Site Interview with _____		
<input type="checkbox"/> Pre- endorsement Review	<input type="checkbox"/> Visited Agent's Office with _____		

Instructions

- For each item reviewed, check block A, C or P
 (A =Acceptable C =Condition needs correction P =Procedure or
 Policy change needed.)
- On Page 2 of this Form, fully describe the corrective action
 needed for each C or P item checked.
- Indicate in the Target Completion Date Column on page 2 the date
 by which the corrective action should be implemented.

A. Maintenance and Security	A	C	P	C. Leasing and Occupancy	A	C	P
1. General Physical Appearance	_____	_____	_____	21. Tenant Selec- tion and Orientation	_____	_____	_____
2. Work Scheduling	_____	_____	_____	22. Vacancy and Turnover	_____	_____	_____
3. Preventative Maintenance	_____	_____	_____	23. Leases and	_____	_____	_____

Deposits

4. Unit Inspections				24. Rent Schedule Compliance			
5. Vacant Unit Preparation				25. Eviction Procedure			
6. Equipment and Inventory Controls				26. Tenant Files and Records			

7. Procurement and Supply Practices				27. Leasing and Occupancy Rating:			
8. Security Program				_ Superior			
				_ Above Average			
				_ Satisfactory			
				_ Below Average			
				_ Unsatisfactory			
9. Energy Conservation							
10. Maintenance and Security Rating				D. Tenant/Management Relations	A	C	P
_ Superior				28. Tenant Participation			
_ Above Average							
_ Satisfactory				29. Use of Community Space			
_ Below Average				30. Tenant Satisfaction			
_ Unsatisfactory							
Financial Management	A	C	P	31. Tenant/Management Relations Rating:			
				_ Superior			
11. Accounting and Bookkeeping				_ Above Average			
12. Budget Management				_ Satisfactory			
13. Cash Controls				_ Below Average			
14. Cost Controls				_ Unsatisfactory			
15. Submission of Reports							
16. Financial Compliance				E. General Mgmt. Practices	A	C	P
17. Rent Collection				32. Organization & Supervision			
18. Accounts Receivable/Payable							
19. Reserves and Escrows							

20. Financial Management
 Rating:
 _ Superior _ Above
 Average _ Satisfac-
 tory _ Below Aver-
 age _ Unsatisfactory

33. Staffing and
 Personnel
 Practices

34. Operating
 Procedures

35. Training

36. On-Site Office
 Administration

37. Insurance and
 Bonding

38. General Mgmt.
 Practices
 Rating
 _ Superior
 _ Above
 Average
 _ Satisfactory
 _ Below
 Average
 _ Unsatisfactory

39. Overall Rating of Management's Performance _ Superior _ Above
 Average _ Satisfactory _ Below Average _ Unsatisfactory

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Report Prepared By

Report Approved By

Name

Name

Title

Title

Signature

Date

Signature

Date

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APPENDIX 21a

Management Review Report for Unsubsidized Multifamily Housing
 Programs (Continued)

Item For each C and P Item checked, des- Target Date

No. describe your finding and what action is required of the owner or agent. Explain any categorical or overall "Below Average" or "Unsatisfactory" rating. Use continuation sheets as needed.

Completion Date Completion Verified

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APPENDIX 21b
OMB No. 2502-0259

MANAGEMENT REVIEW WORKSHEET
(Suggested Format)

Project Name/Number Date of Inspection Name of Inspector

Part A - MAINTENANCE AND SECURITY - Review most recent physical inspection report before responding to the items below. Check to see if corrections requested in the report have been made. If the report indicated serious problems or if the inspection was made more than nine months ago, you should consider completing a new Physical Inspection Report in conjunction with this review.

- | | | | |
|---|-----|-----|-----|
| 1. GENERAL PHYSICAL CONDITION | YES | NO | N/A |
| a. Are grounds and landscaping in acceptable condition? | ___ | ___ | ___ |
| b. Are exterior painted surfaces such as stairs, railings, decks, porches, windows, doors, etc., free from cracking, scaling, chipping, peeling or loose paint? | ___ | ___ | ___ |
| c. Is the project generally free of broken windows, broken light bulbs or seriously damaged exterior doors? | ___ | ___ | ___ |
| d. Are hallways, stairways, elevators, laundry rooms, garbage areas and other public areas clean? | ___ | ___ | ___ |
| e. Is the playground equipment in safe and acceptable condition? | ___ | ___ | ___ |
| f. Is the project free of obvious fire/safety/health hazards or housing code violations? | ___ | ___ | ___ |
| NOTE: An obvious health hazard related to lead-based paint would be deteriorated paint conditions on the interior walls and woodwork and exterior painted surfaces. | | | |
| g. Have repairs or corrections called for on last physical inspection been satisfactorily completed? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

	YES	NO	N/A
2. WORK SCHEDULING	___	___	___
a. Are maintenance and janitorial employees given written schedules for routine work (i.e., mowing lawns, cleaning trash areas, etc.)?	___	___	___
b. Are emergency items given priority and acted upon quickly? Maintenance program can best be described as (check one) ___ Preventative ___ Corrective ___ Deferred ___ Other (describe) _____	___	___	___
c. Is emergency maintenance service available after regular working hours?	___	___	___
d. Are purchase orders and work orders required of maintenance staff?	___	___	___
e. Does management have a system for receiving, assigning, completing and billing work orders and for establishing work priorities? Average number of requests received per day is: ___ Average response time is: ___ Current work order backlog is: ___	___	___	___

COMMENTS (indicate item referred to) _____

3. PREVENTATIVE MAINTENANCE

a. Is there a schedule for preventive maintenance/servicing of the items listed below? Check schedules in use and indicate in parentheses whether servicing is done by on-site staff (O) or by contractor (C).

	YES	NO	N/A		YES	NO	N/A
Major Appliances ()	___	___	___	Heating and	___	___	___
Elevators ()	___	___	___	Airconditioning	___	___	___
Motor Vehicles ()	___	___	___	equipment ()	___	___	___
Hot Water	___	___	___	Inspect Roof and	___	___	___
Heaters	___	___	___	Facias ()	___	___	___
				Cleaning Carpets	___	___	___
				and Drapes ()	___	___	___

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	YES	NO	N/A
b. Are exterminator services provided regularly as necessary?	___	___	___
	___	___	___

- Are tenants properly notified of such services? _____
- c. Are sewer lines, roof gutters, and downspouts cleaned periodically? _____
- d. Are lawns and plants fertilized/trimmed at appropriate time of the year? _____
- e. Is recreational equipment serviced/stored as seasonal changes indicate? _____
- f. Are exterior windows cleaned on a regular basis? _____
- g. Is there a schedule for exterior painting and is it followed? _____

COMMENTS (indicate item referred to) _____

4. UNIT INSPECTIONS (Inspect at least two occupied and two vacant units selected at random.)
- | | YES | NO | N/A |
|--|-------|-------|-------|
| a. In the case of long-term occupied units: | _____ | _____ | _____ |
| 1) are units inspected on a regular basis? | _____ | _____ | _____ |
| 2) are units redecorated on a regular basis? | _____ | _____ | _____ |
| 3) is there a written schedule for the inspections and redecorating? | _____ | _____ | _____ |
| b. In the case of vacant units: | _____ | _____ | _____ |
| 1) are move-in and move-out inspection forms used? | _____ | _____ | _____ |
| 2) is there a system for billing tenants for damages? | _____ | _____ | _____ |
| 3) are charges to tenants for damages itemized in writing? | _____ | _____ | _____ |
| 4) do charges to tenants appear reasonable? | _____ | _____ | _____ |
| c. Is the condition of units inspected satisfactory? | _____ | _____ | _____ |
| How many units were inspected? _____ | | | |

COMMENTS (indicate item referred to) _____

5. VACANT UNIT PREPARATION
- | | YES | NO | N/A |
|--|-------|-------|-------|
| a. Does management have a system to monitor timely preparation of vacant units for rental? | _____ | _____ | _____ |
| b. Is preparation of vacant units free from delays due to: | | | |
| 1) lack of funds? | _____ | _____ | _____ |
| 2) insufficient supply of materials maintained at project site? | _____ | _____ | _____ |
| 3) use of contractor instead of on-site staff, or vice versa? | _____ | _____ | _____ |

COMMENTS (indicate item referred to) _____

6. EQUIPMENT AND INVENTORY CONTROLS

YES NO N/A

- a. Is maintenance work area and storage space adequate? ___ ___ ___
b. Is there a satisfactory inventory system for
 accounting for tools, equipment, supplies and keys? ___ ___ ___
c. Is a list of equipment and appliance serial numbers
 maintained? ___ ___ ___
d. Are equipment and tools adequate to perform
 maintenance tasks? ___ ___ ___
e. Is a copy of the project's as-built drawings on site? ___ ___ ___

COMMENTS (indicate item referred to) _____

7. PROCUREMENT AND SUPPLY PRACTICES

YES NO N/A

- a. Does the project maintain a list or file of vendors
 who sell services or products to the project? ___ ___ ___
b. Is an adequate amount of supplies kept on hand at all
 times?
 prices to obtain supplies & services at most
 favorable terms available? ___ ___ ___
c. Is there evidenced that the project has shopped
 around and compared? ___ ___ ___
d. Are copies of maintenance and/or service contracts
 available for review? ___ ___ ___
e. Does the project maintain a list or card file on out-
 side contractors? ___ ___ ___

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Check services currently contracted with outside contractors and
identify name of contractor and annual amount of contract for:

____ Elevator service _____ for \$ _____ /yr.
____ Exterminating service _____ for \$ _____ /yr.
____ Apartment cleaning _____ for \$ _____ /yr.
____ Heating and A/C service _____ for \$ _____ /yr.
____ Plumbing service _____ for \$ _____ /yr.
____ Security service _____ for \$ _____ /yr.
____ Trash collection _____ for \$ _____ /yr.
____ Decorating _____ for \$ _____ /yr.
____ Grounds maintenance _____ for \$ _____ /yr.
____ Other _____ for \$ _____ /yr.

(Indicate by an asterisk whether there is an identity of interest relationship between the contractor and the owner or agent.)

- | | | | | |
|----|--|-----|-----|-----|
| f. | Is information on pricing of goods & services from identity-of-interest firms and/or central service units reviewed for the propriety of such transactions & the reasonableness of resulting charges to the project? | YES | NO | N/A |
| | | ___ | ___ | ___ |
| g. | Do records indicate that management has: | | | |
| | 1) inspected contractor's work before authorizing payment? | ___ | ___ | ___ |
| | 2) pursued corrections needed? | ___ | ___ | ___ |

COMMENTS (indicate the item referred to) _____

8. SECURITY PROGRAM

- | | | | | |
|----|---|-----|-----|-----|
| | | YES | NO | N/A |
| a. | Is exterior lighting adequate for protection and visual security? | ___ | ___ | ___ |
| b. | Is the project free of major security problems? If not, check problem areas: <input type="checkbox"/> Break-ins <input type="checkbox"/> Vandalism <input type="checkbox"/> Auto Theft <input type="checkbox"/> Personal Assault <input type="checkbox"/> Other (specify) _____ | ___ | ___ | ___ |
| c. | Check type(s) of security device(s) available: <input type="checkbox"/> Tenant patrol <input type="checkbox"/> Paid car patrol <input type="checkbox"/> Paid on-site guard <input type="checkbox"/> Police Department car patrols in excess of normal patrol for area. | ___ | ___ | ___ |
| d. | Is type and level of security service appropriate for this project? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

9. ENERGY CONSERVATION

- | | | | | |
|----|--|-----|-----|--|
| | | YES | NO | N/A |
| a. | Has the project complied with the provisions of the Natural Gas Pipeline Safety Act (e.g., cathodic protection, etc.)? | ___ | ___ | ___ |
| b. | Has the Owner/Agent compared utility rate schedules to assure that the most economic rate schedule is used? | ___ | ___ | ___ |
| c. | Has management attempted to reduce energy consumption? | ___ | ___ | ___ |
| | Check measures undertaken: | | | |
| | <input type="checkbox"/> Energy Audit Completed | | | <input type="checkbox"/> Extra Insulation |
| | <input type="checkbox"/> Caulking and Weatherstripping | | | <input type="checkbox"/> Conversion to Individual Metering |
| | <input type="checkbox"/> Storm Doors and Windows | | | <input type="checkbox"/> Consumer Education |
| | <input type="checkbox"/> Watersaver Devices | | | <input type="checkbox"/> Other (specify) _____ |

COMMENTS (indicate item referred to) _____

10. MAINTENANCE PROGRAM RATING (Check applicable box)
 _ Superior _ Above Average _ Satisfactory _ Below
 Average _ Unsatisfactory

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Part B - FINANCIAL MANAGEMENT - This part will assist the mortgagee in evaluating the mortgagor's system of financial and accounting controls, as well as the mortgagor's compliance with HUD financial reporting requirements. Some items may have already been covered in your review of the latest annual audited financial statement.

11. ACCOUNTING AND BOOKKEEPING

	YES	NO	N/A
a. Are books and records maintained as required by HUD Handbook 4371.1 (Chapter 4)? Check books of accounts maintained. Indicate where books may be examined by placing in parentheses an (O) for Owner's office; an (A) for Agent's Office; or (P) for Project Site.	___	___	___
_ General Ledger ()			
_ General Journal ()			
_ Accts. Payable Journal ()			
_ Rent Receivable Ledger ()			
_ Cash Receipts Journal ()			
_ Cash Disbursements Journal ()			
b. Are operating funds, security deposits and reserve funds, maintained in separate accounts and properly secured for authorized use?	___	___	___
c. Does mortgagor make frequent postings (at least monthly) to ledger accounts?	___	___	___

COMMENTS (indicate item referred to) _____

12. BUDGET MANAGEMENT

	YES	NO	N/A
a. Is an operating budget prepared annually and is it approved by owner? If yes, obtain a copy of current year's budget.	___	___	___
b. Is a budget used to monitor and control operating expenses?	___	___	___

- c. Are monthly or quarterly reports prepared indicating variances between actual income and expenses and budgeted income and expenses? ___ ___ ___
- d. Are rent increase requests submitted to mortgagee promptly when needed? ___ ___ ___

COMMENTS (indicate item referred to) _____

13. CASH CONTROLS

- | | YES | NO | N/A |
|---|-----|-----|-----|
| a. Are collections deposited on the day received or, pending deposit, are they properly controlled? | ___ | ___ | ___ |
| b. Are there adequate controls over cash accepted?
Check controls used: ___ Prenumbered rent receipts
___ Bank collections ___ Safe ___ Lock Box | ___ | ___ | ___ |
| c. Do different persons handle bank deposits and accounts receivable, or is an alternative safeguard in effect? | ___ | ___ | ___ |
| d. Are all disbursement checks prenumbered, properly identified with account numbers and supported by vouchers or invoices? | ___ | ___ | ___ |

- | | YES | NO | N/A |
|---|-----|-----|-----|
| e. Is the supply of unused checks adequately safeguarded and under the custody of persons who do not sign checks manually, control the use of facsimile signature plates, or operate the facsimile signature machine? | ___ | ___ | ___ |
| f. Are funds (i.e., receipts, disbursements, petty cash, etc.,) periodically checked on a surprise basis by a responsible official (other than on-site employees)? | ___ | ___ | ___ |
| g. Are bank statements reconciled promptly upon receipt by someone other than check signer and by one who has no cash receipt or disbursement function? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

14. COST CONTROLS

- | | YES | NO | N/A |
|--|-----|-----|-----|
| a. Does owner/agent solicit bids (formal or informal) in order to obtain materials, supplies and services on most advantageous terms to project?
Give recent example: _____ | ___ | ___ | ___ |

