

**Management Review for Multi-Family U.S. Department of Housing and Urban Development
Housing Projects**

OMB Approval No. 2502-0178
Exp. 04/30/2018

Office of Housing - Federal Housing Commissioner

SUMMARY

Date of On-site Review:	Date of Report:	Project Number:	Contract Number:
Section of the Act	Name of Owner:	Project Name: Test Property LIVE live	Project Address 44 Washington Street Providence, RI 02903
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator <input type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy <input type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing <input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (Specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. _____ is 10% of the overall score. This category is rated Unknown
1. General Appearance	<input type="checkbox"/>	<input type="checkbox"/>		
2. Security	<input type="checkbox"/>	<input type="checkbox"/>		
B. Follow-up and Monitoring of Project Inspections	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. _____ is 10% of the overall score. This category is rated Unknown
3. Follow-up and Monitoring of Last Physical Inspection and Observations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input type="checkbox"/>	<input type="checkbox"/>		
C. Maintenance and Standard Operating Procedures	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. _____ is 10% of the overall score. This category is rated Unknown
5. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input type="checkbox"/>		
7. Energy Conservation	<input type="checkbox"/>	<input type="checkbox"/>		
D. Financial Management/Procurement	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating If this Section was not reviewed, enter 0. _____ is 25% of the overall score. This category is rated Unknown
8. Budget Management	<input type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>		
E. Leasing and Occupancy	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating If this Section was not reviewed, enter 0. _____ is 25% of the overall score. This category is rated Unknown
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input type="checkbox"/>		
15. Leases and Deposits	<input type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with using EIV Data and Reports	<input type="checkbox"/>	<input type="checkbox"/>		
19. Tenant Rental Assistance Certification System (TRACS) Monitoring and Compliance	<input type="checkbox"/>	<input type="checkbox"/>		
20. TRACS/EIV Security Requirements	<input type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input type="checkbox"/>	<input type="checkbox"/>		
F. Tenant/Management Relations	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating If this Section was not reviewed, enter 0. _____ is 10% of the overall score. This category is rated Unknown
23. Tenant Concerns	<input type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input type="checkbox"/>	<input type="checkbox"/>		
G. General Management Practices	A	C	TCD	General Management Practices Rating If this Section was not reviewed, enter 0. _____ is 10% of the overall score. This category is rated Unknown
25. General Management Operations	<input type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and personnel Practices	<input type="checkbox"/>	<input type="checkbox"/>		

Overall Rating: Superior Above Average Satisfactory Below Average Unsatisfactory _____ **Overall Score.**

To calculate the overall score: multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number.
For convenience, a utility is included with this form which will perform all the necessary calculations.

Name and Title of Person Preparing this Report (Please type or print)

Signature: _____
Date: _____

Name and Title of Person Approving this Report (Please type or print)

Signature: _____
Date: _____

NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.

SUMMARY REPORT - FINDINGS

For each "C" item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date

PART II - ON SITE REVIEW

Indicate by marking the appropriate box - Yes, No, or N/A if not applicable. Provide comments as needed.

CATEGORY A. GENERAL APPEARANCE & SECURITY

1. General Appearance

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?

Yes No N/A

If no, provide location and describe condition(s).

Comments:

2. Security

a. Indicate whether any of the events below have been documented in the last twelve months and the frequency of the event(s).

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 (please specify)	
<input type="checkbox"/> Personal Assaults		<input type="checkbox"/> None	

Comments:

b. Indicate which types of security measures, if any, are utilized on site.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tenant Patrol | <input type="checkbox"/> Volunteer Organization | <input type="checkbox"/> Paid Car Patrol | <input type="checkbox"/> Paid on-site Guard |
| <input type="checkbox"/> Police Patrol | <input type="checkbox"/> TV Monitor | <input type="checkbox"/> Drug Free Housing Plan | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Motion Sensors | <input type="checkbox"/> Crime Prevention Plan | <input type="checkbox"/> Community Policing | |
| <input type="checkbox"/> Other (please specify) _____ | | <input type="checkbox"/> None | |

Comments:

c. Based on the answers provided in questions a and b above, what corrective actions, if any, have been taken by the owner/agent?

Comments:

d. Has the owner/agent requested a rent increase based on cost increases in security costs?

Yes No

If yes, indicate security measures taken.

Comments:

CATEGORY B. FOLLOW-UP & MONITORING OF PROJECT INSPECTIONS

3. Follow-Up & Monitoring of Project Inspections and Observations (Sampling is at reviewer's discretion to respond to questions a and b below)

a. Based on a sampling, if EH&S items were identified have the deficiencies been corrected and documented according to the owner/agent's certification for the most recent REAC inspection?

Yes No N/A

If no, provide explanation.

Does the analysis show any repetitive or systemic problems?

Yes No

Comments:

b. Based on a sampling of units and common areas, for all other deficiencies noted in the REAC inspection, as applicable, verify that corrective actions have been taken. Have the deficiencies been corrected?

Yes No N/A

If no, is there a schedule for correcting the deficiencies within a reasonable timeframe to comply with decent, safe, sanitary and good repair standards?

Yes No

Comments:

4. Follow-Up & Monitoring of Lead-Based Paint Inspection - The following questions only apply to subsidized family properties or elderly properties housing children under six years of age that were constructed prior to 1978. If constructed after 1977, check N/A for question a and b.

a. Is there a certification on file documenting that the project has been certified to be free of lead-based paint or lead hazards?

If there is a certification, obtain a copy for the project file.

Yes No N/A

Comments:

b. Is the owner in compliance with the HUD approved lead hazard control plan as noted on the desk review?

Yes No N/A

Comments:

CATEGORY C. MAINTENANCE & STANDARD OPERATING PROCEDURES

5. Maintenance

a. Indicate below to confirm that there is a schedule for preventive maintenance/servicing for the items listed that are applicable.

- Heating and A/C Equipment Water Heaters Carpets and Drapes Roof, gutter and Fascia Inspection
 Major Appliances Elevators Motor Vehicles Sewer lines Exterior painting Windows
 Recreational equipment Landscaping maintenance Other (please specify):

Comments:

b. Is there a satisfactory inventory system to account for tools, equipment, supplies, and keys (serial numbers, bar codes, etc.)?

Yes No

Comments:

c. Has the owner/agent secured inventory items, such as appliances and tools, to prevent theft?

Yes No

Comments:

d. Does the owner/agent have a written procedure that explains the process for inspecting units?

Yes No

If yes, review a copy.

Identify employee responsible for conducting inspection: Name and Title: _____

Comments:

e. How often are units inspected?

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

Comments:

f. How are unit inspections documented?

Please Describe:

g. If deficiencies are noted during a unit inspection, what is the procedure for correction?

Please describe:

h. What is the average number of days from move-out until the unit is ready for occupancy? _____

Comments:

i. Is there a written procedure for completing work orders?

Yes No

If yes, review a copy.

Comments:

j. Is there a procedure in place to handle emergency work orders?

Yes No

If yes, describe the procedure:

k. Is there a backlog of work orders?

Yes No

If a backlog exists, indicate the current number of work orders:

Number between 1-3 days: _____ Number between 4-7 days: _____ Number more than one week: _____

Comments:

l. Who is provided copies of completed work orders? (check all that apply.)

- Tenant Tenant File Maintenance Staff Other (please specify) _____

Comments:

m. Is there documentation by unit that indicates the date of purchase, manufacturer, model, and serial number for appliance purchases (i.e., ranges, refrigerators, furnaces, air conditioners, hot water heaters, etc.)?

Yes No

Comments:

6. Vacancy and Turnover

a. How many units were vacant on the date of the on-site visit?

Number of Vacant Units: _____ Number Ready for Occupancy: _____ Average Length of time for unit turnover: _____

Comments:

b. Walk through at least two vacant units that are ready for occupancy. Assess and document unit readiness.

Number of Units Visited: _____ Number of Units Ready for Occupancy: _____ Number of Units Not Ready for Occupancy: _____

Comments:

c. Based on the interview with on-site staff, are any of the factors listed below contributing to vacancy problems? (Below, indicate all that apply.)

- Security Problems Non-competitive Amenities Inadequate Marketing Project Reputation Poor Maintenance Rents too High
 Location Lack of Demand Tenant/Management Relations Applicants Do Not Meet Screening Criteria
 Other (please specify) _____
 Bedroom Mix/Size (If yes, indicate which bedroom sizes are hard to rent) _____

Comments:

d. Based on the responses in questions a, b, and c, what actions are being taken by the owner/agent to resolve the issue(s)?

