Management Review Report for U.S. Department of Housing
Unsubsidized Multifamily and Urban Development
Housing Programs Federal Housing Commissioner
OMB No. 2502-0259 (Exp 1/3/85)

Use This Form to Summarize Findings Made on the Management Review Worksheet

Project Name | City | State | Date of MM DD YY Inspection | Date of MM DD YY Report |
-------------|------|-------|-----------------------------|------------------------|

Name of Owner | FHA Project Number | Section of the Act | Date of MM DD YY Report |
_______________|-------------------|------------------|------------------------|

Name of Management | Name of Resident Manager | Number of Units in Projects |
___________________|________________________|__________________________|

Management Term | Date Hired | Number of Units Inspected | Number of Units Inspected |
___________________|______________|__________________________|__________________________|

Type of Review | Report Based on: |
(Check Applicable box) ______________________________________________|
_ On-going Review ______________________________________________|
_ Pre-endorsement Review __________________________________________|

Instructions
1. For each item reviewed, check block A, C or P
(A = Acceptable  C = Condition needs correction  P = Procedure or Policy change needed.)

2. On Page 2 of this Form, fully describe the corrective action needed for each C or P item checked.

3. Indicate in the Target Completion Date Column on page 2 the date by which the corrective action should be implemented.

A. Maintenance and Security | A | C | P | C. Leasing and Occupancy | A | C | P
-----------------------------|---|---|---|--------------------------|---|---|---
1. General Physical Appearance | | | | 21. Tenant Selection and Orientation | | | |
2. Work Scheduling | | | | 22. Vacancy and Turnover | | | |
3. Preventative Maintenance | | | | 23. Leases and | | | |
<table>
<thead>
<tr>
<th>Section</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Unit Inspections</td>
<td></td>
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<tr>
<td>5. Vacant Unit Preparation</td>
<td></td>
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<tr>
<td>6. Equipment and Inventory Controls</td>
<td></td>
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<td>7. Procurement and Supply Practices</td>
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<td>8. Security Program</td>
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<td>9. Energy Conservation</td>
<td></td>
</tr>
<tr>
<td>10. Maintenance and Security Rating</td>
<td>D. Tenant/Management Relations</td>
</tr>
<tr>
<td>__ Superior __ Above Average __ Satisfactory __ Below Average __ Unsatis-</td>
<td>_  A   C   P</td>
</tr>
<tr>
<td>11. Accounting and Bookkeeping</td>
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<tr>
<td>12. Budget Management</td>
<td></td>
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<tr>
<td>13. Cash Controls</td>
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<td>14. Cost Controls</td>
<td></td>
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<tr>
<td>15. Submission of Reports</td>
<td></td>
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<tr>
<td>16. Financial Compliance</td>
<td></td>
</tr>
<tr>
<td>17. Rent Collection</td>
<td>E. General Mgmt. Practices</td>
</tr>
<tr>
<td>18. Accounts Receivable/Payable</td>
<td>_  A   C   P</td>
</tr>
<tr>
<td>19. Reserves and Escrows</td>
<td></td>
</tr>
<tr>
<td>20. Tenant Satisfaction</td>
<td></td>
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<tr>
<td>21. Use of Community Space</td>
<td></td>
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<tr>
<td>22. Tenant/Management Relations</td>
<td></td>
</tr>
<tr>
<td>23. Organization &amp; Supervision</td>
<td></td>
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<tr>
<td>24. Rent Schedule Compliance</td>
<td></td>
</tr>
<tr>
<td>25. Eviction Procedure</td>
<td></td>
</tr>
<tr>
<td>26. Tenant Files and Records</td>
<td></td>
</tr>
<tr>
<td>27. Leasing and Occupancy Rating</td>
<td></td>
</tr>
<tr>
<td>__ Superior __ Above Average __ Satisfactory __ Below Average __ Unsatis-</td>
<td>_  A   C   P</td>
</tr>
<tr>
<td>28. Tenant Participation</td>
<td></td>
</tr>
<tr>
<td>29. Use of Community Space</td>
<td></td>
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<tr>
<td>30. Tenant Satisfaction</td>
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<tr>
<td>31. Tenant/Management Relations</td>
<td></td>
</tr>
<tr>
<td>__ Superior __ Above Average __ Satisfactory __ Below Average __ Unsatis-</td>
<td>_  A   C   P</td>
</tr>
<tr>
<td>32. Organization &amp; Supervision</td>
<td></td>
</tr>
</tbody>
</table>
20. Financial Management  
   Rating:  
   _ Superior  _ Above  
   Average  _ Satisfactory  _ Below Average  _ Unsatisfactory