- | | YES | NO | N/A |
|--|-----|-----|-----|
| b. Are bills (including mortgage payment) paid in sufficient time to avoid late penalties? | ___ | ___ | ___ |
| c. Are vendor bills paid in time to obtain maximum trade discounts? | ___ | ___ | ___ |
| d. Are operating expenses (including taxes and utilities) periodically reviewed to assure that the project is paying lowest possible rate? Identify efforts by owner/agent taken to reduce expenses/effect cost savings: _____ | ___ | ___ | ___ |
| e. Do project operating costs or expenses appear reasonable compared to those of similar projects? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

15. SUBMISSION OF REPORTS

- | | YES | NO | N/A |
|---|-----|-----|-----|
| a. Have the following financial reports been submitted on a timely basis and in acceptable form? | ___ | ___ | ___ |
| 1) Annual Audited Financial Statement:
Due ___/___/___; Received ___/___/___ | ___ | ___ | ___ |
| 2) Monthly Accounting Reports (Forms HUD-93479, 93480, 93481) | ___ | ___ | ___ |
| b. Does agent/owner contact IPA early enough to enable the IPA to prepare annual financial report within 60 days of close of fiscal year? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

16. FINANCIAL COMPLIANCE AND CONDITION

- | | YES | NO | N/A |
|--|-----|-----|-----|
| a. If the owner/agent has taken unauthorized distributions, reimbursements or supervision fees, have these been repaid? If not, indicate amount due project \$_____. | ___ | ___ | ___ |
| b. Is management fee paid to agent in accordance with time schedule and amount authorized?
Fee authorized = \$_____ (_____%)
Fee Paid = _____ (_____%) | ___ | ___ | ___ |
| c. Is agent charging project for expenses which HUD policy requires the agent to pay? | ___ | ___ | ___ |
| d. Has owner corrected any findings made on your review of last annual financial statement? | ___ | ___ | ___ |
| e. Is current rent schedule sufficient to meet project needs? | ___ | ___ | ___ |
| f. Does balance in security deposit trust account | ___ | ___ | ___ |

equal or exceed liability? If no, explain how deficit will be funded: _____

- g. If security deposits are invested in an interest-bearing account, is interest passed through to tenants or transferred to project account? _____
- Complete the following as of the end of last month (___/___/___): Cash on hand = \$_____ Accounts Receivable = \$_____ Accounts Payable = \$_____

COMMENTS (indicate item referred to) _____

17. RENTAL COLLECTION PRACTICES

- | | YES | NO | N/A |
|--|-----|-----|-----|
| a. Is there a written rental collection policy? | ___ | ___ | ___ |
| ___ Late charge of \$_____ on _____ day. | | | |
| ___ Delinquent notices sent on days _____, _____, _____. | | | |
| ___ Eviction procedures commence on _____ day. | | | |
| ___ Referred to collection agent on _____ day. | | | |

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- | | YES | NO | N/A |
|---|-----|-----|-----|
| b. Does rent collection policy appear to be uniformly applied? | ___ | ___ | ___ |
| c. Is an aged tenant delinquency report prepared monthly? | ___ | ___ | ___ |
| 1) During an average month, how many tenants have not paid their rent by the 10th of the month? | | | |
| 2) During an average month, how many tenants have not paid their rent by the end of the month? | | | |

COMMENTS (indicate item referred to) _____

18. ACCOUNTS RECEIVABLE/PAYABLE

- | | YES | NO | N/A |
|---|-----|-----|-----|
| a. Are tenant accounts receivable within acceptable limits? | ___ | ___ | ___ |
| Amount of Accounts Receivable shown in Item 16g is _____% of monthly rents due from tenants. Of this amount, \$_____ is more than 30 days past due. | | | |

- b. Does procedure for write-off of bad debts appear reasonable? ___ ___ ___
- c. Has annual "write-off" of tenant's accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants? Tenant delinquent accounts written off last 12 months equals \$_____. ___ ___ ___
- d. Are accounts payable reasonably current? Indicate amount of accounts payable more than 60 days old \$_____. ___ ___ ___

COMMENTS (indicate item referred to) _____

19. RESERVES AND ESCROWS

a. Complete the following table:

Name of Reserve	Value as of __/__/__			Held in Interest Bearing Account (Check Box)	
	Total	Per Unit	Monthly Deposit	YES	NO
Replacement	\$ _____	\$ _____	\$ _____	___	___
Other	\$ _____	\$ _____	\$ _____	___	___
Other	\$ _____	\$ _____	\$ _____	___	___
Other	\$ _____	\$ _____	\$ _____	___	___

- b. Do the balances in replacement or general operating reserve accounts appear adequate to meet future needs? If no, what action is recommended? _____ YES NO N/A
___ ___ ___
- c. Have monthly deposits to these reserves been increased since the project was completed? ___ ___ ___
- d. Has mortgagor/mortgagee performed analysis to determine future replacement reserve needs? ___ ___ ___

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- e. Is only one account (i.e., the appropriate reserve or operating expense account) being billed for repairs that are eligible for reimbursement from the reserves? YES NO N/A
___ ___ ___

COMMENTS (indicate item referred to) _____

20. FINANCIAL MANAGEMENT RATING:
 (Check appropriate box)

- Superior Above Average Satisfactory
 Below Average Unsatisfactory

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Part C - LEASING AND OCCUPANCY

	YES	NO	N/A
21 TENANT SELECTION AND ORIENTATION	___	___	___
a. Have written tenant selection procedures been published? If yes, obtain copy. If no, describe procedures for reviewing and approving tenant applications.	___	___	___
b. Does management check references of applicants? If yes, checks with: <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Employer <input type="checkbox"/> Personal References <input type="checkbox"/> Credit Bureau (Cost = \$_____) <input type="checkbox"/> Other (Specify): _____	___	___	___
c. Is affirmative marketing plan (if applicable) on site? Does advertising program comply with affirmative marketing plan? Estimate racial mix? White (____%) Black (____%) American Indian or Alaskan Native (____%) Asian or Pacific Islander (____%) Hispanic (____%)	___	___	___
d. Are new tenants given informational handbooks or manuals?	___	___	___
e. Does project staff personally interview new tenants and provide orientation to the project? Check interview topics covered: <input type="checkbox"/> Project Rules <input type="checkbox"/> Lease Terms <input type="checkbox"/> Maintenance Request Procedures <input type="checkbox"/> Explanation of Appliances <input type="checkbox"/> Location of Shopping, Schools, Transportation, Community services, etc. <input type="checkbox"/> Grievance Procedure <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Security Deposit and Charge Backs <input type="checkbox"/> Rent Payment Procedures	___	___	___
f. Do project staff and new tenant jointly inspect unit prior to occupancy?	___	___	___

COMMENTS (indicate item referred to) _____

22. VACANCY AND TURNOVER

YES NO N/A

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- YES NO N/A
- b. Are the security deposit and first month's rent the only charges made when applicant is accepted for occupancy? List other charges & amounts:
 Other (specify) _____ @ \$ _____ per month
 Other (specify) _____ @ \$ _____ per month

COMMENTS (indicate item referred to) _____

24. RENT SCHEDULE COMPLIANCE YES NO N/A
- a. Is a Mortgagee-Approved Rent Schedule (HUD-92458) on file? _____

 List and compare the rental charges:

Source	Efficiency	1 BDR	2 BDR	3 BDR	4 BDR	5 OR MORE BDR
Rent Used	_____	_____	_____	_____	_____	_____
HUD-92458 Rent	_____	_____	_____	_____	_____	_____

- YES NO N/A
- b. Is the gross potential income from apartments equal to or less than rents approved on the latest Mortgagee-approved Form HUD-92458? _____
- c. Are charges for equipment and services included in the rent the same as shown on the latest Mortgagee-approved Form HUD-92458? _____
- d. Is other income-producing space in the project rented at or above the rates shown on the latest Form HUD-92458? _____
- e. Are the number of non-revenue producing dwelling spaces at the project the same as shown on the latest Form HUD-92458? _____

