



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 <u> #DIV/0! </u>
Type of Program	IHDA No. _____	Loan Position(s)	Total _____	Total # of units turned over in Year 20 14 = _____ (_____ %) (Note: For YTD, see pg. 10 Section 21 b)
Purpose of Report:	<input type="checkbox"/> Initial Review <input type="checkbox"/> Annual Review	Tenant Type	Program _____ (Highest IHDA loan position only)	
Inspected Date: _____		<input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/> SRO <input type="checkbox"/> SLF/Assisted Living <input type="checkbox"/> Special needs population	Vacant _____	Was the development prepared for the inspection by utilizing and updating the IHDA binder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last: Annual Inspection _____ Desk Review _____			Tax Credit _____ PIS Date _____	
			Date transferred to AMS: _____ (Omit MLs)	

A. Maintenance & Security					D. Tenant/Management Relations				
	A	M	I	TCD		A	M	I	TCD
1. General Physical Condition					25. Tenant Participation				
2. Work Scheduling					26. Use of Community Space				
3. Preventive Maintenance					27. Tenant Satisfaction				
4. Unit Inspections					IV. Tenant/Management Relations				
5. Vacant Unit Preparation					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
6. Equipment and Inventory Controls					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
7. Procurement and Supply Practices					E. Drug-Free Housing Policy				
8. Security Program					28. Does Development Have House Rules That Aid and Support Drug Free Housing.				
9. Energy Conservation					29. Evidence of Drug Use/Sales at Development Address				
I. Maintenance and Security Rating					30. Does Development Have Overall Development Plan for Drug-Free Housing?				
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average									
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated									
B. Financial Management					V. Drug-Free Housing Policy Rating				
10. Accounting and Bookkeeping					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
11. Budget Management					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
12. Cash Controls					F. General Management Practices				
13. Cost Controls					31. Owner Participation				
14. Submission of Reports					32. Organization and Supervision				
15. Financial Compliance					33. Staffing and Personnel Practices				
16. Rent Schedule Compliance					34. Operating Procedures and Manuals				
17. Rental Collection					35. Training				
18. Accounts Receivable/Payable					36. On-Site Office Administration				
19. Reserves and Escrows					37. Insurance and Bonding				
II. Financial Management Rating					38. Management Plan and Agreement				
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average					39. Program Compliance				
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					VI. General Management Practices Rating				
C. Leasing & Occupancy					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
20. Tenant Selection and Orientation					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
21. Vacancy and Turnover					G. File Review				
22. Leases and Deposits					40. Resident File Maintenance				
23. Eviction Procedures					41. Household Information				
24. Tenant Files and Records					42. Verification				
III. Leasing and Occupancy Rating					43. Leases				
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average					44. Certification/Recertification Activities				
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					45. Billing				
					46. Move-Out File Review				
					47. Applicant Rejection Review				
					VII. File Review Rating				
					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
VIII. Rating of Overall Management Operation (mark applicable box):					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory				
					<input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory				

Signatures:

Inspection prepared by: _____		Inspection approved by: _____	
Title _____	Date _____	Title Director/Asst. Director/Manager, AMS	Date _____

Management Review & Property Inspection

Questionnaire (For ML & TEB (except Section 8/236) , HOME and MOD Rehab 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 current certificates for the elevator, boiler, fire extinguishers displayed?					
h. Is the development free of obvious fire/safety/health hazards or housing code violations?					
FOR MOD REHAB/HOME ONLY					
i. 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.) 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 be free of lead-based paint or lead hazards? <i>Note: If there is a certification, obtain a copy for the project file.</i>					
6.) Is development free of lead-based paint contamination on surfaces exposed to children?					
7.) Has annual certification been received for current year? <i>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.</i>					
j. Have repairs or corrections called for on last Management or Desk Review (Part A Section 1) been satisfactorily completed?					
k. Has Decent, Safe, & Sanitary Inspection been completed? When: _____ Verification Received?					
l. Which type of inspection was completed?					
<input type="checkbox"/> HQS <u>Date Completed</u> <u>Pass/Fail</u> <u>Score</u> <input type="checkbox"/> Tax Credit _____ _____ _____ <input type="checkbox"/> REAC _____ _____ _____					
m. Capital improvements completed and/or planned for the current year?					
1. General Physical Condition <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
2. Work Scheduling					
a. Are there sufficient maintenance and janitorial employees and appropriate 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): <input type="checkbox"/> Preventive <input type="checkbox"/> Corrective <input type="checkbox"/> Deferred					
c. Is emergency maintenance service available after regular working hours? Procedures in place?					
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 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 <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
3. Preventive Maintenance					
a. Is there a schedule for preventive maintenance/servicing all of items listed below? Check schedules in use and indicate in parentheses whether servicing is done by on-site staff (o) or by contractor (c).					

Cont'd. (3. Preventive Maintenance)

<input type="checkbox"/> Heating and A/C Equipment () <input type="checkbox"/> Inspect Roof and Fascias () <input type="checkbox"/> Hot Water Heaters () <input type="checkbox"/> Sprinklers () <input type="checkbox"/> Cleaning Carpets and Drape () <input type="checkbox"/> Carbon Monoxide Detector () <input type="checkbox"/> Smoke Detectors () <input type="checkbox"/> Fire Extinguishers () <input type="checkbox"/> Major Appliances () <input type="checkbox"/> Motor Vehicles () <input type="checkbox"/> Elevators () <input type="checkbox"/> Other _____					
b. Are exterminator services provided regularly as necessary? Are tenants properly notified?					
c. Are sewer lines and roof gutters and downspouts cleaned periodically?					
d. Are lawns and plants fertilized and trimmed at appropriate time of year?					
e. Is recreational equipment serviced/stored as seasonal changes dictate?					
f. Are exterior windows cleaned on regular basis?					
g. Is there a schedule for exterior painting? Is it followed?					
h. Has the owner/agent protected inventory items, such as appliances and tools, to prevent theft?					

3. Preventive Maintenance A M I

4. Unit Inspections (Units selected at random).

a. In the case of long-term tenants: 1) how often are units inspected? _____ 2) are units redecorated on a regular basis (carpet/painting, etc.)? 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?					
c. Were market ready units in move in condition? How many units were inspected? _____ How many were market ready? _____					

4. Unit Inspections A M I

5. 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. Is preparation of vacant units free from delays (vacant longer than 30 days) due to: 1) lack of funds? 2) insufficient supply of parts maintained at development site? 3) use of contractor instead of on-site staff, or vice versa?					

5. Vacant Unit Preparation A M I

6. Equipment and Inventory Controls

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 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.)?					
d. Are equipment and tools adequate to perform maintenance tasks?					
e. Is a copy of the development's as-built drawings on-site?					

6. Equipment and Supply Practices A M I

7. Procurement and Supply Practices

a. Does the development maintain a list/file of vendors who sell services or products to the development?					
b. Is an adequate amount of supplies kept on hand at all times?					
c. Is there evidence that the development has shopped around and compared prices to obtain supplies and services at the most favorable terms available?					
d. Are copies of maintenance and/or service contracts available for review?					
e. Does the development maintain a list/card file on outside contractors? Check services currently contracted with outside contractors and identify name of contractor and annual amount of contract.					

Service	Name of Contractor	Annual Contract Amount				
<input type="checkbox"/> Elevator	_____	\$ _____				
<input type="checkbox"/> Exterminating	_____	_____				
<input type="checkbox"/> Apartment Cleaning	_____	_____				
<input type="checkbox"/> Heating and A/C	_____	_____				

	N/A	YES	NO	FNDGS	Remarks
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Cont'd. (7. Procurement and Supply Practices)

<input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Security _____ <input type="checkbox"/> Trash Collection _____ <input type="checkbox"/> Decorating _____ <input type="checkbox"/> Ground _____ <input type="checkbox"/> Other _____ <i>(*Indicate (by asterisk) whether is an identity-of-interest relationship between the contractor and the owner or agent.)</i>					
f. 1) Is there a written procedure to assure that the individual authorizing contracted work/services is not the same individual authorizing payment? 2) inspected contractor's work before authorizing payment? Indicate site staff who does the inspection: _____ 3) pursued corrections needed?					

7. Procurement and Supply Practices A M I

8. Security Program

a. Is exterior lighting adequate for protection and visual security?					
b. Is the development free of major security problems? If not, check problem areas. <input type="checkbox"/> Break-ins <input type="checkbox"/> Personal Assault <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/> Auto Theft					
c. Check type(s) of security service/equipment available <input type="checkbox"/> Tenant patrol <input type="checkbox"/> Motion sensors <input type="checkbox"/> TV monitor <input type="checkbox"/> Volunteer organization patrol (e.g. Guardian Angels) <input type="checkbox"/> Paid car patrol <input type="checkbox"/> Paid on-site guard <input type="checkbox"/> Security cameras <input type="checkbox"/> Police Department car patrols in excess of normal for area <input type="checkbox"/> Other _____					
d. Is type and level of security service appropriate for this development?					
e. Review of police reports for development address: <input type="checkbox"/> Violent Crime Arrests <input type="checkbox"/> Non-citizen Ineligible Aliens <input type="checkbox"/> Drug Activity <input type="checkbox"/> Other _____					

8. Security Program A M I

9. Energy Conservation

a. Has management attempted to reduce energy consumption?					
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9. Energy Conservation A M I

I. Maintenance and Security Rating (Comment if other than Superior or Satisfactory) <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					
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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
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10. Accounting and Bookkeeping