33. Staffing and Personnel Practices

34. Operating Procedures

35. Training

36. On-Site Office Administration

37. Insurance and Bonding

38. General Mgmt. Practices Rating  
   _ Superior  _ Above  
   Average  _ Satisfactory  _ Below Average  _ Unsatisfactory

39. Overall Rating of Management's Performance  
   Rating:  
   _ Superior  _ Above  
   Average  _ Satisfactory  _ Below Average  _ Unsatisfactory

------------------------------------------------------------------

APPENDIX 21a

Management Review Report for Unsubsidized Multifamily Housing Programs (Continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>For each C and P Item checked, des-</th>
<th>Target</th>
<th>Date</th>
</tr>
</thead>
</table>

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MANAGEMENT REVIEW WORKSHEET
(Suggested Format)

Project Name/Number    Date of Inspection    Name of Inspector

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. If the report indicated serious problems or if the inspection was made more than nine months ago, you should consider completing a new Physical Inspection Report in conjunction with this review.

1. GENERAL PHYSICAL CONDITION
   YES NO N/A

   a. Are grounds and landscaping in acceptable condition? __ __ __
   b. Are exterior painted surfaces such as stairs, railings, decks, porches, windows, doors, etc., free from cracking, scaling, chipping, peeling or loose paint? __ __ __
   c. Is the project generally free of broken windows, broken light bulbs or seriously damaged exterior doors? __ __ __
   d. Are hallways, stairways, elevators, laundry rooms, garbage areas and other public areas clean? __ __ __
   e. Is the playground equipment in safe and acceptable condition? __ __ __
   f. Is the project free of obvious fire/safety/health hazards or housing code violations? __ __ __
      NOTE: An obvious health hazard related to lead-based paint would be deteriorated paint conditions on the interior walls and woodwork and exterior painted surfaces.
   g. Have repairs or corrections called for on last physical inspection been satisfactorily completed? __ __ __

COMMENTS (indicate item referred to)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
2. WORK SCHEDULING
   a. Are maintenance and janitorial employees given written 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)  Preventative  Corrective  Deferred Other (describe)  
   c. Is emergency maintenance service available after regular working hours?  
   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? Average number of requests received per day is:  
   Current response time is:  
   Current work order backlog is:  

COMMENTS (indicate item referred to)  

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. PREVENTATIVE MAINTENANCE
   a. Is there a schedule for preventive maintenance/servicing of the items listed below? Check schedules in use and indicate in parentheses whether servicing is done by on-site staff (O) or by contractor (C).  

<table>
<thead>
<tr>
<th>Item</th>
<th>On-Site (O)</th>
<th>Contractor (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Appliances</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Elevators</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Hot Water Heaters</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Heating and Airconditioning Equipment</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Inspect Roof and Facias</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
<tr>
<td>Cleaning Carpets and Drapes</td>
<td>YES NO N/A</td>
<td>YES NO N/A</td>
</tr>
</tbody>
</table>

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   b. Are exterminator services provided regularly as necessary?  
   YES NO N/A
Are tenants properly notified of such services?  

Yes No N/A

c. Are sewer lines, roof gutters, and downspouts cleaned periodically?  

Yes No N/A

d. Are lawns and plants fertilized/trimmed at appropriate time of the year?  

Yes No N/A

e. Is recreational equipment serviced/stored as seasonal changes indicate?  

Yes No N/A

f. Are exterior windows cleaned on a regular basis?  

Yes No N/A

g. Is there a schedule for exterior painting and is it followed?  

Yes No N/A

COMMENTS (indicate item referred to) ______________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. UNIT INSPECTIONS (Inspect at least two occupied and two vacant units selected at random.)

a. In the case of long-term occupied units:
   1) are units inspected on a regular basis?  
      Yes No N/A
   2) are units redecorated on a regular basis?  
      Yes No N/A
   3) is there a written schedule for the inspections and redecorating?  
      Yes No N/A

b. In the case of vacant units:
   1) are move-in and move-out inspection forms used?  
      Yes No N/A
   2) is there a system for billing tenants for damages?  
      Yes No N/A
   3) are charges to tenants for damages itemized in writing?  
      Yes No N/A
   4) do charges to tenants appear reasonable?  
      Yes No N/A

c. Is the condition of units inspected satisfactory?  

How many units were inspected? _____

COMMENTS (indicate item referred to) ___________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. VACANT UNIT PREPARATION

a. Does management have a system to monitor timely preparation of vacant units for rental?  

Yes No N/A

b. Is preparation of vacant units free from delays due to:
   1) lack of funds?  
      Yes No N/A
   2) insufficient supply of materials maintained at project site?  
      Yes No N/A
   3) use of contractor instead of on-site staff, or vice versa?  
      Yes No N/A

COMMENTS (indicate item referred to) ___________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. EQUIPMENT AND INVENTORY CONTROLS

YES NO N/A

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 a list of equipment and appliance serial numbers maintained? ___ ___ ___
d. Are equipment and tools adequate to perform maintenance tasks? ___ ___ ___
e. Is a copy of the project's as-built drawings on site? ___ ___ ___

COMMENTS (indicate item referred to) ______________________________________

7. PROCUREMENT AND SUPPLY PRACTICES

YES NO N/A

a. Does the project maintain a list or file of vendors who sell services or products to the project? ___ ___ ___
b. Is an adequate amount of supplies kept on hand at all times? prices to obtain supplies & services at most favorable terms available? ___ ___ ___
c. Is there evidenced that the project has shopped around and compared? ___ ___ ___
d. Are copies of maintenance and/or service contracts available for review? ___ ___ ___
e. Does the project maintain a list or card file on outside contractors? ___ ___ ___

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Check services currently contracted with outside contractors and identify name of contractor and annual amount of contract for:

Elevator service __________________________ for $_____ /yr.
Exterminating service ______________________ for $_____ /yr.
Apartment cleaning _________________________ for $_____ /yr.
Heating and A/C service ____________________ for $_____ /yr.
Plumbing service __________________________ for $_____ /yr.
Security service __________________________ for $_____ /yr.
Trash collection __________________________ for $_____ /yr.
Decorating ________________________________ for $_____ /yr.
Grounds maintenance ______________________ for $_____ /yr.
Other ________________________________ for $_____ /yr.
f. Is information on pricing of goods & services from identity-of-interest firms and/or central service units reviewed for the propriety of such transactions & the reasonableness of resulting charges to the project?___ __ ___
g. Do records indicate that management has:
   1) inspected contractor's work before authorizing payment?
   2) pursued corrections needed?___ __ ___

COMMENTS (indicate the item referred to)_____________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. SECURITY PROGRAM

a. Is exterior lighting adequate for protection and visual security?___ __ ___
b. Is the project free of major security problems? If not, check problem areas:  __ Break-ins  __ Vandalism
   __ Auto Theft  __ Personal Assault  __ Other
   (specify)_________________________  __________
c. Check type(s) of security device(s) available:
   __ Tenant patrol  __ Paid car patrol  __ Paid on-site guard  __ Police Department car patrols in excess of normal patrol for area.  __________
d. Is type and level of security service appropriate for this project?  __________

COMMENTS (indicate item referred to)_____________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

9. ENERGY CONSERVATION

a. Has the project complied with the provisions of the Natural Gas Pipeline Safety Act (e.g., cathodic protection, etc.)?  __________
b. Has the Owner/Agent compared utility rate schedules to assure that the most economic rate schedule is used?  __________
c. Has management attempted to reduce energy consumption?  __________
   Check measures undertaken:
   __ Energy Audit Completed  __ Extra Insulation
   __ Caulking and Weatherstripping  __ Conversion to Individual
   __ Storm Doors and Windows  __ Metering
   __ Watersaver Devices  __ Consumer Education
   __ Other (specify) _________
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Part B - FINANCIAL MANAGEMENT - This part will assist the mortgagee in evaluating the mortgagor's system of financial and accounting controls, as well as the mortgagor's compliance with HUD financial reporting requirements. Some items may have already been covered in your review of the latest annual audited financial statement.

11. ACCOUNTING AND BOOKKEEPING

a. Are books and records maintained as required by HUD Handbook 4371.1 (Chapter 4)? Check books of accounts maintained. Indicate where books may be examined by placing in parentheses an (O) for Owner's office; an (A) for Agent's Office; or (P) for Project Site.
   - General Ledger ( )        _ Rent Receivable
   - General Journal ( )        Ledger ( )
   - Accts. Payable ( )          Cash Receipts
   - Journal ( )                Journal ( )
   - Cash Disbursements Journal ( )

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

   YES NO N/A

   __ __ __

c. Does mortgagor make frequent postings (at least monthly) to ledger accounts?

   YES NO N/A

   __ __ __

COMMENTS (indicate item referred to) __________________________________________

__________________________________________________________________________

12. BUDGET MANAGEMENT

a. Is an operating budget prepared annually and is it approved by owner?

   YES NO N/A

   If yes, obtain a copy of current year's budget.

   __ __ __

b. Is a budget used to monitor and control operating expenses?

   YES NO N/A

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

d. Are rent increase requests submitted to mortgagee promptly when needed? __ __ __

COMMENTS (indicate item referred to) _______________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. CASH CONTROLS

a. Are collections deposited on the day received or, pending deposit, are they properly controlled? __ __ __

b. Are there adequate controls over cash accepted? __ __ __

Check controls used: _ Prenumbered rent receipts _ Bank collections _ Safe _ Lock Box

c. Do different persons handle bank deposits and accounts receivable, or is an alternative safeguard in effect? __ __ __

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

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14. COST CONTROLS

a. Does owner/agent solicit bids (formal or informal) in order to obtain materials, supplies and services on most advantageous terms to project? __ __ __

Give recent example:______________________________________________________
_______________________________________________________________________
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b. Are bills (including mortgage payment) paid in sufficient time to avoid late penalties?  
   YES  NO  N/A

c. Are vendor bills paid in time to obtain maximum trade discounts?  
   YES  NO  N/A

d. Are operating expenses (including taxes and utilities) periodically reviewed to assure that the project is paying lowest possible rate? Identify efforts by owner/agent taken to reduce expenses/ effect cost savings:  
   YES  NO  N/A

e. Do project operating costs or expenses appear reasonable compared to those of similar projects?  
   YES  NO  N/A

COMMENTS (indicate item referred to) ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

15. SUBMISSION OF REPORTS

a. Have the following financial reports been submitted on a timely basis and in acceptable form?  
   YES  NO  N/A
   1) Annual Audited Financial Statement:  
      Due __/__/__; Received __/__/__
   2) Monthly Accounting Reports (Forms HUD-93479, 93480, 93481)

b. Does agent/owner contact IPA early enough to enable the IPA to prepare annual financial report within 60 days of close of fiscal year?  
   YES  NO  N/A

COMMENTS (indicate item referred to) ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

16. FINANCIAL COMPLIANCE AND CONDITION

a. If the owner/agent has taken unauthorized distributions, reimbursements or supervision fees, have these been repaid? If not, indicate amount due project $_________.  
   YES  NO  N/A

b. Is management fee paid to agent in accordance with time schedule and amount authorized?  
   Fee authorized = $_________ (_____%)
   Fee Paid = __________ (_____%)

   YES  NO  N/A

c. Is agent charging project for expenses which HUD policy requires the agent to pay?  
   YES  NO  N/A

d. Has owner corrected any findings made on your review of last annual financial statement?  
   YES  NO  N/A

e. Is current rent schedule sufficient to meet project needs?  
   YES  NO  N/A

f. Does balance in security deposit trust account  
   YES  NO  N/A
equal or exceed liability? If no, explain how deficit will be funded: ______________________  

g. If security deposits are invested in an interest-bearing account, is interest passed through to tenants or transferred to project account? Complete the following as of the end of last month: (__/__/__): Cash on hand = $_______ Accounts Receivable = $_______ Accounts Payable = $_______

17. RENTAL COLLECTION PRACTICES

YES NO N/A

a. Is there a written rental collection policy?  

___ Late charge of $______ on ______ day.  
___ Delinquent notices sent on days ______, ______, ______.  
___ Eviction procedures commence on ______ day.  
___ Referred to collection agent on ______ day.

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YES NO N/A

b. Does rent collection policy appear to be uniformly applied?  

c. Is an aged tenant delinquency report prepared monthly?  

1) During an average month, how many tenants have not paid their rent by the 10th of the month?  

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

18. ACCOUNTS RECEIVABLE/PAYABLE

YES NO N/A

a. Are tenant accounts receivable within acceptable limits?  

Amount of Accounts Receivable shown in Item 16g is ____% of monthly rents due from tenants. Of this amount, $_______ is more than 30 days past due.
b. Does procedure for write-off of bad debts appear reasonable?  ___ ___ ___

c. Has annual "write-off" of tenant's accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants? Tenant delinquent accounts written off last 12 months equals $_______.  ___ ___ ___
d. Are accounts payable reasonably current? Indicate amount of accounts payable more than 60 days old $_______.  ___ ___ ___

COMMENTS (indicate item referred to)_________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

19. RESERVES AND ESCROWS

a. Complete the following table:

<table>
<thead>
<tr>
<th>Name of Reserve</th>
<th>Value as of <strong>/</strong>/__</th>
<th>Held in Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Per Unit</td>
</tr>
<tr>
<td>Replacement</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

b. Do the balances in replacement or general operating reserve accounts appear adequate to meet future needs? If no, what action is recommended? _________  ___ ___ ___

c. Have monthly deposits to these reserves been increased since the project was completed?  ___ ___ ___
d. Has mortgagor/mortgagee performed analysis to determine future replacement reserve needs?  ___ ___ ___

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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?  YES NO N/A  ___ ___ ___

COMMENTS (indicate item referred to)_________________________________
20. FINANCIAL MANAGEMENT RATING:
   (Check appropriate box)
   _ Superior   _ Above Average   _ Satisfactory
   _ Below Average   _ Unsatisfactory

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Part C - LEASING AND OCCUPANCY

21 TENANT SELECTION AND ORIENTATION

a. Have written tenant selection procedures been published? If yes, obtain copy. If no, describe procedures for reviewing and approving tenant applications.

b. Does management check references of applicants? If yes, checks with: _ Previous Landlord _ Employer __ Personal References __ Credit Bureau (Cost = $______)
   _ Other (Specify):__________

c. Is affirmative marketing plan (if applicable) on site?
   Does advertising program comply with affirmative marketing plan?
   Estimate racial mix? White (____%) Black (____%) American Indian or Alaskan Native (____%) Asian or Pacific Islander (____%) Hispanic (____%)

d. Are new tenants given informational handbooks or manuals?

e. Does project staff personally interview new tenants and provide orientation to the project? Check interview topics covered: _ Project Rules _ Lease Terms _ Maintenance Request Procedures _ Explanation of Appliances _ Location of Shopping, Schools, Transportation, Community services, etc. _ Grievance Procedure _ Energy Conservation _ Security Deposit and Charge Backs _ Rent Payment Procedures

f. Do project staff and new tenant jointly inspect unit prior to occupancy?

COMMENTS (indicate item referred to)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

22. VACANCY AND TURNOVER

YES NO N/A
a. Is the vacancy rate satisfactory and not excessive?  ___ __ ___  
List month-end vacancies for last six months:

<table>
<thead>
<tr>
<th>Month</th>
<th>Number Vacant</th>
<th>Total</th>
<th>Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Number Vacant Today = _____ (___ %) Number Ready for Occupancy

Avg. Length of Vacancy = _____ days

b. Is vacancy percent in 22a above less than vacancy factor used in last rent increase approval? Vacancy factor used was _____ %.  ___ __ ___
c. Is project free from vacancy problems due to any of the following factors? If no, check the factors contributing to vacancies:
   ___ Security Problem  ___ Poor Maintenance  ___ Non-competitive Amenities  ___ Rents too High  ___ Inadequate Marketing  ___ Location  ___ Project Reputation  ___ Lack of Demand  ___ Bedroom Mix/size (____bdrm  ____Tenant/Manage-hard to rent)  ___ Tenant/Management Relations  ___ __ ___

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d. Is advertising program in use appropriate? Check type of ads used and enter cost per month:  
   ____ Newspaper @ $_____/month  ____ Radio @ $_____/month  
   ____ Contacts with Community Groups @ $_____/month  
   ____ Other (Specify) _________@ $_____/month  ___ __ ___
e. Does the project maintain a waiting list of prospective tenants?  ___ __ ___
   Is the list updated regularly? How many are on this list? _____
f. Has the project had a significant turnover problem?  ___ __ ___

COMMENTS (indicate item referred to) ____________________________________________________________

23. LEASES AND DEPOSITS  YES NO N/A

a. Is long-term lease acceptable? Term used is ____  ___ __ ___ months.

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b. Are the security deposit and first month's rent the only charges made when applicant is accepted for occupancy? List other charges & amounts:
   Other (specify) @ $____ per month
   Other (specify) @ $____ per month

COMMENTS (indicate item referred to)

24. RENT SCHEDULE COMPLIANCE
   a. Is a Mortgagee-Approved Rent Schedule (HUD-92458) on file? List and compare the rental charges:

<table>
<thead>
<tr>
<th>Source</th>
<th>Efficiency</th>
<th>1 BDR</th>
<th>2 BDR</th>
<th>3 BDR</th>
<th>4 BDR</th>
<th>5 OR MORE BDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent Used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUD-92458 Rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. Is the gross potential income from apartments equal to or less than rents approved on the latest Mortgagee-approved Form HUD-92458?

   c. Are charges for equipment and services included in the rent the same as shown on the latest Mortgagee-approved Form HUD-92458?

   d. Is other income-producing space in the project rented at or above the rates shown on the latest Form HUD-92458?

   e. Are the number of non-revenue producing dwelling spaces at the project the same as shown on the latest Form HUD-92458?

COMMENTS (indicate item referred to)

25. EVICTION PROCEDURES
   a. Does management have a written policy for handling evictions?

   b. Are eviction procedures initiated promptly, when warranted?
      1) Number of evictions completed during last six months ______
      2) Average cost per eviction $____
      3) Eviction handled by Attorney:
         _ on staff of management agent _ on contract
         _ on call

   c. Any special problems or delays?
26. TENANT FILES AND RECORDS
   a. Are tenant files organized, properly maintained and secured in a confidential manner?  ___ __ ___

      YES NO N/A

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b. Do tenant files contain all the necessary forms and documents?  ___ __ ___
   Are these signed by the tenant and the owners, as required?
   Check items typically found in files:  
   Appplication (signed) ___ ___ ___
   Income Verifications ___ ___ ___
   Lease addenda ___ ___ ___
   Lease (signed) ___ ___ ___
   Security Deposit Receipt ___ ___ ___
   Unit Inspection ___ ___ ___
   Correspondence ___ ___ ___
   Other (specify) ___ ___ ___

c. Is there a chronological record of maintenance inspections and work completed for each unit maintained in the project office?  ___ __ ___

27. LEASING AND OCCUPANCY RATING
   a. Occupancy Compliance - List any deficiencies which were noted in prior review(s) and which are still outstanding: ____________________
      ___________________________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________

   b. Rating: Check Appropriate box:
      _  Superior   _  Above Average   _  Satisfactory   _  Below Average   _  Unsatisfactory

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APPENDIX 21b

Part D - TENANT/MANAGEMENT RELATIONS

28. TENANT PARTICIPATION  ___ __ ___
   a. Is there an active tenant organization at this project?  ___ __ ___

   b. Does the tenant organization appear to represent the majority of the residents? What tenants appear to be under-represented?  ___ __ ___
c. Does the tenant organization meet frequently with management? Give the frequency of meetings ____________________, Date of last meeting _______ __ ___

d. Is tenant organization supported by project funds? How much is the value of support? $________ ______ __ ___

e. Are there brochures and newsletters available regarding project policies and activities? _______ __ ___

f. Is tenant involvement in project operations encouraged?
Check areas in which involvement is encouraged:
____ Project Rules
____ Redecorating Schedule
____ Energy Conservation
____ Security Program
____ Other (specify)

COMMENTS (indicate item referred to) ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

29. USE OF COMMUNITY SPACE YES NO N/A
a. Is indoor community space adequate and in satisfactory condition? _______ __ ___
b. Does management plan and use the space effectively? _______ __ ___
c. Is outdoor recreation space adequate and in good condition? _______ __ ___

COMMENTS (indicate item referred to) ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

30. TENANT SATISFACTION YES NO N/A
a. Do residents appear reasonably satisfied with the overall quality of housing services provided by the project? Check areas of satisfaction:
____ Maintenance Services
____ Social Services
____ Other ________________________________

List areas of dissatisfaction: ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

b. Does management respond promptly to maintenance request and other resident complaints? _______ __ ___
c. Does management have an effective method for resolving tenant grievances and are tenants aware of it? _______ __ ___

COMMENTS (indicate item referred to) ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

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31. TENANT/MANAGEMENT RELATIONS RATING: Check appropriate box.

