### SUMMARY

<table>
<thead>
<tr>
<th>Date of On-site Review:</th>
<th>Date of Report:</th>
<th>Project Number:</th>
<th>Contract Number:</th>
</tr>
</thead>
</table>

#### Section of the Act

<table>
<thead>
<tr>
<th>Name of Owner:</th>
<th>Project Name:</th>
<th>Test Property LIVE Live</th>
<th></th>
</tr>
</thead>
</table>

#### Loan Status:

- Insured
- HUD-Held
- Non-Insured
- Co-Insured

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Type of Subsidy</th>
<th>Rent Supplement</th>
<th>Type of Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Section 8</td>
<td>PAC</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>Section 236</td>
<td>RAP</td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td>Section 221(d)(3) BMIR</td>
<td>PRAC</td>
<td>Elderly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

#### Type of Subsidy:

- Section 8
- PAC
- Section 236
- Section 221(d)(3) BMIR

#### Type of Housing:

- Family
- Disabled
- Elderly
- Elderly/Disabled
- 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.

#### General Appearance and Security

- A. General Appearance and Security
  - Enter a score between 1 and 100 for the General Appearance Rating. If this Section was not reviewed, enter 0. This category is rated Unknown.

#### Financial Management/Procurement

- D. Financial Management/Procurement
  - Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. This category is rated Unknown.

#### Leasing and Occupancy

- E. Leasing and Occupancy
  - Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. This category is rated Unknown.

#### Tenant/Management Relations

- F. Tenant/Management Relations
  - Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. This category is rated Unknown.

#### General Management Practices

- G. General Management Practices
  - General Management Practices Rating. If this Section was not reviewed, enter 0. This category is rated Unknown.

#### Overall Rating:

- Overall Score.
  - To calculate the overall score: multiply the derived performance values 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.
  - Overall Score.

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

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

Signature: ____________________________  Signature: ____________________________  Date: ____________________________  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.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Finding</th>
<th>Target Completion Date</th>
</tr>
</thead>
</table>

Form HUD-9834 (06/2016)  
Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2
PART II - ON SITE REVIEW

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

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 ☐

   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).

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>Event</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break-Ins</td>
<td></td>
<td>Arrests</td>
<td></td>
</tr>
<tr>
<td>Vandalism</td>
<td></td>
<td>Drug Activity</td>
<td></td>
</tr>
<tr>
<td>Auto Theft</td>
<td></td>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>Personal Assault</td>
<td></td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

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

   Tenant Patrol ☐  Police Patrol ☐  Motion Sensors ☐  Other (please specify) ☐
   Volunteer Organization ☐  TV Monitor ☐  Crime Prevention Plan ☐
   Paid Car Patrol ☐  Drug Free Housing Plan ☐  Community Policing ☐
   Paid on-site Guard ☐  Security Cameras ☐  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 ☐

   Comments:

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?

   Yes ☐  No ☐  N/A ☐

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

   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:
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 ☐

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:

Comments:

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

Please describe:

Comments:

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 ☐

Comments:

j. Is there a procedure in place to handle emergency work orders?  
   - Yes ☐  No ☐

If yes, describe the procedure:

Comments:

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.)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Problems</td>
<td></td>
<td></td>
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<tr>
<td>Non-competitive Amenities</td>
<td></td>
<td></td>
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<tr>
<td>Inadequate Marketing</td>
<td></td>
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<tr>
<td>Project Reputation</td>
<td></td>
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<tr>
<td>Poor Maintenance</td>
<td></td>
<td></td>
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<tr>
<td>Rents too High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
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<tr>
<td>Lack of Demand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenant/Management Relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicants Do Not Meet Screening Criteria</td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom Mix/Size (If yes, indicate which bedroom sizes are hard to rent)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ☐ N/A ☐)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caulking and weather-stripping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conversion to individual metering</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Storm doors and windows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Water saver devices</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Extra Insulation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Assessment of Utility Rate Schedule</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Energy Efficient Lighting</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Energy Star Appliances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Energy Conservation Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
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<td></td>
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</tr>
</tbody>
</table>

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?

Comments:

10. Cost Controls

a. Are bills, including the mortgage payment, paid in sufficient time to avoid late penalties?

Comments:

b. Are operating expenses, including taxes and utilities, periodically reviewed to assure that project is paying the lowest possible rate?

Comments:

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?

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?

Comments:

d. Is there a procedure to assure that the individual authorizing contracted work or services is not the same individual authorizing payment?

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?

Comments:

g. Are vendor bills paid in time to obtain maximum trade discounts?

Comments:

h. Is there any indication that real or personal property has been subtracted from the mortgaged premises without the permission of the Department?