COMMENTS (indicate item referred to) _____

25. EVICTION PROCEDURES YES NO N/A
- a. Does management have a written policy for handling evictions? _____
- b. Are eviction procedures initiated promptly, when warranted?
 1) Number of evictions completed during last six months _____
 2) Average cost per eviction \$ _____
 3) Eviction handled by Attorney:
 _ on staff of management agent _ on contract
 _ on call
- c. Any special problems or delays? _____

COMMENTS (indicate item referred to) _____

26. TENANT FILES AND RECORDS	YES	NO	N/A
a. Are tenant files organized, properly maintained and secured in a confidential manner?	___	___	___
	___	___	___

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b. Do tenant files contain all the necessary forms and documents?	YES	NO	N/A
Are these signed by the tenant and the owners, as required?	___	___	___
Check items typically found in files: ___			
Application (signed)			
___ Income Verifications			
___ Lease (signed)			
___ Lease addenda			
___ Security Deposit Receipt			
___ Unit Inspection			
___ Correspondence			
___ Other (specify) _____			
c. Is there a chronological record of maintenance inspections and work completed for each unit maintained in the project office?	___	___	___
	___	___	___

27. LEASING AND OCCUPANCY RATING

a. Occupancy Compliance - List any deficiencies which were noted in prior review(s) and which are still outstanding: _____

b. Rating: Check Appropriate box:

___ Superior ___ Above Average ___ Satisfactory ___ Below Average ___ Unsatisfactory

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Part D - TENANT/MANAGEMENT RELATIONS

28. TENANT PARTICIPATION	YES	NO	N/A
a. Is there an active tenant organization at this project?	___	___	___
b. Does the tenant organization appear to represent the majority of the residents? What tenants appear to be under-represented?	___	___	___
	___	___	___

- c. Does the tenant organization meet frequently with management? Give the frequency of meetings _____, Date of last meeting _____
 - d. Is tenant organization supported by project funds? _____
How much is the value of support? \$ _____
 - e. Are there brochures and newsletters available regarding project policies and activities? _____
 - f. Is tenant involvement in project operations encouraged? _____
- Check areas in which involvement is encouraged:
- | | |
|-----------------------------|------------------------|
| _____ Project Rules | _____ Use of Community |
| _____ Redecorating Schedule | _____ Space |
| _____ Energy Conservation | _____ Social Service |
| _____ Security Program | _____ Program |
| | _____ Other (specify) |

COMMENTS (indicate item referred to) _____

29. USE OF COMMUNITY SPACE YES NO N/A
- a. Is indoor community space adequate and in satisfactory condition? _____
 - b. Does management plan and use the space effectively? _____
 - c. Is outdoor recreation space adequate and in good condition? _____

COMMENTS (indicate item referred to) _____

30. TENANT SATISFACTION YES NO N/A
- a. Do residents appear reasonably satisfied with the overall quality of housing services provided by the project? Check areas of satisfaction: _____
 _____ Maintenance Services _____ Security
 _____ Social Services
 _____ Other _____
- List areas of dissatisfaction: _____

- b. Does management respond promptly to maintenance request and other resident complaints? _____
 - c. Does management have an effective method for resolving tenant grievances and are tenants aware of it? _____

COMMENTS (indicate item referred to) _____

31. TENANT/MANAGEMENT RELATIONS RATING: Check appropriate box.

Superior Above Average Satisfactory Below Average
 Unsatisfactory

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Part E - GENERAL MANAGEMENT PRACTICES - Review any procedures manuals and management plans or management specifications on file.

32. ORGANIZATION AND SUPERVISION YES NO N/A
- a. Does owner/agent have system/procedure for providing field supervision of on-site personnel? Name of Field Supervisor(s): _____ ___ ___ ___
 - b. Are lines of supervision between on-site staff and agent's central staff described in writing and under stood by staff? ___ ___ ___
 - c. Are duties of on-site staff described in writing (e.g., job description, etc.) and are they clearly understood by on-site staff? ___ ___ ___
 - d. Has the owner/agent established a written personnel policy for employees? ___ ___ ___
 - e. Check types of reports agent prepares for owner (give frequency of reporting): Cash flow/ accounting _____: ___ ___ ___
 - Move Out/Move In _____;
 - Delinquency _____; Maintenance _____.
 - Other (specify _____).