If not applicable, proceed to question 7.

Please describe:

7. Energy Conservation

Has management attempted to reduce energy consumption? Yes No

(Check all that apply.)

- Caulking and weather-stripping Conversion to individual metering Storm doors and windows Consumer education
 Water saver devices Extra Insulation Assessment of Utility Rate Schedule Energy Efficient Lighting Energy Star Appliances
 Written Energy Conservation Plan Other (please specify) _____ None

Comments:

CATEGORY D. FINANCIAL MANAGEMENT/PROCUREMENT

(This section applies only to HUD Staff and/or Mortgagees as indicated. CAs may proceed to Section E.)

8. Budget Management

a. Does the owner/agent's staff have access to the current operating budget to monitor and control expenses? Yes No N/A

Comments:

b. Is an operating budget prepared annually and approved by the owner? Yes No N/A

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

Comments:

c. Are monthly or quarterly reports prepared by the owner/agent indicating variances between actual income and expenses versus budgeted income and expenses? Yes No N/A

Comments:

d. If this is a 202 or 811 project, does the owner/agent maintain a current annual budget? Yes No N/A

This question applies only to HUD Staff.

If yes, is it available on-site?

Yes No

Comments:

9. Cash Controls

a. Are collections deposited on the day received or, pending deposit, are they secured and properly controlled? Yes No

Comments:

b. Are adequate controls in place when cash is accepted? Yes No N/A

Check the controls that are used.

- Pre-numbered rent receipts Bank Collections Safe Lock Box

Comments:

c. Do different persons handle bank deposits and accounts receivable, or is an alternative safeguard used? Yes No

Indicate Names and Titles:

Comments:

d. Are all disbursement checks prenumbered, properly identified with account numbers and supported by vouchers or invoices? Yes No

Comments:

e. Is the supply of unused checks adequately safeguarded, or under the custody of persons who do not sign checks manually, control the use of facsimile signature plates, or operate the facsimile signature machine? Yes No

Comments:

f. Are funds (receipts, disbursements, petty cash, etc.) periodically checked on a surprise basis by a responsible official, other than site employees? Yes No

Comments:

g. Are bank statements reconciled promptly upon receipt by someone other than check signer, and by one who has no cash receipt or disbursement function?
Yes No

Comments:

10. Cost Controls

a. Are bills, including the mortgage payment, paid in sufficient time to avoid late penalties?
Yes No

Comments:

b. Are operating expenses, including taxes and utilities, periodically reviewed to assure that project is paying the lowest possible rate?
Yes No

If yes, provide a recent example:

11. Procurement Controls

a. What is the procedure used to obtain and award contracts?
Describe procedure:

b. Are bids obtained prior to awarding contracts?
Yes No N/A

Review contracts and determine if bids were obtained and, if the lowest bids were not selected, determine the owner's/agent's reasoning for selection.

Comments:

c. Is there a written procedure for checking the quality of work performed by a contractor prior to authorizing payment?
Yes No

Comments:

d. Is there a procedure to assure that the individual authorizing contracted work or services is not the same individual authorizing payment?
Yes No

Comments:

e. Who is the responsible person charged with inspecting the quality of work performed by contractors prior to payment?
Please provide name and title:

f. Does the project maintain a list of outside contractors?
Yes No

Comments:

g. Are vendor bills paid in time to obtain maximum trade discounts?
Yes No

Comments:

h. Is there any indication that real or personal property has been subtracted from the mortgaged premises without the permission of the Department?
Yes No

Comments:

i. Below, check services currently contracted with outside contractors and provide the name of the contractor and annual amount of the contract.
Indicate (by asterisk) whether there is an identify-of-interest relationship between the contractor and the owner/agent)

Service	Name of Contractor	Annual Contract Amount
<input type="checkbox"/> Elevator		
<input type="checkbox"/> Exterminating		
<input type="checkbox"/> Apartment Cleaning		
<input type="checkbox"/> Heating and A/C		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Security		
<input type="checkbox"/> Trash Collection		
<input type="checkbox"/> Decorating		
<input type="checkbox"/> Grounds		
<input type="checkbox"/> Other		

Comments:

12. Accounts Receivable/Payable

a. Complete the following as of end of last month.

Cash \$ _____ Accounts Receivable \$ _____ Accounts Payable \$ _____

Are tenant accounts receivable within acceptable limits of 10% of one month's rent potential?
Yes No

Amount of receivables above is _____ % of monthly rent potential.

Of this amount, \$ _____ is more than 30 days past due.

Comments:

b. Does the procedure for write-off of bad debts appear reasonable? Yes No

Comments:

c. Has annual "write-off of tenants' accounts receivable for the last two fiscal years been less than 1% of gross rents potential? Yes No

Comments:

d. Are accounts payable reasonably current? Yes No

Indicate amount of accounts payable more than 60 days old: _____

What are the owner/agent plans to reduce outstanding payables?

Comments:

13. Accounting and Bookkeeping

a. Are books and records maintained as required by HUD Handbook 4370.2 (Chapter 4) and 24 CFR Part 5? Yes No N/A

Check books of accounts that are maintained. Indicate where books may be examined.

O – owner’s office; A – agent’s office; P – project site

- General Ledger () Rent Receivable Ledger () General Journal ()
 Cash Receipts Journal () Cash Disbursements Journal () Accounts Payable Journal ()

Comments:

b. Are all required project accounts in the name of the project in a federally insured institution? Yes No

Comments:

c. Are operating funds, security deposits, reserve funds, and flexible subsidy funds maintained in separate accounts and properly secured for authorized use? Yes No

Comments:

d. Does the mortgagor make frequent postings (at least monthly) to the ledger accounts? Yes No

Comments:

e. If applicable is owner adhering to HUD-approved repayment Plan? (loan from reserve for replacement, 236 excess income, capital improvement loan, etc). Yes No

Comments:

f. Is centralized accounting used for disbursements? Yes No

If yes, are only HUD-insured projects in the pool? Yes No

Comments:

g. If centralized accounting is used, has it been approved by HUD? Yes No N/A

Comments:

h. If centralized accounting is used, is it being administered in accordance with HUD's approval? Yes No N/A

Comments:

i. If the trust account is part of a centralized disbursement account, are only HUD-insured projects in that account? Yes No

If yes, is the project's balance transferred to the project account at least once monthly? Yes No

Comments:

j. If there are automobiles and/or debit or credit cards charged to the project, are the titles kept in the name of the project? Yes No

If yes, do they have HUD approval? Yes No

Comments:

CATEGORY E. LEASING AND OCCUPANCY (This Category does not apply to Mortgagees)

14. Application Processing/Tenant Selection

a. Does the application form contain sufficient information to determine applicant eligibility? Yes No

Comments:

b. Does the application ask whether the applicant or any member of the applicant's household is subject to a lifetime state sex offender registration program in any state? Yes No

Comments:

c. Does the application ask for a listing of states where the applicant and members of the applicant's household have resided? Yes No
Comments: _____

d. Is form HUD-92006 "Supplement to Application for Federally Assisted Housing", an attachment to the application or part of the application package? Yes No
Comments: _____

e. Is there an arms length procedure between the person who denies an application and the application appeal reviewer? Yes No
Comments: _____

f. Has the owner/agent leased a Section 8 unit to a police officer or security personnel who is over the income limits for the project? Yes No
If yes, has HUD or CA authorized the admission? Yes No
Comments: _____

g. Does the owner/agent have a written tenant selection plan? Yes No
If yes, does the plan include all required criteria stated in Chapter 4, Handbook 4350.3 REV-1 and all applicable notices? Yes No N/A
If no, list the required criteria that the tenant selection plan does not include: Yes No N/A
Comments: _____

h. Does the project maintain a waiting list of prospective tenants? Yes No N/A
If yes, does the list include all required elements as stated in Handbook 4350.3 REV-1? Yes No
Comments: _____

i. Enter the number of applicants on the waiting list for each type of unit **0BR** _____ **1BR** _____ **2BR** _____ **3BR** _____ **4BR** _____ **Other:** _____
Comments: _____

j. Were the applicants selected from the waiting list in the proper order, recognizing applicable preferences? Yes No
Comments: _____

k. When preferences were applied, were they properly documented? Yes No N/A
Comments: _____

l. Is documentation available to show that the owner/agent has leased not less than 40% of the Section 8 units that became available for occupancy in the previous fiscal year to extremely low-income families? Yes No N/A
If yes, please review and obtain a copy.
Comments: _____

m. What marketing steps has the owner/agent taken to attract extremely low-income families? If not applicable, proceed to question n.
Please describe:
Comments: _____

n. Does the advertising program comply with the existing affirmative fair housing marketing plan? Yes No
Request to see copies of advertisements.
Comments: _____

o. Is the fair housing sign posted in the rental office? Yes No
Comments: _____

p. Is the fair housing logo included in published advertising materials? Yes No
Comments: _____

15. Leases and Deposits

a. Have modifications been made to the HUD model lease? Yes No N/A
If yes, has the lease and/or lease addenda in use been approved by HUD? Yes No N/A
This does not include lease addenda issued by HUD
Comments: _____

b. 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.
Comments: _____

c. If other charges aside from rents and security deposits are assessed, have they been approved by HUD? Yes No N/A
Comments: _____

d. Are rents collected in accordance with the provisions of the lease? Yes No
Comments: _____

e. Is the policy for late fee assessment in compliance with the Handbook 4350.3 REV-1 or with state/local requirements? Yes No
Comments:

f. Are damages caused by tenants properly identified and charged to tenants? Yes No
Comments:

16. Eviction/Termination of Assistance Procedures

a. Are tenants notified of termination of tenancy or assistance in accordance with HUD requirements? Yes No N/A
Comments:

b. Are eviction procedures initiated timely, when warranted? Yes No N/A
Please document the following:

Number of evictions completed during the last 12 months: _____

Average cost per eviction: _____

Eviction handled by: Owner/Agent Attorney on staff of Owner/Agent Attorney on contract Attorney on call

NOTE: Addendum D must identify any eviction during the last 12 months which was due to a household member being subject to a state lifetime sex offender registration requirement.

Comments:

c. Is the termination of assistance initiated timely when warranted? Yes No N/A
Reason(s) for termination of assistance:

Comments:

17. Enterprise Income Verification (EIV) System Access and Security Compliance
Applies to subsidized properties only.

a. Does the owner/agent have access to EIV? Yes No
Comments:

b. Does the EIV Coordinator(s) have an owner approval letter(s) authorizing access to EIV? Yes No
Comments:

c. Does the owner/agent and/or EIV Coordinator have:
 An initial and currently approved EIV Coordinator Access Authorization Form (CAAF) on file for each person designated by the owner as an EIV Coordinator? Yes No
 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? Yes No N/A
 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? Yes No N/A

Comments:

d. Is there evidence that staff with access to the EIV system or to EIV reports take annual security awareness training? Yes No
If yes, is a record kept of employees who attended the training? Yes No N/A

Comments:

e. Does the owner/agent have security measures in place to limit access to EIV information and reports to only those persons who have proper authorization? Yes No
Comments:

f. Does the owner/agent have a procedure to review all EIV User IDs to periodically determine if the users still have a valid need to access EIV data? Yes No
Comments:

g. Does the owner/agent terminate access promptly (within 30 days) of all users who no longer have a valid need to access EIV data? Yes No
Comments:

h. Does the owner/agent have a procedure to document and report the occurrence of all improper disclosures of EIV data? Yes No
Have any improper disclosures been reported to the owner/agent? Yes No
Comments:

i. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk? Yes No
Have any occurrences of unauthorized EIV access or security breaches been reported? Yes No
Comments:

j. Is there evidence that the owner/agent or any of their employees are sharing IDs and passwords? Yes No

Comments:

k. 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)? Yes No

Comments:

l. Does the owner/agent keep in the tenant file the Tenant Consent for Disclosure of EIV Information, signed by the tenant and a third party when a third party assists in the re-certification process? Yes No N/A

Comments:

18. Compliance with Using EIV Data and Reports
Applies to subsidized properties only.

a. Does the owner/agent have policies and procedures describing the use of EIV employment and income information and the EIV reports?
If yes, do they comply with HUD's usage requirements? Yes No N/A

Comments:

b. Is the owner/agent using the following EIV reports, and taking appropriate action to correct discrepant data in TRACS, and/or to reduce improper subsidy payments and where applicable, retaining documentation to support the action(s)?

New Hires Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Income Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failed EIV Pre-screening Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failed Verification Report (Failed the SSA Identity Test)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing Tenant Search	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Multiple Subsidy Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deceased Tenant Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

19. TRACS Monitoring and Compliance (applies to subsidized properties only)

a. Is the owner/agent using TRACS queries to review and monitor their transmission? Yes No

Comments:

b. Is the owner/agent following up and correcting deficiencies identified in TRACS data? Yes No

Comments:

20. TRACS/EIV Security Requirements (applies to subsidized properties only)

a. Does staff log on using their own user name and password when accessing Secure Systems? Yes No

Comments:

b. Have staff with access to EIV and/or TRACS in Secure Systems completed the required security awareness training each year and is there a signed Rules of Behavior? Yes No

Comments:

c. Have staff with access to the EIV system completed the hard copy authorization form HUD-52676 when access was initially granted and completed the EIV online authorization form annually (coordinators) or semi-annually (users) as required? Yes No

Comments:

d. Have staff who use EIV reports, but do not access the EIV system in Secure Systems, completed the security awareness training annually and is there a signed the Rules of Behavior? Yes No

Comments:

e. For new staff, or staff that was given access to EIV or TRACS within the last year, was the security awareness training completed before access, or within 30 days of being given access and signing the TRACS and EIV Rules of Behavior? Yes No

Comments:

21. Tenant File Security

a. Are the tenant files, as well as other files that contain EIV reports, if applicable, locked and secured in a confidential manner? Yes No

Comments:

b. 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?
Applicable to Section 8 only. Yes No N/A

Comments:

c. Is access to tenant file information limited to only authorized staff? Yes No

Comments:

d. Who is authorized to have access to the tenant files? Name(s) and Title(s):

Comments:

e. Is the owner/agent maintaining tenant files according to HUD's document retention requirements? Yes No

Comments:

f. Is the owner/agent properly disposing of tenant records (shred, burn, pulverize, etc.)? Yes No

Comments:

22. Summary of Tenant File Review

This section applies only to subsidized projects and should be completed after the tenant file reviews (See Addendum A.)

The minimum file sample should include review of files of new move-ins, recertifications (annual, interim, initial), at least one applicant reject file, and at least one terminated/move-out file. In order to review specific functions (EIV usage, utility reimbursement, pet rules/deposits, minimum rents, etc.) it may be necessary to target a portion of the files reviewed to specific tenant families. The reviewer should adjust the tenant file sample to meet the needs of the review.

Number of Units	Minimum File Sample
100 or fewer	5 files plus 1 for each 10 units over 50
101-600	10 files plus 1 for each 50 units or part of 50 over 100
601-2000	20 files plus 1 for each 100 units or part of 100 over 600
Over 2000	34 files plus 1 for each 200 units or part of 200 over 2,200

For each question, only answer "Yes" if the files reviewed are acceptable. Answer "No" if the files are not acceptable and note the number of files with deficiencies utilizing the tenant file worksheet, Addendum A

Number of Files Reviewed = _____

(Please note: There is no maximum number of files to be sampled)

a. Tenant Files and Records

i. Are the tenant files organized and properly maintained? Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Do the files contain all documentation as required in Handbook 4350.3 REV-1, applicable HUD Notices, and any changes to the CFR? Yes No

Documents Missing from Files:

Comments:

b. Application/Tenant Selection

i. Are the applications in the files signed and dated by applicant? Yes No

Number of files with Deficiencies: _____

Comments:

ii. Is screening conducted in accordance with the Tenant Selection Plan? Yes No

Number of files with Deficiencies: _____

Comments:

iii. Are the unit sizes appropriate for household composition at the time of this tenant file review? Yes No

Number of files with Deficiencies: _____

Comments:

iv. If a household was ineligible at move in, were exceptions granted? Yes No N/A

Number of files with Deficiencies: _____

Comments:

c. Lease

i. Are the correct model leases used? Yes No

Number of Files with Deficiencies: _____

Comments:

ii. Are the leases signed and dated by all required parties? Yes No

Number of files with Deficiencies: _____

Comments:

iii. Are HUD issued lease addenda properly signed and in the file? Yes No

Number of files with Deficiencies: _____

Comments:

iv. Are the applicable addenda attached to the lease? Yes No

Number of files with Deficiencies: _____

Comments:

v. Are security deposits collected in the correct amount for the program? Yes No N/A

Number of files with Deficiencies: _____

Comments:

vi. Are pet deposits within acceptable range and payment installments allowed? Yes No N/A

Number of files with Deficiencies: _____

Comments:

vii. Do the tenant files contain signed acknowledgement(s) and/or copies of the following documents indicating receipt by the tenant?

