

Project Identification
Project Name
D#
Address
City State Zip
A. General Appearance

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Based on observation, are the project's exterior and common areas (i.e., grounds, landscaping, parking lots, playgrounds, hallways, laundry room, elevator, garbage area, stairwells, management office) clean, free of graffiti, debris and damage?
If no, provide location and describe conditions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there signs enabling a person to locate the office?
Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are after hours and emergency telephone numbers posted?
Comments: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Is the fair housing sign posted in the rental office?
Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Security

1. Indicate whether any of the events below have been documented in the last 12 months and the frequency of the events:

Event	Frequency	Event	Frequency
<input type="checkbox"/> Break-Ins		<input type="checkbox"/> Arrests	
<input type="checkbox"/> Vandalism		<input type="checkbox"/> Drug Activity	
<input type="checkbox"/> Auto Theft		<input type="checkbox"/> Other (Specify):	
<input type="checkbox"/> Personal Assaults		<input type="checkbox"/> None	

Comments:

1. Indicate which type of security measures, if any, are utilized on site:

<input type="checkbox"/> Tenant Patrol	<input type="checkbox"/> Police Patrol	<input type="checkbox"/> MotionSensors	<input type="checkbox"/> TV Monitors
<input type="checkbox"/> Security Cameras	<input type="checkbox"/> Paid On-Site Guard	<input type="checkbox"/> Paid Car Patrol	<input type="checkbox"/> Community Policing
<input type="checkbox"/> Crime Prevention Plan	<input type="checkbox"/> Drug Free Housing Plan	<input type="checkbox"/> Volunteer Organization	<input type="checkbox"/> None
<input type="checkbox"/> Other (specify):			

Comments:

3. Based on the answers in questions 1 and 2 above, what corrective actions, if any, have been taken by the owner/agent?

C. Vacancy and Turnover

Up to two units will be inspected, whether occupied or vacant, and documented on the 811 Unit Inspection Form.

1. What is the vacancy rate for 811 units over the past 12 months?

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
MHF A												
O/A												

- 2. Average length of time for unit turnover?
- 3. How many 811 units were vacant on the date of the on-site inspection?
- 4. Number of units visited?
- 5. Based on the interview with on-site staff, are any of the factors listed below contributing to vacancy or lengthy unit leasing time?

<input type="checkbox"/> Security problems	<input type="checkbox"/> Inadequate marketing	<input type="checkbox"/> Project reputation	<input type="checkbox"/> Referral process
<input type="checkbox"/> Location	<input type="checkbox"/> Lack of demand	<input type="checkbox"/> Applicants do not meet screening criteria	<input type="checkbox"/> Accessibility options
<input type="checkbox"/> Bedroom mix/size (indicate which BR size is difficult to rent: _____)		<input type="checkbox"/> Other (specify):	

Comments:

6. Based on the answers above, what actions are being taken by the owner/agent to resolve any vacancy issues?

D. Maintenance Procedures

- 1. What is the owner/agent process for inspecting units?
- 2. Identify employee(s) responsible for conducting the inspections (Name/Title):
- 3. How often are units inspected?

- Monthly
 Quarterly
 Semi-Annually
 Annually
 Move-In
 Move-Out
 Other (specify):

Comments:

4. How are unit inspections documented? Please describe:
5. If deficiencies are noted during a unit inspection, what is the procedure for correction? Please describe:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 6. Are damages caused by tenants properly identified and charged to tenants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What is the average number of days from move-out until the unit is ready for occupancy? | | |

Comments:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 8. What is the owner/agent's procedure for addressing maintenance requests from tenants? | | |
| 9. Is there a procedure in place to handle emergency work orders/maintenance requests? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please describe:

10. What is the current number of open work orders/maintenance requests:

Between 1-3 days:	Between 4-7 days:	More than one week:

Comments:

11. Who is provided copies of completed work orders (check all that apply):

- Tenant
 Tenant file
 Maintenance staff
 Other (specify):

Comments:

E. Lead-Based Paint Follow-Up and Monitoring

1. Date property was constructed:
- If the property was constructed after 1977, check n/a for questions 2 and 3.*
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A |
| 2. Has a lead-based paint inspection been conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | YES | NO | N/A |
| 3. Was lead found on the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

a. If no, is there a certification on file documenting the property has been certified as free of lead-based paint or lead hazards?

YES NO N/A

If yes, is there a HUD-approved lead hazard control plan?

YES NO N/A

i. If yes, is the owner in compliance with the HUD-approved lead hazard control plan?

YES NO N/A

F. Follow-up and Monitoring of Physical Inspections

YES NO N/A

1. Are there any deficiencies noted in the most recent UPCS or other inspection?

YES NO N/A

2. If yes, have they been corrected?

Comments:

G. General Management Operations

YES NO

1. Are the tenant files, as well as other files that contain EIV reports, if applicable, locked and secured in a confidential manner?

2. Who is authorized to have access to the tenant files (name/title)?

3. Is documentation relating to an individual's domestic violence, dating violence, or stalking, kept in a separate file in a secure location from other tenant files?

4. Is the owner/agent maintaining tenant files in accordance with HUD's document retention requirements?

5. Is the owner/agent properly disposing of tenant records (shred, burn, pulverize)?

6. Have all tenant complaints been satisfactorily resolved?

7. Is project staff able to adequately perform management and maintenance functions?

Comments:

How does the owner/agent implement HUD changes in policies and procedures? Describe the process:

8. Does the owner/agent have a formal, on-going training program for its staff? YES NO

If yes, indicate types of training used and the frequency.

Type of Training	Frequency	Type of Training	Frequency
<input type="checkbox"/> On-site		<input type="checkbox"/> Industry/Association training	
<input type="checkbox"/> HUD seminars		<input type="checkbox"/> Local colleges	
<input type="checkbox"/> Energy conservation		<input type="checkbox"/> Other (specify):	

Comments:

H. Application Processing and Tenant Selection

1. Does the application form contain sufficient information to determine applicant eligibility? YES NO
- a. Questions whether the applicant or any member of the applicant household is subject to a lifetime state sex offender registration program in any state.
- b. Asks for a list of all states in which the applicant or any member of the applicant household has lived.
- c. Asks for disclosure of SSN for all household members if a SSN has been assigned.
- d. Form HUD-92006 "Supplement to Application for Federally Assisted Housing" is attached to the application.
2. Who is responsible for denying applications?
3. If a denial is appealed, who is responsible for reviewing and responding to the appeal?

- Comments: YES NO
4. Does the owner/agent have a written tenant selection plan?
5. If yes, does the plan include all required criteria as stated in Chapter 4, HUD Handbook 4350.3, Rev-1, and all applicable notices?
6. If no, list the required criteria the tenant selection plan does not include:

I. Leases, Deposits, and Rent

YES NO N/A

1. If approval is required, are rent increase requests submitted timely?
2. What is the effective date of the last rent adjustment?
3. If there is a utility allowance, what is the effective date of the last utility allowance adjustment?
4. What is the date of approval?
5. What is the term of the subsidy contract?
6. Date the subsidy contract term ends?

YES NO

7. Have modifications been made to the HUD model lease?
8. If yes, has the lease and/or lease addenda in use been approved by HUD? (This does not include lease addenda issued by HUD).
9. Aside from rents and security deposits, what other charges are assessed (replacement keys, lockouts, etc.)?

List the type and amount of any of these charges:

YES NO N/A

If other charges aside from rents and security deposits are assessed, have they been approved by HUD?

YES NO

10. Do you assess late fees to the 811 units?

J. Eviction Procedures

1. Number of evictions completed in the past 12 months (if none, skip to question 5) :

YES NO

2. Are tenants notified of termination of tenancy in accordance with HUD requirements?

3. Are eviction procedures initiated timely when warranted?

4. Please document the following:

a. Average cost per eviction: \$

b. Eviction handled by :

Owner/Agent Attorney on staff Attorney on contract Attorney on call

YES NO N/A

5. Has the Owner/Agent pursued eviction for all individuals subject to a lifetime sex offender registration requirement who were erroneously admitted after June 25, 2001?

K. EIV and TRACS System Compliance

1. Does review of the EIV reports listed below include information that needs a resolution or explanation by the Owner/Agent?

YES

NO

a. Income Discrepancy Report

b. New Hires Report

c. Failed EIV Pre-Screening Report

d. Failed Verification Report

e. Deceased Tenants Report

f. Multiple Subsidy Report

YES

NO

2. Are monthly rental subsidy vouchers submitted on time?

3. Is tenant certification data submitted to TRACS to support the voucher billing?

4. Does the owner/agent have access to EIV?

5. Does the EIV Coordinator(s) have an owner approval letter(s) authorizing access to EIV?

6. Does the owner/agent and/or EIV Coordinator have:

a. An initial and currently approved EIV Coordinator Access Authorization Form (CAAF) on file for each person designated by the owner as an EIV Coordinator?

b. An initial and currently approved EIV User Access Authorization Form (UAAF) on file for each person designated by the EIV Coordinator as an EIV User?

c. Signed copies of the EIV Rules of Behavior for Individuals without access to the EIV system, who use EIV reports and/or data to perform their job functions?

7. Is there evidence that staff with access to the EIV system or to EIV reports take annual security awareness training?

8. Is the owner's/agent's Rules of Behavior for TRACS current (within last 12 months) and on file?

9. Is the owner's/agent's completed annual TRACS "Security Training Certificate" current, on file and dated within 30 days of the date of the "Rules of Behavior"?

10. Does the owner/agent have an EIV security policy that includes:

YES

NO

a. Technical safeguards

b. Administrative safeguards

- c. Physical safeguards
- 11. Is there any indication that the O/A is not adhering to their EIV security policy?
- 12. Is EIV data being improperly shared with other entities (e.g., state officials monitoring LIHTC projects, RHS staff, or Service Coordinators not participating in the re-certification process)?
- 13. Have the tenant and all third-parties, including social workers, that have assisted the tenant in the recertification process signed a Tenant Consent for Disclosure of EIV Information?
- 14. Does the owner/agent have an EIV Use Policy that describes the use of the following reports? **YES** **NO**
 - a. Summary report
 - b. New Hires Report
 - c. No Income Report
 - d. Failed EIV Pre-Screening Report
 - e. Failed Verification Report (failed SSA identity test)
 - f. Existing Tenant Search
 - g. Multiple Subsidy Report
 - h. Deceased Tenant Report
- Comments: **YES** **NO**
- 15. Does the Use Policy comply with HUD's usage requirements?
- 16. Is the owner/agent using TRACS queries to review and monitor their transmission?
- 17. Is the owner/agent following up and correcting deficiencies identified in TRACS data?

Comments:

L. Tenant Concerns

- 1.** Are there any unresolved findings from previous management reviews? **YES** **NO**
 -
 - If yes, please specify:
- 2.** Review complaints, congressional inquiries, etc., received within the past 12 months regarding the overall management practices. Provide a general description below and attach applicable documentation.

Issue/Complaint	Status

	YES	NO
3. Is there a written procedure for resolving tenant complaints and concerns?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, review a copy.

Comments:

	YES	NO
4. Does the procedure adequately cover appeals?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there an active tenant organization at the project?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is tenant involvement in operations encouraged?	<input type="checkbox"/>	<input type="checkbox"/>

M. RAC Compliance

	YES	NO
1. Do the number of units restricted to housing persons with disability exceed 25% of the total units at the property?	<input type="checkbox"/>	<input type="checkbox"/>