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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Name of Contractor</th>
<th>Annual Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterminating</td>
<td></td>
<td></td>
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<tr>
<td>Apartment Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating and A/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trash Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decorating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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 ☐

Comments:

IMA

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 ☐

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?  

If yes, has HUD or CA authorized the admission?  

Yes ☐ No ☐  

Comments:  

---

g. Does the owner/agent have a written tenant selection plan?  

If yes, does the plan include all required criteria stated in Chapter 4, Handbook 4350.3 REV-1 and all applicable notices?  

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?  

If yes, does the list include all required elements as stated in Handbook 4350.3 REV-1?  

Yes ☐ No ☐ N/A ☐  

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 ☐  

Comments:  

---

m. What marketing steps has the owner/agent taken to attract extremely low-income families?  

Please describe:  

If not applicable, proceed to question n.  

Comments:  

---

n. Does the advertising program comply with the existing affirmative fair housing marketing plan?  

Request to see copies of advertisements.  

Yes ☐ No ☐  

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?  

If yes, has the lease and/or lease addenda in use been approved by HUD?  

This does not include lease addenda issued by HUD  

Yes ☐ No ☐ N/A ☐  

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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</table>

f. Are damages caused by tenants properly identified and charged to tenants?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

16. Eviction/Termination of Assistance Procedures

a. Are tenants notified of termination of tenancy or assistance in accordance with HUD requirements?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Are eviction procedures initiated timely, when warranted?  

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Is the termination of assistance initiated timely when warranted?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason(s) for termination of assistance:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, is a record kept of employees who attended the training?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

18. Management and Operation Evaluation  

a. 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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. 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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Does the owner/agent have a procedure to document and report the occurrence of all improper disclosures of EIV data?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any improper disclosures been reported to the owner/agent?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

19. Management and Operation Evaluation  

a. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any occurrences of unauthorized EIV access or security breaches been reported?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

20. Management and Operation Evaluation  

a. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any occurrences of unauthorized EIV access or security breaches been reported?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

21. Management and Operation Evaluation  

a. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any occurrences of unauthorized EIV access or security breaches been reported?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

22. Management and Operation Evaluation  

a. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any occurrences of unauthorized EIV access or security breaches been reported?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:  

23. Management and Operation Evaluation  

a. Does the owner/agent have a procedure to report any occurrence of unauthorized EIV access or security breach to the HUD National Help Desk?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any occurrences of unauthorized EIV access or security breaches been reported?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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?  
Yes ☐  No ☐  
Comments:  

b. Does the owner/agent use 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 ☐  ☐  
- No Income Report ☐  ☐  
- Failed EIV Pre-screening Report ☐  ☐  
- Failed Verification Report (Failed the SSA Identity Test) ☐  ☐  
- Existing Tenant Search ☐  ☐  
- Multiple Subsidy Report ☐  ☐  
- Deceased Tenant Report ☐  ☐  

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 (coordinates) 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.  
   Comments:  
   Yes ☐  No ☐  N/A ☐

c. Is access to tenant file information limited to only authorized staff?  
   Comments:  
   Yes ☐  No ☐  N/A ☐

d. Who is authorized to have access to the tenant files?  Name(s) and Title(s):  
   Comments:  
   Yes ☐  No ☐  N/A ☐

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

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

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.

<table>
<thead>
<tr>
<th>Number of Units</th>
<th>Minimum File Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 or fewer</td>
<td>5 files plus 1 for each 10 units over 50</td>
</tr>
<tr>
<td>101-600</td>
<td>10 files plus 1 for each 50 units or part of 50 over 100</td>
</tr>
<tr>
<td>601-2000</td>
<td>20 files plus 1 for each 100 units or part of 100 over 600</td>
</tr>
<tr>
<td>Over 2000</td>
<td>34 files plus 1 for each 200 units or part of 200 over 2,200</td>
</tr>
</tbody>
</table>

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?
   Number of Files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐

   ii. Do the files contain all documentation as required in Handbook 4350.3 REV-1, applicable HUD Notices, and any changes to the CFR?
   Documents Missing from Files:
   Comments:  
   Yes ☐  No ☐  N/A ☐

b. Application/Tenant Selection

   i. Are the applications in the files signed and dated by applicant?
   Number of files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐

   ii. Is screening conducted in accordance with the Tenant Selection Plan?
   Number of files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐

   iii. Are the unit sizes appropriate for household composition at the time of this tenant file review?
   Number of files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐

   iv. If a household was ineligible at move in, were exceptions granted?
   Number of files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐

c. Lease

   i. Are the correct model leases used?
   Number of Files with Deficiencies: ______
   Comments:  
   Yes ☐  No ☐  N/A ☐
ii. Are the leases signed and dated by all required parties?

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

iii. Are HUD issued lease addenda properly signed and in the file?

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

iv. Are the applicable addenda attached to the lease?

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

v. Are security deposits collected in the correct amount for the program?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

vi. Are pet deposits within acceptable range and payment installments allowed?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

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 ☐  

Comments:  

Number of files with Deficiencies:  

---  

Lead Based Paint Disclosure  

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

Resident Rights and Responsibilities Brochure  

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

EIV & You Brochure  

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

Fact Sheet How Your Rent is Determined  

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

Race/Ethnicity Form  

Yes ☐  No ☐  

Comments:  

Number of files with Deficiencies:  

---  

d. Certification/Re-Certification Activities:

i. Are re-certification notices issued in accordance with HUD requirements?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

ii. Are certifications completed on time?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

iii. Are all necessary verifications completed and properly documented?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

iv. Are EIV Income Reports used for third party verification of employment and income?

Yes ☐  No ☐  N/A ☐  

Comments:  

Number of files with Deficiencies:  

---  

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 ☐  

Comments:  

Number of Files with Deficiencies:  

---  

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 ☐  

Comments:  

Number of Files with Deficiencies:  

---
**vii. Are income and deductions calculated correctly prior to data entry?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**viii. Does income information on the tenant certifications agree with verified file information?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**ix. If tenants were granted a hardship exemption as part of the minimum rent, was the exemption applied correctly?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**x. Are Repayment Agreements in accordance with HUD requirements?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**xi. Are notices provided to tenants in accordance with HUD tenant notification requirements when their portion of rent has increased?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**xii. Are the correct contract rents used when determining the subsidy to be paid on behalf of tenants?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Comments:**

**xiii. If tenants are paying their own utilities, are the current certifications reflecting the correct utility allowances?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**xiv. Are utility reimbursement checks distributed within 5 business days of receipt of the housing assistance payments?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comments:**

**ii. For the move-in/move-out tenant file review, does the owner/agent make the appropriate voucher adjustments?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Comments:**

---

**f. Move-In Files**

**i. Are proper income limits used for determining eligibility at move-in?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Comments:**

**ii. Do the files contain move-in inspections?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Comments:**

**iii. If the files contain move-in inspections, have the owner/agent and the tenant signed and dated the inspection?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Comments:**

---

**g. Move-Out Files**

**i. Do tenants provide written notice of intent to vacate in accordance with the HUD model lease?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
ii. Are move-out inspections conducted?  
Yes ☐  No ☐  N/A ☐

Comments:

Number of Files with Deficiencies: ___

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

Comments:

Number of Files with Deficiencies: ___

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

Comments:

Number of Files with Deficiencies: ___

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

Comments:

Number of Files with Deficiencies: ___

h. Application Rejection Files

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

Comments:

Number of Files with Deficiencies: ___

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

Comments:

Number of Files with Deficiencies: ___

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 ☐

Comments:

Number of Files with Deficiencies: ___

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

Comments:

Number of Files with Deficiencies: ___

CATEGOR IF. 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 ☐

Comments:

If yes, review a copy.

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Financial Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy Conservation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Training/Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighborhood Networks Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

CATEGOR Y 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?  
If yes, indicate types of training used and the frequency.
Yes ☐  No ☐

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site</td>
<td></td>
<td>Industry/Association Training</td>
<td></td>
</tr>
<tr>
<td>HUD Seminars</td>
<td></td>
<td>Local Colleges</td>
<td></td>
</tr>
<tr>
<td>Energy Conservation</td>
<td></td>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

e. Are reports submitted to the owner from the management agent?  
This question applies only to HUD Staff and Mortgagees.
Yes ☐  No ☐  N/A ☐
Comments:

f. Are there signs enabling persons to locate the office?  
Yes ☐  No ☐
Comments:
g. Are after hours and emergency telephone numbers posted?

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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Basic Coverage</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

i. Does the owner/agent have a fidelity bond?

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?

Comments:

b. Review copies of the minutes. Does a review of the minutes indicate compliance with HUD's business agreements?

Comments:

c. Does the owner/agent have a system or procedure for providing field supervision of on-site personnel?

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?

Comments:

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

<table>
<thead>
<tr>
<th>Staff Person / Title</th>
<th>Date Hired</th>
<th>% of Time Charged to Site</th>
<th>Annual Salary</th>
<th>Unit Size</th>
<th>Is the Employee Receiving Subsidy?</th>
<th>Is the Employee Occupying a Non-Income Producing Unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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.

Comments: