

Real Estate Management System

Release 5.7

Housing for Disabled Survey

- **Assist HUD in complying with the 2000 House Committee on Appropriations Report (#106-286)**
- **Maintain inventory of housing designated in whole or in part for occupancy by elderly families, disabled families or both.**
- **Report published annually**
- **Website for Inventory Of Units for the Elderly and Persons with Disabilities**
(www.hud.gov/offices/hsg/mfh/hto/inventory_survey.cfm)

Housing for Disabled Survey

- **Addendum B, Part A of form HUD-9834 replaces for HUD 90059 for collecting survey information**
- **Data entry in REMS**
- **New button added to sidebar**
- **Six new screens**
 - Housing for Disabled List
 - Current Reviewer Cover Sheet
 - Section I Occupancy
 - Section II Accessible Units
 - Section III Program Accessibility
 - Review Survey Result for Final Submission

Housing for Disabled Survey

- **Four new reports - MFH Inventory Survey**
 - **MFH Inventory Survey Exception Report (Survey to Survey)**
 - **MFH Inventory Survey Trend Report**
 - **MFH Inventory Survey of Units for the Elderly and Disabled**
 - **MFH Inventory Survey Exception Report (REMS to Survey)**
- **Client Group information will no longer display on the Property Summary, Residents and Neighborhoods and Physical Condition screens.**

Survey Screens - Recap

Housing for Disabled Survey List

Add New Survey

Survey - Date Signed	Completion Status	Last Update by	Last Update at
Survey - 10/23/2005	Yes	ABBIGAIL S. WHEELING	10/31/2005 10:43AM

Survey Cover Sheet - Recap

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Multifamily Housing Inventory Survey (Cover Sheet)

Property ID: 800000012 Property Name: Property Three
Property Address: VIENNA VA United States of America 22182

To be completed by Reviewer

Name of Owner/General Partner: C & J Development, Inc.

Address of Owner/General Partner: 400 Maryland Ave SW Washington DC United States of America 20202-0001

Name of Management Agent:

Address of Management Agent:

Section I Occupancy - Recap

This property was designed primarily for:

- Exclusively Elderly Exclusively Disabled Elderly and Disabled Family

Indicate the number of units currently occupied by client group below:

Exclusively Elderly	<input type="text" value="0"/>	Exclusively Disabled	<input type="text" value="0"/>
Elderly and Disabled	<input type="text" value="0"/>	Near Elderly-Disabled	<input type="text" value="0"/>
Family	<input type="text" value="0"/>		

Signature Name: _____

Date Signed: - -

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Section II Accessible Units - Recap

11. Percentage of Total Units that are mobility accessible

(Total line 3 divided by Total line 1 x 100) %

12. Percentage of Total Units that are vision and/or hearing accessible

(Total line 4 divided by Total line 1 x 100) %



Line 1: The total unit sum is inconsistent with the details -
Does this match what the owner provided in the survey form?
Line 10: The Percentage of Total entered is inconsistent -
Does this match what the owner provided in the survey form?

OK

Cancel

Section III - Program Accessibility

1. Does the recipient employ at least 15 employees?

- Yes No

If "Yes", answer Question 2.; If "No" skip to Question 3.

2. Is at least one person designated to coordinate its Section 504 responsibilities?

- Yes No N/A

If YES, provide the person's name and telephone number below.

Name:

(first name)

(mi)

(last name)

**Telephone
Number:**

Program Accessibility

3. Has the owner/agent taken steps to ensure effective communication using:

Review Survey Result for Final Review

Save Complete Record



Occupancy Screen

Property Attributes & Occupancy Eligibility

Property Type (Check all that apply)

- | | | | |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Apartments | <input type="checkbox"/> | Hospital (Healthcare) | <input type="checkbox"/> |
| Assisted Living | <input type="checkbox"/> | Immediate Care | <input type="checkbox"/> |
| Board & Care | <input type="checkbox"/> | Mobile Home Park | <input type="checkbox"/> |
| Condominiums | <input type="checkbox"/> | Nursing/IFC | <input type="checkbox"/> |
| Coop | <input type="checkbox"/> | Nursing/Skilled Care | <input type="checkbox"/> |
| Group Home | <input type="checkbox"/> | Single Room Occupancy (SRO) | <input type="checkbox"/> |
| Group Practice (Healthcare) | <input type="checkbox"/> | | |

Amenities (Check all that apply)

- Congregate Meals
(Meals Provided in Common Area)
- Housekeeping Services

Occupancy Screen

Occupancy Eligibility Restriction (View only)

	Original (MFH Survey)	Current (MFH Survey)
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Exclusively Elderly	<input type="checkbox"/>	<input type="checkbox"/>
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Exclusively Disabled	<input type="checkbox"/>	<input type="checkbox"/>
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Elderly & Disabled	<input type="checkbox"/>	<input type="checkbox"/>
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Family (No Eligibility Restriction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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DEC Referral List

- **The Comments section has been increased to 800 characters on the DEC Tracking Item Date Detail & Tracking Item Indicator Detail screens.**

Participants

- **A *Title* field has been added to all screens that display Participant and Contact**

Standard Reports

- **The 4-digit year is now required on the Report Parameters screen.**

Physical Condition

- **Physical Inspection/EH&S Event, no longer has “Other” as an option in the drop-down list.**

Property Disposition

- **Displays the date that the property was sold**

Use Restriction Lockout

- **Table reformatted - Effective Date column is the link to the User Restriction/Lock-out Detail screen.**

SECTION 8 RENEWALS

- **OCAF effective and expiration dates are now compared to the renewal effective date instead of the contract expiration date.**
- **Current Renewal Budgets no longer display, if not associated to the renewal, when ARAM**

Problem Statement

Property Referral

REAC FASS REFERRALS

Property Referral

Referral ID	10	Referral Date:	10	-	10	-	2005
DEC Status:	DEC Status Effective/Change Date:						
Referral Source:	HQ						
HUB Office:	Servicing Site:						
Project Manager:	John Doe	Satellite Office Assigned:					
DEC Analyst:	Referral Type: Financial						
DEC Attorney:	Elective Referral Due Date:						
	OR						

Multifamily Help Desk

PHONE

1-800-767-7588

HOURS

Mon. to Fri. 9am - 8pm EST

E-MAIL

Real_Estate_MGMT@hud.gov

Broadcast Evaluation

1. The broadcast was helpful.
2. The broadcast was easy to follow.
3. Your questions were addressed.
4. The broadcast met your needs.
5. What other topics would you find beneficial for future broadcasts?
6. General comments

For responses to 1–4, please use following scale:

(A) Strongly Disagree

(B) Disagree

(C) Agree

(D) Strongly

Agree

REMS Broadcast Feedback

- Internal Users:
 - Send a Lotus Notes email to Remsbroadcast
- External Users:
 - Send an email to Remsbroadcast@hud.gov