HUD-9887 Fact Sheet Yes No

Number of files with Deficiencies: _____

Lead Based Paint Disclosure Yes No N/A

Number of files with Deficiencies: _____

Resident Rights and Responsibilities Brochure Yes No

Number of files with Deficiencies: _____

EIV & You Brochure Yes No

Number of files with Deficiencies: _____

Fact Sheet How Your Rent is Determined Yes No

Number of files with Deficiencies: _____

Race/Ethnicity Form Yes No

Number of files with Deficiencies: _____

Comments:

d. Certification/Re-Certification Activities:

i. Are re-certification notices issued in accordance with HUD requirements? Yes No N/A

Number of files with Deficiencies: _____

Comments:

ii. Are certifications completed on time? Yes No N/A

Number of files with Deficiencies: _____

Comments:

iii. Are all necessary verifications completed and properly documented? Yes No N/A

Number of files with Deficiencies: _____

Comments:

iv. Are EIV Income Reports used for third party verification of employment and income? Yes No N/A

Number of files with Deficiencies: _____

Comments:

v. If the tenant disputed the EIV employment and/or income reported in EIV, was a third party verification obtained from the source? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

vi. Are appropriate actions being taken for income discrepancies reported on the EIV Income Discrepancy Report, and is the action documented? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

vii. Are income and deductions calculated correctly prior to data entry? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

viii. Does income information on the tenant certifications agree with verified file information? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ix. If tenants were granted a hardship exemption as part of the minimum rent, was the exemption applied correctly? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

x. Are Repayment Agreements in accordance with HUD requirements? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

xi. Are notices provided to tenants in accordance with HUD tenant notification requirements when their portion of rent has increased? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

xii. Are the correct contract rents used when determining the subsidy to be paid on behalf of tenants? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

xiii. If tenants are paying their own utilities, are the current certifications reflecting the correct utility allowances? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

xiv. Are utility reimbursement checks distributed within 5 business days of receipt of the housing assistance payments? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

e. Voucher Billing

i. Are there any deficiencies noted in the tenant file review that results in over payment or under payment of the subsidy? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. For the move-in/move-out tenant file review, does the owner/agent make the appropriate voucher adjustments? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

f. Move-In Files

i. Are proper income limits used for determining eligibility at move-in? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. Do the files contain move-in inspections? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iii. If the files contain move-in inspections, have the owner/agent and the tenant signed and dated the inspection? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iv. Do the move-in files created after January 31, 2010 indicate that the owner/agent utilizes the EIV Existing Tenant Search for all household members and applicants? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

g. Move-Out Files

i. Do tenants provide written notice of intent to vacate in accordance with the HUD model lease? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. Are move-out inspections conducted? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iii. Are security deposits refunded in 30 days or less if required by state law? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iv. Are tenants provided an itemized list of charges against the security deposits? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

v. If charges exceed the security deposit, are the tenants billed for the balance due? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

h. Application Rejection Files

i. Are applicants denied admittance in accordance with the Tenant Selection Plan? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

ii. Do rejection letters provide applicants the right to appeal? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iii. If applicant appealed an application rejection, was the appeal reviewed by someone other than person who made the original decision to reject? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

iv. Were appeals processed and applicants notified of appeal decision within 5 days of the meeting? Yes No N/A

Number of Files with Deficiencies: _____

Comments:

CATEGORY F. TENANT /MANAGEMENT RELATIONS (This Section does not apply to Mortgagees)

23. Tenant Concerns

a. Is there a written procedure for resolving tenant complaints or concerns? Yes No

If yes, review a copy.

Comments:

b. Does the procedure adequately cover appeals? Yes No

Comments:

c. Is there an active tenant organization at this project? Yes No

Comments:

d. Is tenant involvement in project operations encouraged? Yes No

Comments:

24. Provision of Tenant Services

a. What social services are provided by the project, or the neighborhood, which meet the tenant's needs? Below, indicate services that are available and identify the entity providing the service (i.e., city/county/state, church/school, community groups, etc.) and enter the cost to the project, if any.