_ Superior  _ Above Average  _ Satisfactory  _ Below
Average     _ Unsatisfactory

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Part E - GENERAL MANAGEMENT PRACTICES - Review any procedures manuals
and management plans or management specifications on file.

32. ORGANIZATION AND SUPERVISION                         YES NO N/A
a. Does owner/agent have system/procedure for providing ___ __ ___
   field supervision of on-site personnel? Name of
   Field Supervisor(s):_______________________________. ___ __ ___
b. Are lines of supervision between on-site staff and
   agent's central staff described in writing and
   understood by staff?                                ___ __ ___
c. Are duties of on-site staff described in writing
   (e.g., job description, etc.) and are they clearly
   understood by on-site staff?                         ___ __ ___
d. Has the owner/agent established a written personnel
   policy for employees?                                ___ __ ___
e. Check types of reports agent prepares for owner
   (give frequency of reporting):   _  Cash flow/
   accounting ______;  _  Move Out/Move In _________;
   _  Delinquency ______;   _  Maintenance ________.
   _  Other(specify__________________________________. ___ __ ___

COMMENTS (indicate item referred to)______________________________

---

33. STAFFING AND PERSONNEL PRACTICES
a. List all staff billed to project account:

<table>
<thead>
<tr>
<th>Name (indicate by Asterisk Those Living On-site)</th>
<th>Date Employed</th>
<th>Hours Per Week</th>
<th>Monthly If Free Apt. bdrm Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Hours</td>
<td>Salary or Wage Give Apt. Size</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
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<td>3</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
34. OPERATING PROCEDURES AND MANUALS
   a. Is there a procedures manual on-site for staff use?                     ___ __ ___
   b. Does the manual adequately cover HUD and mortgagee requirements?       ___ __ ___
   c. Are HUD manuals, handbooks or other guide materials available on-site for staff use? ___ __ ___
   d. Is owner complying with any operating procedures required by mortgage or Regulatory Agreement? ___ __ ___

35. TRAINING
   a. Does agent/owner have a formal on-going training program for its staff?
      Check types of training used: __On-Site (Frequency __________) __IREM __NCHM __Local Colleges __Other (specify) __________
      YES NO N/A
   b. When on-site staff have questions or concerns, do they know who to call for answers? Who do they call? __________
      YES NO N/A
   c. Does owner/agent have a system to keep on-site staff informed of changes in either HUD policies or project operation procedures? ___ __ ___
36. ON-SITE OFFICE ADMINISTRATION
   a. Are there signs enabling tenants/applicants to easily locate the office? ___ __ ___
   b. Is office organized and neat in appearance? ___ __ ___
   c. Are office hours posted? ___ __ ___
   d. Are office hours convenient for tenants and prospective applicants? ___ __ ___
   e. Is rent collection policy posted? ___ __ ___
   f. Is affirmative fair housing sign posted? ___ __ ___
   g. Are emergency phone numbers posted? ___ __ ___

COMMENTS (indicate item referred to)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

37. INSURANCE AND BONDING
   a. List current insurance coverage and annual premiums: ___ __ ___
      1) Property Basic Coverage = $____, Premium = $____
      2) Liability Basic Coverage = $____, Premium = $____
   b. Is property insurance adequate to cover replacement cost? ___ __ ___
   c. Has the project been able to obtain property and liability insurance coverage without any major difficulty? If no, describe problems. ___ __ ___

   d. Has the owner/agent attempted to obtain lower insurance coverage rates? If yes, describe _____________________________ ___ __ ___
   e. Does the owner/agent have a fidelity bond which is at least equal to potential rent collections for two months and which provides coverage for all employees handling cash? (Obtain copy, if available.) ___ __ ___

COMMENTS (indicate item referred to)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

38. GENERAL MANAGEMENT PRACTICES RATING: Check appropriate box:
   __ Superior   __ Above Average   __ Satisfactory   __ Below Average   __ Unsatisfactory

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