MOD-REHAB ONLY

a. Are rental receipts deposited in the name of the development in a federally insured account? If trust account is used for disbursements, are only HUD insured developments in the pool and is the development's balance transferred to the development account at least once monthly?					
b. Are operating funds, security deposits and reserve funds maintained in separate accounts and properly secured for authorized use?					
c. Is there a current signature authorization form on file for IHDA held reserves?					
d. Delinquencies (if any) as of: _____ a.) Debt Service \$ _____ b.) Replacement Reserve \$ _____ c.) Tax and Insurance \$ _____ d.) Other \$ _____					

10. Accounting and Bookkeeping A M I

11. Budget Management (Explain why "no")

a. Is an operating budget prepared annually and is it approved by the owner? (If yes, for non-IHDA budgets obtain copy of current year.)					
b. Is current budget on site and used by staff to monitor and control operating expenses?					

Cont'd. (11. Budget Management)

c. Are monthly or quarterly reports prepared indicating variances between actual income and expenses and budgeted income and expenses?					
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11. Budget Management A M I

12. Cash Controls

a. Are collections deposited on the day received or, pending deposit, are they properly controlled?					
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b. Are there adequate controls over cash/receipts accepted? Check controls used. (Explain if rent is not received at site or by site staff) <input type="checkbox"/> Prenumbered rent receipts <input type="checkbox"/> Safe <input type="checkbox"/> Bank collections <input type="checkbox"/> Lock Box					
--	--	--	--	--	--

c. Do different persons handle bank deposit and accounts receivable, or is an alternative safeguard in effect? Indicate positions or names: _____					
---	--	--	--	--	--

d. Are all disbursement checks prenumbered, properly identified with account numbers and supported by vouchers or invoices? 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?					
---	--	--	--	--	--

e. Are funds (i.e., receipts, disbursements, petty cash, etc.) periodically checked on a surprise basis by a responsible official (other than on-site employees)?					
---	--	--	--	--	--

f. Are bank statements reconciled promptly upon receipt by someone other than check signer and by one who has no cash receipt or disbursement function?					
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12. Cash Controls A M I

13. Cost Controls

a. Does owner/agent solicit bids (formal or informal) in order to obtain materials, supplies, and services on most advantageous terms to development? If yes, give recent example: _____					
--	--	--	--	--	--

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 development is paying the lowest possible rate? Identify any efforts by owner/agent taken to reduce expenses/effect cost savings. _____ _____ _____					
---	--	--	--	--	--

13. Cost Controls A M I

14. 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 _____					
---	--	--	--	--	--

b. Does agent/owner contact CPA early enough to enable CPA to prepare report for our annual receipt by due date?					
--	--	--	--	--	--

14. Submission of Reports A M I

15. Financial Compliance and Condition

a. Have all residual receipts been submitted to IHDA as required?					
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b. If the owner/agent has taken unauthorized distributions, reimbursements or supervision fees, have these been repaid? If no, indicate amount due development. _____					
--	--	--	--	--	--

c. Is management fee paid to agent in accordance with time schedule and amount specified in management agreement? If not, enter: Fee per agreement \$ _____ (_____ %)					
--	--	--	--	--	--

d. Is agent charging development for expenses which the agreement requires agent to pay?					
--	--	--	--	--	--

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

f. 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 _____ \$ _____					
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Cont'd. (15. Financial Compliance and Condition)

<p>g. Are current Development, IHDA and HUD-approved rent schedules sufficient to meet the needs of the property?</p>					
<p>h. Complete the following as of end of last month</p> <p style="text-align: center;">_____ / _____ / _____</p> <p>Cash \$ _____ Accounts Receivable \$ _____</p> <p style="padding-left: 100px;">Accounts Payable \$ _____</p>					

15. Financial Compliance and Condition A M I

16. Rent Schedule Compliance

<p>a. For MOD-REHAB/HOME ONLY - Do current rents match IHDA/HUD approved Maximum Rent?</p> <p>Other programs - Do current rents exceed HUD maximum rents minus Utility Allowances?</p> <p>Compare the rental charges and identify discrepancies below and make it a finding.</p> <p>Date of last rent adjustment: _____</p>					
--	--	--	--	--	--

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

<p>b. Has the owner/agent completed a rent analysis of the market within the last 12 months?</p>					
<p>c. Was the annual utility allowance analysis submitted?</p> <p>Date of last utility allowance analysis submission: _____</p> <p>Effective date of last utility allowance adjustment: _____</p>					
<p>d. Was the Rent Schedule received?</p>					
<p>e. Are rents at market or rent ceiling?</p>					
<p>f. Does development require rent concessions?</p> <p>If yes, list rent concessions used?</p>					

