Illinois Housing Development Authority
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Management Review & Property Inspection
Summary Sheet
(For ADMIN, AMBAC, BIBP, CDBG, FAF, HPP, HTF, NSP, RS, TCAP, TFB, 80/20 & 1602 developments)
Rev. 8/13/2015

For each item reviewed, mark a block in column **A** (acceptable), **M** (management to correct within 60 days), or **I** (items requiring immediate action). After discussing items with owner or management agent, enter the estimated completion date in the **TCD** (Target Completion Date) column.

Development Name & Address

Owner's Name   Since: (Mo/Yr)

Resident Manager's Name   Since: (Mo/Yr)

Agent's Name   Since: (Mo/Yr)

No. of Units:

Occupancy   #DIV/0!

Type of Program   IHDA No.   Loan Position(s)

Total _____
Program _____
(Highest IHDA loan position only)

Total # of units turned over in Year 20   14
= _____ (_____ %)

(Note: For YTD, see pg. 6 Section 15 b)

Purpose of Report:
☐ Initial Review
☐ Annual Review

Tenant Type
☐ Family
☐ Elderly
☐ Mixed
☐ SRO
☐ SLF/Assisted Living
☐ Special needs population

Inspected Date: _____

Vacant _____
Tax Credit _____
PIS Date _____

Was the development prepared for the inspection by utilizing and updating the IHDA binder?

Date of Last:
Annual Inspection _____
Desk Review _____

Date transferred to AMS:
_____

(Omit MLs except RS/Ambac)

☐ Yes   ☐ No

A. Maintenance & Security	A	M	I	TCD
1, General Physical Condition				
2. Work Scheduling				
3. Vacant Unit Preparation				
4. Security Program				

I. Maintenance and Security Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

B. Financial Management	A	M	I	TCD
5. Accounting and Bookkeeping				
6. Cash Controls				
7. Cost Controls				
8. Submission of Reports				
9. Financial Compliance				
10. Rent Schedule Compliance				
11. Rental Collection				
12. Accounts Receivable/Payable				
13. Reserves and Escrows				

II. Financial Management Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

C. Leasing & Occupancy	A	M	I	TCD
14. Tenant Selection and Orientation				
15. Vacancy and Turnover				
16. Leases and Deposits				
17. Eviction Procedures				
18. Tenant Files and Records				

III. Leasing and Occupancy Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

D. Tenant/Management Relations	A	M	I	TCD
19. Tenant Satisfaction				

IV. Tenant/Management Relations
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

E. Drug-Free Housing Policy	A	M	I	TCD
20. House Rules That Aid And Support Drug-Free Housing.				
21. Overall Development Plan For Drug-Free Housing				

V. Drug-Free Housing Policy Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

F. General Management Practices	A	M	I	TCD
22. Organization and Supervision				
23. Staffing and Personnel Practices				
24. Operating Procedures and Manuals				
25. Training				
26. Office Administration				
27. Insurance and Bonding				
28. Management Agreement				
29. Program Compliance				

VI. General Management Practices Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

G. File Review	A	M	I	TCD
30. Resident File Maintenance				
31. Household Information				
32. Verification				
33. Leases				
34. Certification/Recertification Activities				
35. Move-Out File Review				
36. Applicant Rejection Review				

VII. File Review Rating
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average
☐ Unsatisfactory ☐ Not Rated

VII. Rating of Overall Management Operation (mark applicable box):
☐ Superior   ☐ Above Average   ☐ Satisfactory
☐ Below Average   ☐ Unsatisfactory

Signatures:

Inspection prepared by: _____

Inspection approved by: _____

Title _____   Date _____

Title _____   Date _____
Director/Asst. Director/Manager, AMS

Item No.	For each **'M'** and **'I'** item checked, describe findings and give recommendation for correction. Explain any "Below Average" or "Unsatisfactory" rating.
	Development's Description:
Non-IHDA HUD Subsidies	
Addt'l IHDA Program Units	
Unit Composition	
Number and Type of Bldg.	
Amenities	
Work Out and Additional Comments	

Item No.	For each **'M'** and **'I'** item checked, describe findings and give recommendation for correction. Explain any "Below Average" or "Unsatisfactory" rating.
Have all findings from prior management/desk reviews been resolved? It not, list previous findings on this page.	
	Comments to Findings/Management Review Questions (pp. 3-10):
Have all findings from prior management/desk reviews been resolved? It not, list previous findings on this page.	For each **'M'** and **'I'** item checked, describe findings and give recommendation for correction. Explain any "Below Average" or "Unsatisfactory" rating.
	Comments to Findings/Management Review Questions (pp. 3-10):

Management Review & Property Inspection

Questionnaire (For ADMIN, AMBAC, BIBP, CDBG, FAF, HPP, HTF, NSP, RS, TCAP, TFB, 80/20 & 1602 developments)

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.

	N/A	YES	NO	FNDGS	Remarks
1. General Physical Condition					
a. Are grounds and landscaping in acceptable condition?					
b. Are exterior painted surfaces such as stairs, railings, decks, porches, windows, fencing, doors, etc. free from cracking, scaling, chipping, peeling or loose paint?					
c. Is the development generally free of broken windows, broken light globes, emergency lights or seriously damaged exterior doors?					
d. Is the physical condition of garages, roof(s), mechanical boiler room, brick/concrete/siding and gutter downspouts acceptable?					
e. Are hallways, stairways, elevators, lobbies laundry rooms, garbage areas, maintenance work/storage area and other public areas clean?					
f. Are all outdoor amenities in acceptable condition?					
g. Are all current certificates for the elevator, boiler, fire extinguishers displayed?					
h. Is the development free of obvious fire/safety/health hazards or housing code violations?					
i. Have repairs or corrections called for on last Management or Desk Review (Part A Section 1) been satisfactorily completed?					
j. Has Decent, Safe, & Sanitary Inspection been completed? When: _____ Verification Received?					
FOR CDBG ONLY					
k. Date of construction: _____ (if constructed after 1978, all other questions are N/A). Applicable to family properties or elderly properties housing children under the age of six.					
1.) Has a lead based paint inspection been conducted? If no, skip to question 6.					
2.) What were the results of the Lead-Based Paint Inspection/Evaluation? (No lead found, lead found and contained, lead abated)					
3.) I If yes, is there a HUD approved lead hazard control plan?					
4.) Is the owner in compliance with the HUD approved lead hazard control plan as noted on the desk review?					
5.) Is there a certification on file documenting the project has been certified to to be free of lead-based paint or lead hazards? Note: If there is a certification, obtain a copy for the project file.					
6.) Is development free of lead-based paint contamination on surfaces exposed to children?					
7.) Has **annual** certification been received for current year?					
Note: An obvious health hazard related to lead-based paint would be deteriorated paint conditions on the interior walls and woodworks and exterior painted surfaces.					
NOT APPLICABLE IF HTF ONLY					
l. Which type of inspection was completed? Date Completed Pass/Fail Score ☐ HQS _____ _____ ☐ Tax Credit _____ _____ ☐ REAC _____ _____					
m. Capital improvements completed and/or planned for the current year?					

1. General Physical Condition   ☐ A   ☐ M   ☐ I

	N/A	YES	NO	FNDGS	Remarks
2. Work Scheduling					
a. Does management have a system for receiving, assigning, completing and billing work orders and for establishing work priorities for maintenance staff? Avg. no. requests received per month _____ Avg. response time _____ Current backlog _____ 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: _____					

2. Work Scheduling   ☐ A   ☐ M   ☐ I

	N/A	YES	NO	FNDGS	Remarks
3. Vacant Unit Preparation					
a. Does management have a system to monitor timely preparation of vacancies for rental? Number of vacant units requiring substantial rehab _____ .					
b. Were market ready units in move in condition? How many units were inspected? _____ How many were market ready? _____					

3. Vacant Unit Preparation   ☐ A   ☐ M   ☐ I

	N/A	YES	NO	FNDGS	Remarks
4. Security Program					
a. Is the development free of major security problems? If not, check problem areas. ☐ Break-ins ☐ Personal Assault ☐ Vandalism ☐ Other ☐ Auto Theft					
b. Is there exterior and interior lighting?					

	N/A	YES	NO	FNDGS	Remarks

Cont'd. (4. Security Program)

4. Security Program   ☐ A   ☐ M   ☐ I

I. Maintenance and Security Rating (*Comment if other than Superior or Satisfactory*)

☐ Superior   ☐ Above Average   ☐ Satisfactory

☐ Below Average   ☐ Unsatisfactory   ☐ Not Rated

Part B: Financial Management   When possible, questions should be addressed to the individual responsible for the functions under review.

	N/A	YES	NO	FNDGS	Remarks

5. Accounting and Bookkeeping

a. Are operating funds, security deposits and reserve funds maintained in separate accounts and properly secured for authorized use?

Current signature authorization form?

b. Delinquencies (if any) as of: _____

    a.) Debt Service $_____
    b.) Replacement Reserve $_____
    c.) Tax and Insurance $_____
    d.) Other $_____

5. Accounting and Bookkeeping   ☐ A   ☐ M   ☐ I

6. Cash Controls

a. Are there adequate controls over receipts accepted? Check controls used. (*Explain if rent is not received at site or by site staff*)

☐ Prenumbered rent receipts   ☐ Safe

☐ Bank collections   ☐ Lock Box

6. Cash Controls   ☐ A   ☐ M   ☐ I

7. Cost Controls

a. Are bills (*including mortgage payment*) paid in sufficient time to avoid late penalties?

7. Cost Controls   ☐ A   ☐ M   ☐ I

8. Submission of Reports

a. Have the following financial reports been submitted on a timely basis and in acceptable term IHDA guideline?

1) Annual Audited Financial Statement

    Date last report was due   _____ / _____ / _____

    Date last report received   _____ / _____ / _____

2) Annual operating budget   Date Received   _____

8. Submission of Reports   ☐ A   ☐ M   ☐ I

9. Financial Compliance and Condition

a. If the owner/agent has taken unauthorized distributions, reimbursements or supervision fees, have these been repaid? If no, indicate amount due development.

_____

b. Has owner corrected all findings on IHDA financial submission? List outstanding findings in the remarks column.

c. Does annual financial analysis indicate that development is free of actual or incipient financial problems? For each of last 3 years, enter annual cash flow (NOI - Debt Service).

    20_____ $ _____

    20_____ $ _____

    20_____ $ _____

d. Complete the following as of end of last month

    _____ / _____ / _____

    Cash $ _____   Accounts Receivable $ _____

                 Accounts Payable $ _____

9. Financial Compliance and Condition   ☐ A   ☐ M   ☐ I

10. Rent Schedule Compliance

a. Do the current rents exceed HUD's FMR rents minus the UA? Compare the rental charges and identify discrepancies below and make it a finding.

	N/A	YES	NO	FNDGS	Remarks

Cont'd. (10. Rent Schedule Compliance)

b. Date of last rent adjustment: _____

	Rent Used	Approved/Maximum Rent			Rent Used	Approved/Maximum Rent
_____ Bedroom	$ _____	$ _____	_____ Bedroom	$ _____	$ _____
_____ Bedroom	_____	_____	_____ Bedroom	_____	_____
_____ Bedroom	_____	_____	_____ Bedroom	_____	_____
_____ Bedroom	_____	_____	_____ Bedroom	_____	_____

c. Was the Rent Schedule received?

d. Has the owner/agent completed a rent analysis of the market within the last 12 months?

e. Does agent provide a complete package to receive a timely rent increase?

f. Are rents at market or rent ceiling?

g. Does development require rent concessions?
   If yes, list rent concessions used.

h. Was the annual utility allowance analysis submitted?

   Date of last utility allowance analysis submission: _____

   Effective date of last utility allowance adjustment: _____

i. What is the term of the subsidy contract?

   End date of contract term: _____ (Fed. Preservation Act)

10. Rent Schedule Compliance   ☐ A   ☐ M   ☐ I

11. Rental Collection Practices

a. Does rent collection policy in effect reflect that stated in approved management plan?

b. Is an aged tenant delinquency report prepared monthly?

   1) During an average month, how many tenants have not paid their rent by the **tenth** of the month? _____

   2) During an average month, how many tenants have not paid their rent by the **end** of the month? _____

11. Rental Collection Practices   ☐ A   ☐ M   ☐ I

12. Accounts Receivable/Payable

a. Are tenant accounts receivable reasonably current?

	Total Amt.	# of Res.
30 days delinquent	_____	_____
60 or more days delinquent	_____	_____

b. Has annual "write -off of tenants" accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants?

   If no, what is the percentage for: _____ year _____ %

   _____ year _____ %

   Tenant delinquent accounts written off last 12 months equals
   $ _____

c. Are accounts payable reasonably current?
   30 days delinquent _____
   60 or more days delinquent _____

d. What are the owner/agent plans for reducing outstanding payables?

12. Accounts Receivable/Payable   ☐ A   ☐ M   ☐ I

13. Reserves and Escrows

a. Complete chart below

Name of Reserve	As of _____ / _____ / _____			Held in Interest-Bearing Account at IHDA? Yes/No	If No, Where are the funds being held?
	Total	Per Unit	Monthly Deposit		
Replacement Rent Reserve	$	$	$		
Gen. Operating Res.					
Residual Receipts					
Tax and Insurance					
Other					

b. Do the balances in replacement or general operating reserve accounts appear adequate to meet future needs? If not, what action is recommended?

c. Does the balance meet the $1,500/unit IHDA requirement for Replacement Reserve?

13. Reserves and Escrows   ☐ A   ☐ M   ☐ I

		N/A	YES	NO	FNDGS	Remarks
II. Financial Management Rating *(Based on Budget, MORs, Audit, Reserve Balances, etc.)* ☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average ☐ Unsatisfactory ☐ Not Rated						

Part C: Leasing and Occupancy

	N/A	YES	NO	FNDGS	Remarks
14. Tenant Selection and Orientation					
a. Is copy of current approved (within the past 5 years) Affirmative Marketing Plan (AMP) at rental office? Date of last approved AMP _____					
b. Is rental staff familiar with AMP?					
c. Is the EHO poster displayed in offices and model units? (The posters are available at the IHDA website.)					

d. If there has been advertising,
   1.) was the EHO logo included (fair housing logo and wheelchair logo)?
   2) was it the appropriate size?
   3.) Does site signage include the EHO logo?					

e. Were the outreach efforts, as described in the AMP, performed annually? Last outreach date: _____					
f. Is the wait list currently open?					

g. Does advertising program comply with affirmative marketing plan?
   Estimate racial mix of current tenants (must equal 100%):
   American Indian or Alaskan Native _____ %
   Asian or Pacific Islander _____ %
   African American _____ %
   Hispanic _____ %
   Caucasian _____ %
   Other _____ %					

h. Does the racial mix breakdown reflect the Target Groups listed in the current AMP?					
i. What Marketing efforts have been successful in attracting the Target Populations (those "Least Likely to Apply")?					
j. How often is an evaluation made to measure the effectiveness of marketing strategies to attract the "Least Likely to Apply"?					
k. If development is not reaching target marketing goals, what additional steps has been taken?					
l. What staff positions are/will be responsible for Affirmative Marketing?					
m. Has any development Agent/Owner/Manager received complaints of prohibited discrimination? *(e.g., based on race, age, sex, handicap, familial status)*					

n. Tenant Selection Plan executed by owner/agent   Date: _____
   1.) Staff Familiarity
   2.) Preferences Included   (State Mandated)
   3.) Rent Schedule Attached					

o. If applicable, describe difference between practiced and written procedures for reviewing and approving tenant applications.					

p. In accordance with the Fair Housing Act (FH Act)
   1.) Have policies & practices been modified so as not to discriminate against persons with handicaps?
   2.) Is there a transfer policy along with a lease addendum for residents (not requiring an accessible unit) who reside in accessible units?					

q.   **FOR CDBG ONLY**
   1.) Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?
     If Yes, answer Question 2.; If No skip to Question 3.
   2.) Is at least one person designated to coordinate its Section 504 responsibilities?
     If Yes, provide the person's name and telephone number below.
   Name: _____
   Telephone Number: _____
   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?
     e.) Other (Describe): _____
   _____					

r. How many units are accessible? _____
   _____ 0BR   _____ 1BR   _____ 2BR
   _____ 3BR   _____ 4BR
   Number of *accessible* units occupied by tenants with disabilities who require the features of the unit? _____					

	N/A	YES	NO	FNDGS	Remarks

Cont'd. (14. Tenant Selection and Orientation)

How many units are adaptable?
_____ 0BR _____ 1BR _____ 2BR
_____ 3BR _____ 4BR

	N/A	YES	NO	FNDGS	Remarks
14. Tenant Selection and Orientation ☐ **A** ☐ **M** ☐ **I**					

15. Vacancy, Turnover and Market Conditions

a. On the day of the site visit:
# of Vacant Units: _____0_____   # Ready for Occupancy: _____
Average Length of time for unit turnover: _____

b. Is the vacancy rate satisfactory and not excessive?

Has the development had a significant **TURNOVER**?

	Month	Total # of Vacant	
Year to date	_____	_____	#DIV/0!

c. Check which factors contribute to vacancy problems that may exist at the development.

☐ Security Problem   ☐ Poor Maintenance

☐ Non-competitive Amenities ☐ Rents too High

☐ Inadequate Marketing   ☐ Location

☐ Development Reputation   ☐ Lack of Demand

☐ Bedroom Mix/Size   (_____ bdrm hard to rent)

☐ Tenant/Management Relations   ☐ Other _____

d. Based on the responses in questions a and b, what actions are being taken by the owner/agent to resolve the vacancy issue(s)?

e. Are damages properly identified and are tenants assessed the actual charges?

f. Does the development maintain a wait list of prospective tenants?
Was annual update letter sent to applicants, as required?
Date update letter was sent to applicant? _____
Was wait list purged?   When? _____
How many are currently on wait list? _____

g. Does the wait list include all required elements as stated in Exhibit H of the sample IHDA's Tenant Selection Plan?

h. Were applicants selected in proper order from wait list?

i. Was last year's wait list greater or less than current year?

j. Is surrounding neighborhood market prosperous, average or depressed?

k. Are surrounding neighborhood conditions improving, stable or declining?

l. Are the market conditions affecting occupancy?

m. Is there saturation of affordable housing?

	N/A	YES	NO	FNDGS	Remarks
15. Vacancy, Turnover and Market Conditions ☐ **A** ☐ **M** ☐ **I**					

16. Leases and Deposits

a. Are the security deposit and first month's rent the only charges made when applicant is accepted for occupancy? List other charges and amounts.

Type   Amount
_____ $ _____
_____ $ _____

b. Does balance in security deposit trust account equal or exceed liability? If not, explain how deficit will be funded. List the liability from the rent roll and the balance from the security deposit escrow account in the remarks column.

	N/A	YES	NO	FNDGS	Remarks
16. Leases and Deposits ☐ **A** ☐ **M** ☐ **I**					

17. Eviction/Termination of Assistance Procedures

a. Does management have a written policy for handling evictions?

	N/A	YES	NO	FNDGS	Remarks
17. Eviction/Termination of Assistance Proc. ☐ **A** ☐ **M** ☐ **I**					

18. Tenant Files and Records

a. If deficiencies are noted during unit Decent, Safe and Sanitary/Move-In/Move-Out inspections, what is the procedure for correction?

	N/A	YES	NO	FNDGS	Remarks
18. Tenant Files and Records ☐ **A** ☐ **M** ☐ **I**					

III. Leasing and Occupancy Rating

☐ Superior   ☐ Above Average   ☐ Satisfactory

☐ Below Average ☐ Unsatisfactory   ☐ Not Rated

Part D: Tenant/Management Relations

	N/A	YES	NO	FNDGS	Remarks

19. Tenant Satisfaction

a. See Attachment A for tenant complaints.

	N/A	YES	NO	FNDGS	Remarks
19. Tenant Satisfaction ☐ **A** ☐ **M** ☐ **I**					

	N/A	YES	NO	FNDGS	Remarks
IV. Tenant/Management Relations Rating					
☐ Superior ☐ Above Average ☐ Satisfactory					
☐ Below Average ☐ Unsatisfactory ☐ Not Rated					

Part E: Drug-Free Housing Policy

	N/A	YES	NO	FNDGS	Remarks
20. Does Development Has House Rules That Aid and Support Drug-Free Housing?					
☐ A ☐ M ☐ I					
21. Does Development Has An Overall Development Plan for Drug-Free Housing?					
☐ A ☐ M ☐ I					
V. Drug-Free Housing Policy Rating					
☐ Superior ☐ Above Average ☐ Satisfactory					
☐ Below Average ☐ Unsatisfactory ☐ Not Rated					

Part F: General Management Practices (Thoroughly review the management plan and management agreement before completing this Part of the review. If you determine in 41a that the management plan does not reflect systems and procedures in use at the development, or if you believe that the systems and procedures set forth in the plan are not appropriate for the development, in Part I specify deficiencies and recommend revisions to practices/content of the plan.

	N/A	YES	NO	FNDGS	Remarks
22. Organization and Supervision					
a. Does owner/agent have a system/procedure for providing field supervision of on-site personnel?					
Name of Field Supervisor(s) _____					
Freq. of Visits by Supervisor _____					
22. Organization and Supervision ☐ A ☐ M ☐ I					

23. Staffing and Personnel Practices *(See Budget back-up)*					
*a. List all staff billed to development account.					

List the # of employees by position	# of Hours Charged To Site	* If a free apt., give number of bedrooms	

Indicate by asterisk those employees living on site.

	N/A	YES	NO	FNDGS	Remarks
23. Staffing and Personnel Practices ☐ A ☐ M ☐ I					
24. Operating Procedures and Manuals					
a. Is copy of the current management plan/procedures, if it exists, on-site and available to staff?					
24. Operating Procedures and Manuals ☐ A ☐ M ☐ I					
25. Training					
a. Does owner/agent have a formal ongoing training program for its staff? Check types of training used?					
☐ On Site (Frequency _____)					
☐ IREM ☐ NCHM ☐ HUD Seminars ☐ Local Colleges					
☐ AFHMP Update Training Date _____					
☐ Fair Housing Training Date _____					
☐ Energy Conservation ☐ IHDA Training Date _____					
☐ Other *(specify)* _____					
b. When on-site staff have questions or concerns, do they know who to call for assistance within their organization?					
25. Training ☐ A ☐ M ☐ I					
26. On-Site Office Administration					
a. Are there signs enabling applicants/tenants to easily locate the office?					
b. Is office organized and neat in appearance?					
c. Are office hours posted?					
d. Are office hours convenient for prospective applicants and tenants?					
e. Is rent collection policy posted?					
f. Is there an acceptable key control system?					
g. Are emergency phone numbers posted? Where?					
26. On-Site Office Administration ☐ A ☐ M ☐ I					

	N/A	YES	NO	FNDGS	Remarks
27. Insurance and Bonding					Submit insurance certificate renewals if the insurance will expire within 90 days or less.
a. List current insurance coverage and premiums.					
Expiration Dates / Basic Coverage					
Property _____ $ _____					
Liability _____ $ _____					
_____ _____ $ _____					
_____ _____ $ _____					
_____ _____ $ _____					
_____ _____ $ _____					
b. Is property insurance adequate to cover replacement cost?					
c. Does the owner/agent have a Fidelity Bond which is at least equal to potential collections for 2.5 months gross collection and security deposits and which provides coverage for all employees? *(Obtain copy, if available.)* Expiration Date: _____					
27. Insurance and Bonding ☐ A ☐ M ☐ I					
28. Management Agreement					Submit updated Management Agreement if the current agreement will expire within 90 days or less.
a. Is a management agreement in force? Term of Agreement _____ / _____ / _____ thru _____ / _____ / _____ Management Fee _____ %					
28. Management Agreement ☐ A ☐ M ☐ I					
29. Program Compliance					
a. Have all program compliance certification/forms been submitted for the current year?					
29. Program Compliance ☐ A ☐ M ☐ I					
VI. General Management Practices Rating					
☐ Superior ☐ Above Average ☐ Satisfactory ☐ Below Average ☐ Unsatisfactory ☐ Not Rated					

Part G: File Review

	N/A	YES	NO	FNDGS	Remarks

Summary of Tenant File Review

Number of Program Units _____   Number of Files Reviewed _____

Name	Unit	Name	Unit	Name	Unit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

	N/A	YES	NO	FNDGS	Remarks
30. Resident File Maintenance					
a. Are there any unresolved findings from the previous tenant file review? If yes specify in the comments section.					
b. Are the files locked and secured in a confidential manner with access limited to authorized staff only?					
c. Is the owner/agent maintaining tenant files according to HUD/IHDA's documentation retention requirements? Is the owner/agent properly disposing of tenant records (shred, burn, pulverize etc.)?					
d. Are the files organized and properly maintained?					
30. Resident File Maintenance ☐ A ☐ M ☐ I					
31. Household Information					
a. Were the unit sizes appropriate for the household composition at the time of the file review and were household member identified correctly? If a household was ineligible at move in, were exceptions granted?					
b. Do the files contain all documentation, including application information, as required by Program Handbook?					
c. Does the file contain the ethnicity and racial data certifications required per program?					
d. Does application contain the required criteria including signatures of all applicants and owner/agent?					

	N/A	YES	NO	FNDGS	Remarks

Cont'd. (31. Household Information)

CDBG Only

e. Does the file contain a Lead Base Paint/Residents Rights and Responsibilities acknowledgements?

31. Household Information ☐ **A** ☐ **M** ☐ **I**

32. Verification

a. Have all verification items been verified and properly documented?

32. Verification ☐ **A** ☐ **M** ☐ **I**

33. Leases

a. Were the correct Model Leases used?

b. Were the leases signed and dated by all parties?

c. Were all applicable addendums attached to the lease?

d. Was security deposits collected in the correct amount for the program type?

e. Were pet deposits, if applicable, charged correctly per pet policy?

f. Is the move in inspection dated and signed by tenant, owner/agent and in the tenant file?

g. Are annual DSS inspections documented in the file and signed by both tenant and owner/agent?

33. Leases ☐ **A** ☐ **M** ☐ **I**

34. Certification/Recertification Activities

a. Were Certification/Recertification notices and processes performed in accordance with the Program Handbook?

b. If tenants are paying their own utilities, were the current certifications reflecting the correct utility allowances?

34. Certification/Recertification Activities ☐ **A** ☐ **M** ☐ **I**

35. Move-Out File Review

a. Did the Move-Out Files include the required documentation?

35. Move-Out File Review ☐ **A** ☐ **M** ☐ **I**

36. Applicant Rejection Review

a. Did the Applicant Rejection Letter include the required criteria?

b. If appealed, were criteria's met?

36. Applicant Rejection Review ☐ **A** ☐ **M** ☐ **I**

VII. File Review Rating

☐ Superior ☐ Above Average ☐ Satisfactory

☐ Below Average ☐ Unsatisfactory ☐ Not Rated

Management Review & Property Inspection

Attachment A   (For ADMIN, AMBAC, BIBP, CDBG, FAF, HPP, HTF, NSP, RS, TCAP, TFB, 80/20 & 1602 developments)

19a Tenant Satisfaction   Review complaints, congressional inquiries, etc. received within the last 12 months regarding the overall management practices. Provide a general description below or attach applicable documentation.

Issue/Complaint	Status