

U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT HOUSING - FEDERAL HOUSING COMMISSIONER <b>MANAGEMENT REVIEW REPORT</b> <i>Multifamily Coinurance Programs</i>		INSTRUCTIONS 1. For each item reviewed, check block A, C or P. Fully describe corrective action needed for each C or P item checked. A = Acceptable C = Condition needs correction P = Procedure or Policy change needed. 2. Before mailing the report, indicate in the Target Completion Date (TCD) Column the date by which the corrective action should be implemented.		PAGE 1 of PAGES	
Project Number _____ Section of the Act _____		<b>USE THIS FORM TO SUMMARIZE FINDINGS MADE ON THE MANAGEMENT REVIEW</b>		Date of Inspection _____ Date of Report _____	
Note: Items marked by an asterisk should be determined by reviewing the project file prior to conducting the on-site management review. These items are not subject to review during pre-endorsement management reviews. TYPE OF REVIEW (check applicable box): <input type="checkbox"/> Pre-endorsement Review <input type="checkbox"/> On-going Review				Name of Owner _____	
Number of Units in Project _____ Number of Units Inspected _____				Name of Management Agent _____	
Project Name and Address (Including ZIP Code) _____		Report Based on: <input type="checkbox"/> On-Site interview with: _____ <input type="checkbox"/> Visited Agent's office with: _____		Management Term (Month/Day/Year): _____ thru _____	
Name of Resident Manager _____				Date Hired _____	
<b>A. MAINTENANCE AND SECURITY</b>		A C P	<b>C. LEASING AND OCCUPANCY</b>		A C P
1. General Physical Appearance			21. Tenant Selection and Orientation		
2. Work Scheduling			22. Vacancy and Turnover		
3. Preventive Maintenance			23. Leases and Deposits		
4. Unit Inspections			24. Rent Schedule Compliance *		
5. Vacant Unit Preparation			25. Eviction Procedures		
6. Equipment and Inventory Controls			26. Tenant Files and Records		
7. Procurement and Supply Practices			27. Leasing and Occupancy Rating:		
8. Security Program			<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory		
9. Energy Conservation			<b>D. TENANT/MANAGEMENT RELATIONS</b>		A C P
10. Maintenance and Security Rating:			28. Tenant Participation		
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory			29. Use of Community Space		
<b>B. FINANCIAL MANAGEMENT</b>		A C P	30. Tenant Satisfaction		
11. Accounting and Bookkeeping			31. Tenant/Management Relations Rating:		
12. Budget Management			<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory		
13. Cash Controls			<b>E. GENERAL MANAGEMENT PRACTICES</b>		A C P
14. Cost Controls			32. Organization and Supervision		
15. Submission of Reports *			33. Staffing and Personnel Practices		
16. Financial 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		
20. Financial Management Rating:			38. 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"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory		
39. OVER-ALL MANAGEMENT OPERATION RATING: <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory					
REPORT PREPARED BY			REPORT APPROVED BY		
Name _____			Name _____		
Title _____			Title _____		
Date _____			Date _____		

APPENDIX 18

MANAGEMENT REVIEW REPORT - *Continuation Sheet*

Item Number	For each C and P item checked, describe finding and give recommendation for correction or statement of corrective action required. Explain any "Below Average" or "Unsatisfactory" rating. Use continuation sheet as needed for completion of findings and recommendations.	Target Completion Date	Date Completion Verified