

EXHIBIT C-5 – MANAGEMENT INFORMATION QUESTIONNAIRE

Property Name: _____

Property Number(s): _____ Date: _____

In preparation for the MHDC scheduled inspection review, please complete the following information as of the end of Month prior to the inspection, and give this to _____, Compliance Officer, the day of the review.

General Information

Site Manager's Name: _____ Date of Employment: _____

Number of Vacant Units: _____ as of _____

Number Ready for Occupancy: _____ as of _____

Average Monthly Turnover (Last 3 Months): _____

Average Length of Vacancy: _____ days

Average Preparation Time for a Vacated Unit: _____ days

Average number of work orders per: day week month quarter: _____

PERSONNEL List all staff billed to development account.

NAME	TITLE	DATE EMPLOYED	HOURS/WEEK

Experience and Training

Name	Date of last training	Training

Categorize by employee and attach certification of completion.

Other/Part-Time

Do any employees live on site: Yes No If yes, how is rent payment handled? _____

PREVENTATIVE MAINTENANCE

Is there a written preventative maintenance schedule? Yes No

Who performs the following maintenance?

	STAFF	CONTRACTOR NAME	N/A	Identities of Interest
Heating and A/C Equipment			<input type="checkbox"/>	
Hot Water Heater			<input type="checkbox"/>	
Cleaning Carpets & Drapes			<input type="checkbox"/>	
Inspect Roofs and Fascias			<input type="checkbox"/>	
Major Appliances			<input type="checkbox"/>	
Elevators			<input type="checkbox"/>	
Motor Vehicles			<input type="checkbox"/>	
Exterminating			<input type="checkbox"/>	

What is the schedule for:

Exterminating services: _____

Cleaning sewers, gutters and downspouts: _____

Cleaning exterior window surfaces: _____

Exterior painting: _____

Replacing furnace filters: _____

Maintain elevator (if applicable): _____

Parking Lot reseal/restripe: _____

SERVICES (CONTRACT SERVICES)

NAME	SERVICE	IDENTITY OF INTEREST

OCCUPANCY and TURNOVER

Vacancies and Turnover (last twelve months)

MONTH	# of Vacant/end of month	General Reason for Vacancies

MONTH	# of Vacant/end of month	General Reason for Vacancies

What factors contribute to vacancies?

- Security Problems
 Location
 Lack of Demand
 Home Purchase
 Non-Competitive Amenities
 Tenant Health Issues/Death
 Evictions

Number of Units Occupied by Low Income Tenants: _____

Number of Units Occupied by Very Low Income Tenants: _____

RENTAL COLLECTION PRACTICES

Is the Collection Policy written? Yes No

Late charges of \$ _____ on _____ (day of month)

Delinquency Notices sent on _____ (day of month)

Eviction proceedings begin on _____ (day of the month)

EVICTION

Number of evictions in the past six months: _____

RENT/SECURITY DEPOSIT PAYMENT

During an average month, how many tenants have not paid their rent by the tenth of the month? _____

How many have not paid by the end of the month? _____

Damage deposit fee? \$ _____

Pet Deposit fee? \$ _____

Assistance Animal Deposit? \$ _____

Are Deposits held in an interest bearing account? Yes No

AFFIRMATIVE MARKETING PLAN

Is there a current Affirmative Marketing Plan on site? Yes No

Ethnicity of residents by Head of Household:

American Indian or Alaskan Native	_____	%
Asian	_____	%
Black/African American	_____	%
Native Hawaiian/Other Pacific Island	_____	%
White	_____	%
Hispanic/Latino	_____	%

PROPERTY SIGNAGE

Does the property have an Equal Housing Logo displayed? Yes No

DRUG USE

Have arrests been made on site for illegal drugs, in the last year? Yes No

If yes, how many? _____

Does management suspect drug use or sales on site? Yes No

TENANT SELECTION

Have written tenant selection procedures been established? Yes No

If yes, please provide a copy of the tenant selection plan/criteria.

Does management check references of applicants? Yes No

Does an outside service check references of applicants? Yes No

(Please check which ever applies)

- Previous Landlord
- Police check
- Credit Bureau
- Employer
- Sex offender
- Citizenship Status
- Other _____

If outside service performs background check what is the fee \$ _____

Do you currently have a waiting list? Yes No

Do you notify the local Housing Authority when there are vacancies? Yes No

Please submit a copy of the Utility Allowance Schedule to the compliance officer the day of the inspection.

Bedroom Breakdown:	
Studio	3 Bedroom
1 Bedroom	4 Bedroom
2 Bedroom	5 Bedroom

LEASING

Are units leased on a non-transient basis? Yes No

Minimum lease term _____months.

- **Please submit a blank copy of your lease and addendum, if any.**

FOR LIHTC PROPERTIES ONLY

LEASE UP & QUALIFICATION PROCESS

Minimum lease term _____months.

Number of currently occupied **market rate** units. _____

How do you determine which units are set-aside for low-income use (If a mixed-income Property)? _____

Number of currently occupied Housing Tax Credit units? _____

Does this property receive property based rental assistance? Yes No

If yes, what type? _____

Are any of the set-aside units currently occupied exclusively by the fulltime students? Yes No

Is there a College or University in the area? Yes No

How is student status verified? _____

Have you rejected any applicants with a Section 8 certificate or voucher? Yes No

If yes, explain the reason(s) _____

If the property is subject to a Declaration of Land Use Restriction Agreement which identifies a targeted population, list the number of required units and the number of units currently occupied by households satisfying the requirements.

	Required # of units	Current # of units
Family	_____	_____
Elderly	_____	_____
Disabled	_____	_____
Other (describe) _____	_____	_____

IRS CONTACT

Is there an IRS waiver for this property? Yes No

Has the IRS had any contact with the owner/agent? Yes No

MHDC COMPLIANCE MANUAL

Do you have a current copy of the:

Compliance Manual Yes No

Rent & Income Limits schedule Yes No