Service	Provider	Financial Source
<input type="checkbox"/> Child Care		
<input type="checkbox"/> Recreation		
<input type="checkbox"/> Health Care		
<input type="checkbox"/> Energy Conservation		
<input type="checkbox"/> Vocational Training/Job Training		
<input type="checkbox"/> Meals		
<input type="checkbox"/> Financial Counseling		
<input type="checkbox"/> Substance Abuse Counseling		
<input type="checkbox"/> Service Coordinator		
<input type="checkbox"/> Neighborhood Networks Center		
<input type="checkbox"/> Other (please specify)		

b. Is there a Service Coordinator for the project? Yes No

If there is no Service Coordinator, proceed to question 24.f.

Comments:

c. Is the Service Coordinator's office clearly identifiable and private? Yes No

Comments:

d. Are the Service Coordinator's files kept secure and confidential? Yes No

Comments:

e. Does the Service Coordinator maintain a directory of service agencies and contacts, and make the information available to all parties? Yes No

Comments:

f. If there is a Neighborhood Networks Center as indicated on the Desk Review, what is the status of operations?

If there is no Neighborhood Networks Center, proceed to question 24.h.

- Open for Business
- Temporarily Closed - State the date the center will reopen: _____
- Permanently Closed - State the date the center closed: _____

Comments:

g. What programs are offered at the Neighborhood Networks Center?

- GED Adult Basic Education Computer Classes Job Training Job Placement
- Homework Assistance English as a Second Language Other (please specify): _____

Comments:

h. The Department allows owners and their agents to provide services related to renter's insurance products. Does the owner/agent offer such services?

If the owner/agent offers no such service, proceed to question 25. Yes No

Comments:

i. HUD Policy prohibits an owner/agent from evicting tenants for delinquent renter's insurance payments.

How does the owner/agent deal with unpaid renter's insurance?

Please explain the process:

Comments:

j. Review the renter's insurance information provided to tenants. Does the information provided to tenants clearly indicate that purchasing insurance is optional, and not required as a condition of occupancy? Yes No N/A

Comments:

CATEGORY G. GENERAL MANAGEMENT PRACTICES

25. General Management Operations

a. Have the complaints, as noted on the Desk Review, been satisfactorily resolved? Yes No N/A

Comments:

b. Is the project staff able to adequately perform management and maintenance functions? Yes No

Comments:

c. How does the owner/agent implement HUD changes in policies and procedures?

Describe the process:

Comments:

d. Does owner/agent have a formal ongoing training program for its staff? Yes No

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

Type	Frequency	Type	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 (please specify)	

Comments:

e. Are reports submitted to the owner from the management agent? Yes No N/A

This question applies only to HUD Staff and Mortgagees.

Comments:

f. Are there signs enabling persons to locate the office? Yes No

Comments:

g. Are after hours and emergency telephone numbers posted? Yes No

Comments:

h. List the current insurance coverages (property, liability, Directors and Officers, workman's compensation, automobile). (Check to make sure that HUD is listed as an additional loss payee, if applicable. Also, check to make sure that the insurance policy is in the name of the mortgagor entity.)

This question applies only to HUD Staff and Mortgagees.

Type	Basic Coverage	Annual Premium
Property		
Liability		
Other (please specify):		
Other (please specify):		

Comments:

i. Does the owner/agent have a fidelity bond? Yes No N/A

This question applies only to HUD Staff and Mortgagees.

Comments:

26. Owner/Agent Participation

This question applies only to HUD Staff and Mortgagees. CAs may proceed to question 27.

a. If the project is owned by a cooperative or nonprofit entity, does the Board of Directors meet regularly and record minutes? Yes No N/A

Comments:

b. Review copies of the minutes. Does a review of the minutes indicate compliance with HUD's business agreements? Yes No N/A

Comments:

c. Does the owner/agent have a system or procedure for providing field supervision of on-site personnel? Yes No N/A

Comments:

27. Staffing and Personnel Practices

a. Has management made an effort to employ tenants in accordance with Section 3 of the Housing and Community Development Act of 1968? Yes No

Comments:

b. List all on-site staff charged to the project. (Use additional sheets if necessary).

Staff Person / Title	Date Hired	% of Time Charged to Site	Annual Salary	Unit Size	Is the Employee Receiving Subsidy?		Is the Employee Occupying a Non-Income Producing Unit?	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

c. Does the staffing chart above match Part D of the Rent Schedule, form HUD 92458 as it relates to non-income producing units? **HUD staff only.** Yes No

Comments: