



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 _____
				Program _____
Purpose of Report: <input type="checkbox"/> Annual Review		Tenant Type		Vacant _____
		<input type="checkbox"/> Family		Tax Credit _____
Inspected Date: _____		<input type="checkbox"/> Elderly		PIS Date _____
		<input type="checkbox"/> Mixed		
Date of Last:		<input type="checkbox"/> SRO		Date transferred to AMS:
Annual Inspection _____		<input type="checkbox"/> SLF/Assisted		_____
Desk Review _____		<input type="checkbox"/> Living		(Omit MLs except RS/Ambac)
		<input type="checkbox"/> Special needs population		

	A	M	I	TCD		A	M	I	TCD
A. Maintenance & Security					D. Tenant/Management Relations				
1. General Physical Condition					19. Tenant Participation				
2. Equipment and Inventory Controls					20. Use of Community Space				
3. Procurement and Supply Practices					IV. Tenant/Management Relations Rating				
I. Maintenance and Security 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				<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					E. Drug-Free Housing Policy				
4. Accounting and Bookkeeping					21. House Rules Aid and Support Drug-Free Housing				
5. Budget Management					22. Evidence of Drug Use/Sales at Development Address				
6. Cash Controls					23. Overall Development Plan for Drug-Free Housing				
7. Cost Controls					V. Drug-Free Housing Policy Rating				
8. Submission of Reports					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
9. Financial Compliance and Condition					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
10. Rent Schedule Compliance					F. General Management Practices				
11. Rental Collection Practices					24. Owner Participation				
12. Accounts Receivable/Payable					25. Organization and Supervision				
13. Reserves and Escrows					26. Operating Procedures and Manuals				
II. Financial Management 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				27. Training				
					28. On-Site Office Administration				
C. Leasing & Occupancy					29. Insurance and Bonding				
14. Tenant Selection and Orientation					30. Management Plan and Agreement				
15. Vacancy and Turnover					31. Program Compliance				
16. Leases and Deposits					VI. General Management Practices Rating				
17. Eviction/Termination of Assistance Procedures					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
18. Tenant Files and Records					<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
III. Leasing and Occupancy 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								
Overall HUD 9834 Rating	<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory								

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	_____

Management Review & Property Inspection

Questionnaire (For Section 8 and 236 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. Is the development free of obvious fire/safety/health hazards or housing code violations?					
b. Has annual Lead Based Paint certification been received for current year?					
c. Have repairs or corrections called for on last Management or Desk Review (Part A Section 1) been satisfactorily completed?					
d. Has Decent, Safe, & Sanitary Inspection been completed? When: _____ Verification Received?					
e. Capital improvements completed and/or planned for the current year?					

1. General Physical Condition A M I

2. Equipment and Inventory Controls					
a. Is a copy of the development's as-built drawings on-site?					
2. Equipment and Inventory Controls <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

3. Procurement and Supply Practices					
a. Are copies of maintenance and/or service contracts available for review?					
b. 1) inspected contractor's work before authorizing payment? Indicate site staff who does the inspection: _____					
2) pursued corrections needed?					
c. Is there any indication that real or personal property has been subtracted from the mortgaged premises without the permission of HUD?					
d. If there are automobiles and/or charge cards charged to the project, are titles in the name of the project? If yes, do they have approval?					

3. Procurement and Supply Practices A M I

I. Maintenance Rating (Comment if other than Satisfactory to Superior)					
<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 B: Financial Management When possible, questions should be addressed to the individual responsible for the functions under review.

	N/A	YES	NO	FNDGS	Remarks
4. Accounting and Bookkeeping					
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 \$ _____					

4. Accounting and Bookkeeping A M I

5. 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?					
c. Are monthly or quarterly reports prepared indicating variances between actual income and expenses and budgeted income and expenses?					

5. Budget Management A M I

6. Cash Controls					
a. Are collections deposited on the day received or, pending deposit, are they properly controlled?					
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: _____					

Cont'd. (6. Cash Controls)

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?					

6. Cash Controls A M I

7. 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. _____ _____ _____					

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

8. Submission of Reports A M I

9. Financial Compliance and Condition

a. Have all residual receipts been submitted to IHDA as required?					
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 findings outstanding. _____ _____ _____					
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 _____ \$ _____					
g. 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. Security Deposit fully funded?					
h. If security deposits are invested in an interest-bearing account, is interest passed through to tenants annually as required? Interest paid annually 1.) By check <input type="checkbox"/> 3.) By Cash <input type="checkbox"/> 2.) By credit <input type="checkbox"/>					
i. 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 current rents exceed IHDA/HUD approved Maximum Rent?					
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Cont'd. (10. Rent Schedule Compliance)

Compare the rental charges and identify discrepancies on the chart and make it a finding.

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

b. In Section 236 developments, are Basic Rents and Market Rents the same as shown on the latest IHDA rent schedule? | | | |

c. In development receiving Section 8 assistance, are rents charged for Section 8 units the same as rents charged for all similar units in the development? | | | |

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

10. Rent Schedule Compliance A M I

11. Rental Collection Practices

a. Is rent collection policy posted? | | | |

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. Does procedure for write-off of bad debts appear reasonable? | | | |

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?

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

_____ year _____ %

Tenant delinquent accounts written off last 12 months.
\$ _____ | | | |

d. Are accounts payable reasonably current?

30 days delinquent _____

60 or more days delinquent _____ | | | |

e. 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 Reserve	\$ _____	\$ _____	\$ _____		
Gen. Operating Res. (Co-ops)					
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. 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? | | | |

13. Reserves and Escrows A M I

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 Reference 20r (504 questions are only applicable to Sec. 8, 236 and HOME).

	N/A	YES	NO	FNDGS	Remarks
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14. Tenant Selection and Orientation

a. Date TSP executed by owner/agent _____ | | | |

b. Is copy of current approved (within the past 5 years) Affirmative Marketing Plan (AMP) at Rental office? Date of last approved AMP: _____ | | | |

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

c. Is staff familiar with AMP?					
d. If there has been advertising, 1.) was the EHO logo included (fair housing logo and wheelchair logo)? 2.) Does site signage have logos?					
e. Were the outreach efforts, as described in the AMP, performed annually? Last outreach date: _____					
f. Does the racial mix breakdown reflect the Target Groups listed in the current AMP?					
g. What marketing efforts have been successful in attracting the Target Populations (those "least likely to apply")?					
h. How often is an evaluation made to measure the effectiveness of marketing strategies to attract the "least likely to apply"?					
i. If development is not reaching target marketing goals, what additional steps have been taken?					
j. What staff positions are/will be responsible for Affirmative Marketing?					
k. 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? _____ Is list currently open? Was last year's wait list greater or lesser than current year?					
l. Are new tenants given residents handbooks?					
m. Does development staff personally interview new tenants and provide orientation to the development? Such as, Lease Agreement and operational information.					
n. Acceptable written Move-Out Procedures?					
o. Do development staff and tenant jointly inspect unit prior to move out?					
p. Is there a transfer policy along with a lease addendum for residents (not requiring an accessible unit) who reside in accessible units?					

14. Tenant Selection and Orientation A M I

15. Vacancy, Turnover and Market Conditions

a. Is the vacancy rate satisfactory and not excessive? Has the development had a significant TURNOVER within the previous 12 months?					
b. Is surrounding neighborhood market prosperous, average or depressed?					
c. Are surrounding neighborhood conditions improving, stable or declining?					
d. Are market conditions affecting occupancy?					
e. Is there a saturation of affordable housing?					
f. Does the market require rent concessions?					

15. Vacancy, Turnover & Market Conditions A M I

16. Leases and Deposits

a. 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?					
b. Does Security Deposit equal TTP at Move-In?					

16. Leases and Deposits A M I

17. Eviction/Termination of Assistance Procedures

a. Does management have a written policy for handling evictions? Source?					
b. Describe process used in evicting tenants for causes other than nonpayment of rent. _____ _____ _____					
c. Number of terminations of assistance incurred over the past year: _____					

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

18. Tenant Files and Records

a. Is there a chronological record of maintenance inspection and work orders for each unit maintained in the development office?					
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18. Tenant Files and Records A M I

III. Leasing and Occupancy 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					
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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
19. Tenant Participation					
a. Have tenants been notified of and given an opportunity to comment upon proposed rental increases, capital improvements, proposed sale of development, change of ownership/management agents, and other areas where tenant notification and comment is required by HUD?					
19. Tenant Participation <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
20. Use of Community Space					
a. Have written procedures been established for reserving the space (including a fee schedule, when appropriate)?					
20. Use of Community Space <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
IV. Tenant/Management Relations 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 E: Drug-Free Housing Policy

	N/A	YES	NO	FNDGS	Remarks
21. Does House Rules Aid and Support Drug-Free Housing?					
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
22. Evidence of Drug Use/Sales at Development Address.					
a. Is a copy of Police Reports/Arrest Records on site?					
b. Physical Inspection/Paraphernalia found on site?					
22. Evidence of Drug Use/Sales at Dev. Add. <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
23. Does Overall Development Plan for Drug-Free Housing exist?					
<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
24. Owner Participation					
a. Is the development owner actively involved in development affairs?					
b. If development is owned by a cooperative or nonprofit entity, does Board of Directors meet regularly? How often? _____					
c. If development is owned by a cooperative, are minutes prepared?					
24. Owner Participation <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
25. 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 _____					
25. Organization and Supervision <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
26. Operating Procedures and Manuals					
a. Is there a procedures manual on site for staff use which covers HUD requirements?					
b. Are HUD manuals, handbooks or other guide materials available on site for staff use?					
26. Operating Procedures and Manuals <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
27. Training					
a. When on-site staff have questions or concerns, do they know who to call for assistance within their organization? Who do they call? _____					
27. Training <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
28. On-Site Office Administration					
a. Is office organized and neat in appearance?					
b. Are office hours posted and convenient for applicants and tenants?					
28. On-Site Office Administration <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					

	N/A	YES	NO	FNDGS	Remarks
29. Insurance and Bonding					
a. List current insurance coverage and premiums.					Submit insurance certificate renewal if the insurance will expire within 90 days or less.
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: _____					
29. Insurance and Bonding <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
30. Management Plan and Agreement					
a. 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.
b. Is the agent in general compliance with the terms of the management agreement, if one exists?					
30. Management Plan and Agreement <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> I					
31. Program Compliance					
a. Have all program compliance certification/forms and Addendum B been submitted for the current year?					
31. Program Compliance <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> 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					



Development Name	Development No.:
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I. PRE-SITE REVIEW

Amount of Sec. Dep. Required:

greater of \$50 or Total Tenant Payment _____ Total Monthly Payment

County Property Located in: _____

- Original HAP Effective Date _____
- AHAP Date (if available) _____

Most recent MOR

Date: _____ Rating _____

Follow up on previous MOR.

II. ON-SITE REVIEW

	N/A	YES	NO	FNDGS	Remarks
Owner Documents To Review					
<ul style="list-style-type: none"> • Lease Agreement • House Rules (<i>if applicable</i>) • Tenant Selection Plan • Pet Rules (<i>if applicable</i>) • Application • EIV Policy • HUD/IHDA Approved AFHM Plan 					
Lease Agreement Reviewed?					
<ul style="list-style-type: none"> • HUD-90105a-Model Lease for Subsidized (Family)? • Were there any modifications to the lease? • If yes, were the modifications approved by HUD? • If applicable, is there a 515 (Rural Development) lease addendum? (<i>If yes, check the addendum for HUD requirements?</i>) 					
House Rules Reviewed? (Review for compliance w/ 4350.3 Handbook)					
Tenant Selection Plan Reviewed?					
<ul style="list-style-type: none"> • Is TSP available for Tenants and applicants to review? 					
Topic #					
#1 Project Eligibility Requirements					
<ul style="list-style-type: none"> • Project/Site Specific Requirement? (i.e. Elderly, Disabled etc.) • Citizenship/Immigration Status Req.? • Does the TSP require the applicant to disclose & provide verification of SSN for all HH members before admission? • Are the following exceptions included: <ul style="list-style-type: none"> • 62 or > before 1/13/10 & applied for Sec8? • Not contending eligible immigration status? 					
#2 Income Limits (<i>including economic mix?</i>)					
#3 Procedures for Taking Application and Selecting Applicants					
<ul style="list-style-type: none"> • Procedures for accepting applications • Procedures for applying preferences, including how they will be ranked? <ul style="list-style-type: none"> a. Income Targeting (describe method for achieving 40%) b. Owner Preference Is HUD approval required/available? c. Statutory/Regulatory Preferences? Required for Sec. 236, 221(d)(3) or (4) (<i>Displaced by Government action or Presidential disaster</i>) d. HUD Approved State and Local Preference? e. Current Tenant vs. those on the Waiting List? • Minimum Applicant Screening Criteria <ul style="list-style-type: none"> a. Drug Related Criminal Activity b. Evicted from federally assisted housing for drug-related criminal activity? (within minimum of past three years) c. Illegal drug use or alcohol abuse d. Sex Offender with registration requirement • Procedures for Rejecting Ineligible Applicants? 					
#4 "Written" Occupancy Standards					
#5 Unit Transfer Policy					
<ul style="list-style-type: none"> a. Changes in household size or composition b. Need for Deeper Subsidy (<i>with Section 236 included</i>) c. Need for an Accessible Unit d. Medical Reasons 					
#6 Policy to Comply with Section 504, Fair Housing Act and Civil Rights Laws and Statutes					
#7 Policy for Opening and Closing the Waiting List					

	N/A	YES	NO	FNDGS	Remarks
Cont'd. (Tenant Selection Plan Reviewed - Topic #)					
#8 Prohibition of Assistance to Ineligible Students (SECTION 8 ONLY) Section 8 not available to household with head/co head whom: <ul style="list-style-type: none"> a. is enrolled as part or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; b. is under the age of 24 c. is not married d. is not a veteran of the United States Military e. does not have a dependent child f. is not a person with disabilities, was not receiving Section 8 assistance as of November 30, 2005 g. is not living with his or her parents who are receiving Section 8 assistance h. is not individually eligible to receive Section 8 assistance and has parents (individually or jointly) who are not income eligible to receive Section 8 assistance. 					
#9 Existing Tenant Search will be completed for all household members prior to move-in					
#10 Violence Against Women Act (VAWA) (SECTION 8 ONLY) <i>Tenant Selection Plan (or House Rules) contain language to support or assist victims of domestic violence, dating violence or stalking and that will protect victims/household members from losing assistance as a consequence of domestic violence, dating violence, or stalking?</i>					
Pet Rules/Policy Reviewed? <i>Elderly properties must allow pets. Service animals are not subject to pet rules.</i> <ul style="list-style-type: none"> • Pet Rules (if applicable) follow HUD regs? Minimum requirements: <ul style="list-style-type: none"> a. Inoculation b. Sanitary standards regarding the removal of pet waste c. Pet restraint d. Registration, including ID of alternative caretaker e. Notification of pet owner if O/A refuses to register pet • Pet Deposit <u>collection</u> follows HUD regs? (Maximum of \$300 per deposit <u>per unit</u>, paid with initial \$50 down, \$10 per month) 					
Application Reviewed? <ul style="list-style-type: none"> • Household characteristics (name, age, etc.) • General head of household contact (address, phone) • Need for accessible unit/accessible features • Sources of income and assets • Does application contain question(s) pertaining to the disposition of assets for less than fair market value in the past 2 years? • Identification of preferences (including HUD approved) • Asks for adult student status - full & part time • Marketing information - how applicant heard of property • Screening done for Mandatory Provisions? <ul style="list-style-type: none"> a. Current drug user b. Alcohol abuser c. Evicted from federal housing (minimum is past 3 years) d. Sex offender registry (minimum is lifetime registration) application must ask: <ul style="list-style-type: none"> 1.) If anyone in the household is subject to a lifetime sex offender registration requirement. 2.) A list of states all household members have ever lived in. <p>*If all screening for mandatory provisions are not on the application, ask O/A during review if they are completing mandatory screening and how they are accomplishing.</p>					
EIV Policy Reviewed? <ul style="list-style-type: none"> • Includes management's process for obtaining a signed HUD form 9887/9887-A for a family member who turns 18 between certifications. (This can also be included in the house rules or selection plan.) • Indicates that the EIV income report will be accessed for tenants within 90 days of move-in. • Addresses use of all EIV reports and when they will be run as described by HUD. • Indicates circumstances, if any, when the "no income" report will be accessed by management other than at recertification. • Include policies and procedures for staff to follow for using the EIV Income Report as third party verification of employment and income and for using the other EIV reports, e.g., Income Discrepancy Report and the EIV Verification Reports. • Requires an EIV income and income discrepancy and income summary report be run at the time of recertification (annual or interim) and at other times as specified in the O/A's policies and procedures; 					

	N/A	YES	NO	FNDGS	Remarks
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Cont'd. (EIV Policy Reviewed?)

- Policies and procedures must be established to govern the use of the EIV system. These procedures should address:
 - a. Authorized use of the EIV system
 - b. How to handle security breaches
 - c. Destruction of EIV data

Report	HUD mandated interval	Owner Policy Interval	Meets HUD Req.		Running reports as required? (Y/N)	Following up on discrepancies? (Y/N)
			YES	NO		
Failed Prescreening Report	Monthly					
Failed Verification Report	Monthly					
Multiple Subsidy Report	Quarterly					
Deceased Tenant Report	Quarterly					
New Hires Report	Quarterly					
No Income Report	N/A					

Additional Comments:

Affirmative Fair Housing Marketing Plan Reviewed?

- Does the owner have an approved AFHMP on site?
- Has owner reviewed plan within last 5 years?
- Collect a copy of last HUD approved plan and any updates (if applicable)

Data Included on the Waiting List and Rental Application Compliance

REQUIRED

- a. Date/time application submitted
 - b. Name of Head of Household
 - c. Annual income level
 - d. Need for accessible unit/features
 - e. Preference status
 - f. Unit size
- Are changes/actions on the waiting list notated adequately to provide an auditable record? (selections, withdrawals, rejections, move-ins, etc.)
 - Review a sample of completed applications and compare the name/date/BR to the waiting list. Is it consistent?

HUD FACT SHEETS

Is the **2/2007** form **HUD 9887** and **9887A** being given out?
 When? Move In Annual Certification

Is the **9/2010 HOW MY RENT IS DETERMINED** being given out?
 When? Move In Annual Certification

OTHER HUD FORMS (OMB required information indicated?)

Form HUD 27061-H - Race & Ethnic Data Reporting Form

Form HUD 50059 - Owners Certification of Compliance w/ HUD's Tenant Eligibility and Rent Procedures

Have the "sample HUD forms" been modified?
 Do modifications meet required regulation?

- If **no**, the OMB assigned #, expiration date & public reporting burden must be on the form.
- If **yes**, this means these are the owner created/modified forms. The owner **cannot** put the OMB indicators on these modified forms.

III. OBSERVED CONDITION OF PROPERTY VIA TOUR - VACANT UNITS

Vacant Units Observed: Total # Units Vacant per Rent Roll: _____

List status of each unit from vacant unit sample observed:

Unit #	Unit Size	Date Vacated	Market Ready	Date	Comments

If a majority of vacant units are not ready for occupancy for 30 days or more, it is a finding.

	N/A	YES	NO	FNDGS	Remarks
• Have families on waiting list been processed to fill vacancies?					

IV. GENERAL GUIDANCE

All Documents must be reviewed prior to Exit Interview or referenced on the Exit Conference form.

Exit Interview conducted and was the form signed & dated by all?

Were the missing documents listed on the Exit Conference?