COMMENTS (indicate item referred to) _____

33. STAFFING AND PERSONNEL PRACTICES
a. List all staff billed to project account:

Name (indicate by Asterisk Those Living On-site)	Title	Date Employed	Hours Per Week	Monthly Salary or Wage	If Free Apt. Give bdrm Size
_____	_____	_____	_____	_____	bdrm
_____	_____	_____	_____	_____	bdrm
_____	_____	_____	_____	_____	bdrm

					bdrm
					bdrm
					bdrm

- | | | | |
|--|-----|-----|-----|
| | YES | NO | N/A |
| b. Does above staffing reasonably correspond to that submitted in support of last rent increase? | ___ | ___ | ___ |
| c. Are skills of staff appropriate for this project? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

- | | | | |
|---|-----|-----|-----|
| | YES | NO | N/A |
| 34. OPERATING PROCEDURES AND MANUALS | ___ | ___ | ___ |
| a. Is there a procedures manual on-site for staff use? | ___ | ___ | ___ |
| b. Does the manual adequately cover HUD and mortgagee requirements? | ___ | ___ | ___ |
| c. Are HUD manuals, handbooks or other guide materials available on-site for staff use? | ___ | ___ | ___ |
| d. Is owner complying with any operating procedures required by mortgage or Regulatory Agreement? | ___ | ___ | ___ |

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COMMENTS (indicate item referred to) _____

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APPENDIX 21b

- | | | | |
|---|-----|-----|-----|
| | YES | NO | N/A |
| 35. TRAINING | ___ | ___ | ___ |
| a. Does agent/owner have a formal on-going training program for its staff? | ___ | ___ | ___ |
| Check types of training used: ___ On-Site (Frequency _____) ___ IREM ___ NCHM ___ Local Colleges | | | |
| ___ Other (specify) _____ | | | |
| b. When on-site staff have questions or concerns, do they know who to call for answers? Who do they call? | ___ | ___ | ___ |
| c. Does owner/agent have a system to keep on-site staff informed of changes in either HUD policies or project operation procedures? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

- | | | | |
|---|-----|-----|-----|
| 36. ON-SITE OFFICE ADMINISTRATION | YES | NO | N/A |
| a. Are there signs enabling tenants/applicants to easily locate the office? | ___ | ___ | ___ |
| b. Is office organized and neat in appearance? | ___ | ___ | ___ |
| c. Are office hours posted? | ___ | ___ | ___ |
| d. Are office hours convenient for tenants and prospective applicants? | ___ | ___ | ___ |
| e. Is rent collection policy posted? | ___ | ___ | ___ |
| f. Is affirmative fair housing sign posted? | ___ | ___ | ___ |
| g. Are emergency phone numbers posted? | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

- | | | | |
|---|-----|-----|-----|
| 37. INSURANCE AND BONDING | YES | NO | N/A |
| a. List current insurance coverage and annual premiums: | ___ | ___ | ___ |
| 1) Property Basic Coverage = \$____, Premium = \$____ | | | |
| 2) Liability Basic Coverage = \$____, Premium = \$____ | | | |
| b. Is property insurance adequate to cover replacement cost? | ___ | ___ | ___ |
| c. Has the project been able to obtain property and liability insurance coverage without any major difficulty? If no, describe problems. | ___ | ___ | ___ |
| _____ | | | |
| d. Has the owner/agent attempted to obtain lower in-insurance coverage rates? | ___ | ___ | ___ |
| If yes, describe _____ | | | |
| e. Does the owner/agent have a fidelity bond which is at least equal to potential rent collections for two months and which provides coverage for all employees handling cash? (Obtain copy, if available.) | ___ | ___ | ___ |

COMMENTS (indicate item referred to) _____

38. GENERAL MANAGEMENT PRACTICES RATING: Check appropriate box:
- Superior Above Average Satisfactory Below Average
 Average Unsatisfactory