16. Rent Schedule Compliance A M I

17. Rental Collection Practices

<p>a. Is there a written rental collection policy?</p> <p>Late charge of \$ _____ on _____ day.</p> <p>Delinquent notices sent on days _____, _____, _____.</p> <p>Eviction procedures commence on _____ day.</p> <p>Referred to collection agent on _____ day.</p>					
<p>b. Does rent collection policy in effect reflect that stated in approved management plan?</p>					
<p>c. Does rent collection policy appear to be uniformly applied?</p>					
<p>d. Is rent collection policy posted?</p>					
<p>e. Is an aged tenant delinquency report prepared monthly?</p> <p>1) During an average month, how many tenants have not paid their rent by the tenth of the month? _____</p> <p>2) During an average month, how many tenants have not paid their rent by the end of the month? _____</p>					

17. Rental Collection Practices A M I

18. Accounts Receivable/Payable

<p>a. Are tenant accounts receivable reasonably current?</p> <table style="width:100%; border: none;"> <tr> <td style="width:15%;"></td> <td style="width:20%; text-align: center;">Total Amt.</td> <td style="width:15%; text-align: center;"># of Res.</td> </tr> <tr> <td>30 days delinquent</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>60 or more days delinquent</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Total Amt.	# of Res.	30 days delinquent	_____	_____	60 or more days delinquent	_____	_____					
	Total Amt.	# of Res.												
30 days delinquent	_____	_____												
60 or more days delinquent	_____	_____												
<p>b. Does procedure for write-off of bad debts appear reasonable?</p>														
<p>c. Has annual "write -off of tenants" accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants?</p> <p>If no, what is the percentage for: _____ year _____ %</p> <p style="padding-left: 100px;">_____ year _____ %</p> <p>Tenant delinquent accounts written off last 12 months.</p> <p>\$ _____</p>														
<p>d. Are accounts payable reasonably current?</p> <p>30 days delinquent _____</p> <p>60 or more days delinquent _____</p>														
<p>e. What are the owner/agent plans for reducing outstanding payables?</p>														

18. Accounts Receivable/Payable A M I

				N/A	YES	NO	FNDGS	Remarks
19. Reserves and Escrows								
a. Complete chart below								
		As of _____ / _____ / _____						
Name of Reserve	Total	Per Unit	Monthly Deposit	Held in Interest-Bearing Account at IHDA? Yes/No	If No, Where are the funds being held?			
Replacement Reserve	\$ _____	\$ _____	\$ _____					
Gen. Operating Reserve								
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?								

Does the balance meet the \$1,500/unit IHDA requirement for Replacement Reserve?								
c. Have monthly deposits to these reserves been increased since the development was completed?								
d. Has mortgagor/IHDA performed analysis to determine future Replacement Reserve needs?								
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?								
19. Reserves and Escrows <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I								

II. Financial Management Rating (Based on Budget, MORs, Audit, Reserve Balances, etc.)								
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated								

Part C: Leasing and Occupancy

				N/A	YES	NO	FNDGS	Remarks
20. Tenant Selection and Orientation								
a. Have written updated tenant selection procedures been established? If yes, ask to see a copy. If no, describe difference between practiced and written procedures for reviewing and approving tenant applications.								
Date TSP executed by owner/agent _____								
1) Staff Familiarity								
2) Preferences Included (State Mandated)								
3) Rent Schedule Attached								
FOR MOD-REHAB ONLY								
4) Does it comply with all required criteria as stated in the HUD Handbook 74656.1								
b. Has development implemented tenant preference requirements? Ask to see a copy of tenant waiting list, and TSP, to ascertain.								
c. Does management determine program eligibility per TSP? Checks with:								
Previous Landlord								
Employer/Source of Income								
Social Security Numbers								
Citizenship Status								
Credit Bureau (Cost =\$ _____)								
List other requirements not listed above: _____								
d. Is copy of current approved (within the past 5 years) Affirmative Marketing Plan (AMP) at Rental office? Date of last approved AMP: _____								
e. Is rental staff familiar with AMP?								
f. Is the EHO poster displayed in offices and model units? (The posters are available at the IHDA website.)								
g. 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 have logos?								
h. Were the outreach efforts, as described in the AMP, performed annually?								
Last outreach date: _____								
i. Is the wait list currently open?								
j. 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 _____ %								

Cont'd. (20. Tenant Selection and Orientation)

<p>k. Does the racial mix breakdown reflect the Target Groups listed in the current AMP?</p>					
<p>l. What Marketing efforts have been successful in attracting the Target Populations (those "Least Likely to Apply")?</p>					
<p>m. How often is an evaluation made to measure the effectiveness of marketing strategies to attract the "Least Likely to Apply"?</p>					
<p>n. If development is not reaching target marketing goals, what additional steps have been taken?</p>					
<p>o. What staff positions are/will be responsible for Affirmative Marketing?</p>					
<p>p. Has the development's Agent/Owner/Manager received complaints of prohibited discrimination? (e.g., based on race, age, sex, handicap, familial status)</p>					
<p>q. Does management provide applicants with a written explanation for rejection of their application for residency?</p> <p>1) Is the explanation written in accordance with the TSP?</p> <p>2) Was the reason for denial in accordance with the TSP?</p> <p>3) Did the rejection letter provide the applicant the right to appeal?</p> <p>4) Are appeals reviewed by a different person other than the person who denied the applicant?</p> <p>5) Was the appeal processed and applicant notified of appeal decision within five business days?</p>					
<p>r. Are new tenants given informational handbooks or manuals?</p>					
<p>s. Does development staff personally interview new tenants and provide orientation to the development?</p> <p>At what point is the orientation done?</p> <p>Check topics covered.</p> <p><input type="checkbox"/> Development Rules <input type="checkbox"/> Maintenance Request Procedures</p> <p><input type="checkbox"/> Lease Terms <input type="checkbox"/> Explanation of Appliances</p> <p><input type="checkbox"/> Grievance Procedures <input type="checkbox"/> Subsidy Policies and Rules</p> <p><input type="checkbox"/> Rent Payment Procedures <input type="checkbox"/> Energy Conservation</p> <p><input type="checkbox"/> Security Deposit and Charge Backs</p> <p><input type="checkbox"/> Location of Shopping, Schools, Transportation, Community Services, etc.</p>					
<p>t. Is the unit inspected, prior to occupancy, by staff and new tenant jointly?</p>					
<p>u. In accordance with the Fair Housing Act (FH Act)</p> <p>1.) Have policies & practices been modified so as not to discriminate against persons with handicaps?</p> <p>2.) Is there a transfer policy along with a lease addendum for residents (not requiring an accessible unit) who reside in accessible units?</p>					
<p>v. FOR HOME ONLY</p> <p>1.) Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?</p> <p style="padding-left: 40px;">If Yes, answer Question 2.; If No skip to Question 3.</p> <p>2.) Is at least one person designated to coordinate its Section 504 responsibilities?</p> <p style="padding-left: 40px;">If Yes, provide the person's name and telephone number below.</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>3.) Has the owner/agent taken steps to ensure effective communication using:</p> <p style="padding-left: 40px;">a.) Qualified sign language and oral interpreters?</p> <p style="padding-left: 40px;">b.) Readers?</p> <p style="padding-left: 40px;">c.) Use of tapes?</p> <p style="padding-left: 40px;">d.) Braille materials?</p> <p style="padding-left: 40px;">e.) Other (Describe): _____</p>					
<p>w. How many units are accessible? _____</p> <p>_____ 0BR _____ 1BR _____ 2BR</p> <p> _____ 3BR _____ 4BR</p> <p>Number of <i>accessible</i> units occupied by tenants with disabilities who require the features of the unit? _____</p> <p>How many units are adaptable? _____</p> <p>_____ 0BR _____ 1BR _____ 2BR</p> <p> _____ 3BR _____ 4BR</p>					

20. Tenant Selection and Orientation A M I

21. 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: _____

Cont'd. (21. Vacancy, Turnover and Market Conditions)

<p>b. Is the vacancy rate satisfactory and not excessive?</p> <p>Has the development had a significant TURNOVER?</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%;"></td> <td style="width:20%; text-align:center;">Month</td> <td style="width:20%; text-align:center;">Total # of Vacant</td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Year to date</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:center;">#DIV/0!</td> <td></td> </tr> </table>		Month	Total # of Vacant			Year to date			#DIV/0!								
	Month	Total # of Vacant															
Year to date			#DIV/0!														
<p>c. Check which factors contribute to vacancy problems that may exist at the development.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Security Problem</td> <td><input type="checkbox"/> Poor Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Non-competitive Amenities</td> <td><input type="checkbox"/> Rents too High</td> </tr> <tr> <td><input type="checkbox"/> Inadequate Marketing</td> <td><input type="checkbox"/> Location</td> </tr> <tr> <td><input type="checkbox"/> Development Reputation</td> <td><input type="checkbox"/> Lack of Demand</td> </tr> <tr> <td><input type="checkbox"/> Bedroom Mix/Size (_____ <i>bdrm hard to rent</i>)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tenant/Management Relations</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Security Problem	<input type="checkbox"/> Poor Maintenance	<input type="checkbox"/> Non-competitive Amenities	<input type="checkbox"/> Rents too High	<input type="checkbox"/> Inadequate Marketing	<input type="checkbox"/> Location	<input type="checkbox"/> Development Reputation	<input type="checkbox"/> Lack of Demand	<input type="checkbox"/> Bedroom Mix/Size (_____ <i>bdrm hard to rent</i>)		<input type="checkbox"/> Tenant/Management Relations	<input type="checkbox"/> Other _____					
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<input type="checkbox"/> Tenant/Management Relations	<input type="checkbox"/> Other _____																
<p>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)?</p>																	
<p>e. Acceptable written Move-Out Procedures?</p>																	
<p>f. Are damages properly identified and are tenants assessed the actual charges?</p>																	
<p>g. Do development staff and new tenant jointly inspect unit prior to move out?</p>																	
<p>h. 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? _____</p>																	
<p>i. Was last year's wait-list greater or less than current year?</p>																	
<p>j. Is surrounding neighborhood market prosperous, average or depressed?</p>																	
<p>k. Are surrounding neighborhood conditions improving, stable or declining?</p>																	
<p>l. Are the market conditions affecting occupancy?</p>																	
<p>m. Is there saturation of affordable housing?</p>																	
<p>n. Does the wait list include all required elements as stated in the Handbook 7465.1 or Exhibit H of IHDA's Tenant Selection Plan?</p>																	
<p>o. Were the applicants selected in proper order from the waiting list?</p>																	

21. Vacancy and Turnover A M I

22. Leases and Deposits

<p>a. Was the correct program lease and addendums used by agent?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">FOR MOD-REHAB ONLY</p>																	
<p>b. If necessary, are the HUD approved lease and/or the owner's/agent's rules and regulations available to development tenants in foreign language version?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">FOR MOD-REHAB ONLY</p>																	
<p>c. Do development files indicate it is not necessary for tenants to communicate with HUD to resolve development problems?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">FOR MOD-REHAB ONLY</p>																	
<p>d. Is amount of security deposit within limits set for this HUD program?</p>																	
<p>e. 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.</p>																	
<p>f. If security deposits are invested in an interest-bearing account, is interest passed through to tenants annually as required? Interest paid annually</p> <table style="width:100%; border: none;"> <tr> <td>1.) By check</td> <td><input type="checkbox"/></td> <td>3.) By cash</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2.) By credit</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	1.) By check	<input type="checkbox"/>	3.) By cash	<input type="checkbox"/>	2.) By credit	<input type="checkbox"/>											
1.) By check	<input type="checkbox"/>	3.) By cash	<input type="checkbox"/>														
2.) By credit	<input type="checkbox"/>																
<p>g. Are the security deposit and first month's rent, the only charges made when applicant is accepted for occupancy? List other charges and amounts.</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Type</td> <td style="width:30%;"></td> <td style="width:20%; text-align:center;">Amount</td> <td style="width:20%;"></td> </tr> <tr> <td>_____</td> <td></td> <td style="text-align:center;">\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td></td> <td style="text-align:center;">\$</td> <td>_____</td> </tr> </table>	Type		Amount		_____		\$	_____	_____		\$	_____					
Type		Amount															
_____		\$	_____														
_____		\$	_____														
<p style="border: 1px solid black; padding: 2px; text-align: center;">FOR MOD-REHAB ONLY (f - h)</p>																	
<p>f. Has the development implemented the pet rule (elderly only) requirement? (4350.1 - Chapter 32)</p>																	
<p>g. Obtain copy of pet policy to ascertain if the pet policy and amount of pet deposit is reasonable. Is there a written pet policy?</p>																	
<p>h. Has the Pet policy (elderly only) been incorporated into the lease?</p>																	

22. Leases and Deposits A M I

23. Eviction/Termination of Assistance Procedures

<p>a. Does management have a written policy for handling evictions? Source?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">FOR MOD-REHAB & HOME ONLY</p>									
<p>b. Are eviction policies and procedures consistent with HUD requirements?</p>									
<p>c. Are eviction procedures initiated promptly, when warranted? Reasons?</p> <p>1) Number of evictions completed during last 6 months _____.</p> <p>2) Average cost per eviction \$ _____.</p> <p>3) Eviction handled by:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> attorney for owner/agent</td> <td><input type="checkbox"/> attorney on contract</td> </tr> <tr> <td><input type="checkbox"/> attorney on call</td> <td></td> </tr> </table>	<input type="checkbox"/> attorney for owner/agent	<input type="checkbox"/> attorney on contract	<input type="checkbox"/> attorney on call						
<input type="checkbox"/> attorney for owner/agent	<input type="checkbox"/> attorney on contract								
<input type="checkbox"/> attorney on call									

	N/A	YES	NO	FNDGS	Remarks
--	-----	-----	----	-------	---------

Cont'd. (23. Eviction/Termination of Assistance Procedures)

d. Describe process used in evicting tenants for causes other than nonpayment of rent. _____ _____ _____					
---	--	--	--	--	--

FOR MOD-REHAB ONLY (e - g)

e. Does management provide written policy on termination of assistance to tenants (e.g. incorporated into a tenant handbook)?					
f. Are these policies consistent with HUD requirements?					
g. Number of terminations of assistance incurred over the past year: _____					

23. Eviction/Termination of Assistance Proc. A M I

24. Tenant Files and Records

a. Is there a chronological record of maintenance inspection and work orders for each unit maintained in the development office?					
b. Indicate who is provided copies of completed work orders: <input type="checkbox"/> Tenant <input type="checkbox"/> Tenant File <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Unit File <input type="checkbox"/> Other (please specify) _____					
c. Is there a copy of unit inspection in the tenant file and signed by both Tenant and Management (Decent, Safe and Sanitary/ Move-In/Move-Out)?					
d. If deficiencies are noted during unit Decent, Safe and Sanitary/Move-In/Move-Out inspections, what is the procedure for correction?					

24. 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

(When assessing tenant/management relations, the critical point is whether or not management is aware of and sensitive to tenants' concerns and is using the optimum resources available to address these concerns. The principal sources of information for completing this section will be correspondence in the development file, interviews with on-site management staff and, when appropriate, interviews with some residents of the development.)

	N/A	YES	NO	FNDGS	Remarks
--	-----	-----	----	-------	---------

25. Tenant Participation

a. Is there an active tenant organization at this development?					
b. Are there brochures and newsletters available regarding development policies and activities? Does management encourage tenant input to the newsletter?					
c. Is tenant involvement in development operations encouraged? Check areas in which involvement is encouraged. <input type="checkbox"/> Development rules <input type="checkbox"/> Energy conservation <input type="checkbox"/> Redecorating schedule <input type="checkbox"/> Social service program <input type="checkbox"/> Use of community space <input type="checkbox"/> Security program					

25. Tenant Participation A M I

26. Use of Community Space

a. Is indoor community space adequate and is it in satisfactory condition?					
b. Does managing agent plan and use the space effectively?					
c. Have written procedures been established for reserving the space (including a fee schedule, when appropriate)?					

26. Use of Community Space A M I

27. Tenant Satisfaction

a. Do residents appear reasonably satisfied with the overall quality of housing services provided by the development? Maintenance Services Security and Social Services List any areas of dissatisfaction _____ _____					
b. Does management respond promptly to maintenance requests and other resident complaints?					
c. Does management have a written policy for resolving tenant grievances? Does it include an appeal process? Are the tenants aware of it?					
d. See Attachment A (separate tab) for tenant complaints.					

27. Tenant Satisfaction A M I

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
28. Does Development Have House Rules That Aid and Support Drug-Free Housing?					
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
29. Evidence of Drug Use/Sales at Development Address.					
a. Police Reports/Arrest Records On-Site?					
b. Physical Inspection/Paraphernalia Found On-Site?					
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
30. Does Development Have Overall Development Plan for Drug-Free Housing?					
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

V. Drug-Free Housing Policy Rating					
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 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																							
31. Owner Participation																												
a. Is the development owner actively involved in development affairs?, If yes, describe.																												
_____ _____ _____																												
b. Does management agent submit reports to owner as required by management agreement or plan, if one exists? Check reports required and indicate frequency. (Obtain copies, if possible.)																												
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Type</td> <td style="width: 30%;">Frequency</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cash flow/accounting</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Move out/move in</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Delinquency</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Maintenance</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> </tr> </table>	Type	Frequency		<input type="checkbox"/> Cash flow/accounting	_____		<input type="checkbox"/> Move out/move in	_____		<input type="checkbox"/> Delinquency	_____		<input type="checkbox"/> Maintenance	_____		<input type="checkbox"/> Other (specify)	_____		_____	_____		_____	_____					
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<input type="checkbox"/> Other (specify)	_____																											
_____	_____																											
_____	_____																											
31. Owner Participation <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I																												

32. Organization and Supervision					
*a. Do management agreement and plan, if they exist, clearly describe the relationships and responsibilities of the owner and the agent? Do on-site staff understand these relationships?					
b. 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 _____					
c. Are lines of supervision between on-site staff and agent's central staff described in writing and understood by staff? (Org. chart or description)					
d. Are duties of on-site staff described in writing (e.g., job description, etc.) and are they clearly understood by on-site staff?					
e. Has the owner/agent established a written personnel policy for employees?					
32. Organization and Supervision <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

33. 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	Monthly Salary or Wage	* If a free apt., give number of bedrooms	Is the employee receiving subsidy?
			See Budget		
			See Budget		
			See Budget		
			See Budget		
			See Budget		
			See Budget		

*Indicate by asterisk those employees living on site.					
b. Are the types of skills of staff appropriate for this development?					
33. Staffing and Personnel Practices <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

	N/A	YES	NO	FNDGS	Remarks
34. Operating Procedures and Manuals					
a. Is copy of the current management plan, if it exists, on-site and available to staff?					
b. Do on-site staff refer to this plan on their day-to-day activities?					
c. Is there a procedures manual on site for staff use? (<i>Obtain copy, if available.</i>)					
MOD-REHAB ONLY					
d. Does manual adequately cover HUD requirements?					
MOD-REHAB & HOME ONLY					
e. Are HUD manuals, handbooks or other guide materials available on site for staff use?					
34. Operating Procedures and Manuals <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
35. Training					
a. Does owner/agent have a formal ongoing training program for its staff? Check types of training used?					
<input type="checkbox"/> On Site (Frequency _____)					
<input type="checkbox"/> IREM <input type="checkbox"/> NCHM <input type="checkbox"/> HUD Seminars <input type="checkbox"/> Local Colleges					
<input type="checkbox"/> AFHMP Up-date Training Date _____					
<input type="checkbox"/> Fair Housing Training Date _____					
<input type="checkbox"/> Energy Conservation <input type="checkbox"/> IHDA Training Date _____					
<input type="checkbox"/> Other (<i>specify</i>) _____					
b. When on-site staff have questions or concerns, do they know who to call for assistance within their organization? Who do they call? _____					
c. Does owner/agent have a system to keep on-site staff informed of changes in either HUD/IHDA policies or development operating procedures? And how were they implemented?					
35. Training <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
36. 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 there an acceptable key control system?					
f. Are emergency phone numbers posted? Where?					
36. On-Site Office Administration <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
37. Insurance and Bonding					
a. List current insurance coverage and premiums.					Submit insurance certificate renewals if the insurance will expire within 90 days or less.
	Expiration Dates	Basic Coverage			
Property	_____	\$ _____			
Liability	_____	\$ _____			
_____	_____	\$ _____			
_____	_____	\$ _____			
b. Is property insurance adequate to cover replacement cost?					
c. Has the development been able to obtain property or liability insurance coverage without any major difficulties? If not, describe problems.					
d. Has the owner/agent attempted to obtain lower insurance coverage rates? If yes, describe. _____					
e. Does the owner/agent have appropriate fidelity bond coverage? Expiration Date: _____					
37. Insurance and Bonding <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
38. Management Plan and Agreement					
a. If a plan exists, is the owner/agent complying with the management plan?					
b. Is a management agreement in force? Term of Agreement _____ / _____ / _____ thru _____ / _____ / _____ Management Fee _____ %					Submit updated Management Agreement if the current agreement will expire within 90 days or less.
c. Is the agent in general compliance with the terms of the management agreement, if one exists?					
38. Management Plan and Agreement <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

	N/A	YES	NO	FNDGS	Remarks
39. Program Compliance					
a. Have all program compliance certification/forms been submitted for the current year?					

39. Program Compliance A M I

VI. General Management Practices Rating					
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory					
<input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					

Part G: File Review

Summary of Tenant File Review **MOD-REHAB & HOME ONLY**

Number of Program Units _____ Number of Files Reviewed _____

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

40. 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?					

40. Resident File Maintenance A M I

41. Household Information					
MOD-REHAB ONLY					
a. Are EIV reports and HUD 9886 Consent forms used?					
MOD-REHAB ONLY					
b. Did EIV show a discrepancy with previous income information? If there was a discrepancy was it resolved?					
c. 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?					
d. Do the files contain all documentation, including application information, as required by Program Handbook?					
e. Does the file contain the ethnicity and racial data certifications required per program?					
f. Does application contain the required criteria including signatures of all applicants and owner/agent?					
g. Does the file contain a Lead Base Paint/Residents Rights and Responsibilities acknowledgements?					

41. Household Information A M I

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

42. Verification A M I

43. 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?					

43. Leases A M I

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

	N/A	YES	NO	FNDGS	Remarks
Cont'd. (44. Certification/Recertification Activities)					
b. If tenants are paying their own utilities, were the current certifications reflecting the correct utility allowances? MOD-REHAB ONLY Were utility reimbursement checks distributed by the 15th of the month?					
44. Certification/Recertification Activities	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> I		
45. Billing					
MOD-REHAB ONLY					
a. Does the HAP Voucher agree with the assistance payment with the 50058 data requirements?					
45. Billing	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> I		
46. Move-Out File Review					
a. Did the Move-Out Files include the required documentation?					
46. Move-Out File Review	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> I		
47. Applicant Rejection Review					
a. Did the Applicant Rejection Letter include the required criteria?					
b. If appealed, were criteria's met?					
47. Applicant Rejection Review	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> I		
VII. File Review Rating					
<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory			
<input type="checkbox"/> Below Average	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Rated			

Management Review & Property Inspection

Attachment A (For ML & TEB (except Section 8/236) , HOME and MOD developments)

27d 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