## **Management Entity Profile**

## U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0305 (exp 04/30/2007)

See Public Reporting and Privacy Act statements on last page before completing this form

**Instructions:** The management entity may develop its own format for providing the information requested in this form. Independent fee managers and identity-of-interest management agents must provide all the information requested. Owner-managers and administrators of projects for the elderly must provide responses only to the asterisked items. They must also state whether they have previously managed insured and/or HUD-held projects and, if so, list such projects.

so, list such projects.					
*1a. Name of Management Entity	*1b. Management Entity Type  Owner/Manager  Project Administrator  Independent Fee Agent  Identity-of-Interest Agent				
			Ш.	о <u> </u>	, ,
*1c. Employer Identification Number (EIN)	*1d. Organization Typ		vidual Other (spe	ecify)	
*2. Give names, titles and Social Security Numbers of firm's princip	als (e.g., general partn	er, president, treasurer,			
Name		Title	9	Social	Security Number
Provide mailing addresses for the Company's home office and a	ny branch offices invol	ved in management of H	IUD-related multifamily	projects.	
Specify the geographic area covered by each office.	•	J	·	. ,	
*4. What year (yyyy) did the company begin managing: a. HUD-subsidized   b. HUD-related unsubsidized	c. Conventional	<ol><li>Estimate what perc a. Conventional</li></ol>	ent of company's activi   b. HUD-related	ties involve managem c. Commercial	ent of:   d. Other
projects projects	projects	projects %	projects	% space	% %
6a. How many of the following projects does the company manage (Both rentals and cooperatives)	?	6b. How many of the p	projects included in 6a: Are non-insured	Are subsidized	Are unsubsidized
HUD-unsubsidized HUD-subsidized	HUD-owned	mortgages	Are non-insured	co-ops	co-ops
projects units projects units pro	ojects units				
6c. Approximately what percent of the projects in 6a fall into the foll	lowing categories:				
Elderly Family Owned by a non-		Core city Troubl	ed neighborhood	Suburban %	Rural area
% % 7. Indicate where each of the following activities are administered.	// Use the following code		%		%
Bookkeeping Landscaping Maintenance	Purchasing	Tenant application	Certifications/	Regular monthly	Special claims
			recertifications	subsidy billings	subsidy billings
*8. How many of the company's full-time employees serve in the fol	  lowing supervisory or a	advisory roles?			
(Owner-managers and administrators of projects for the elderly	should provide this info	rmation on project empl		1	1
Engineers Maintenance Occupancy supervisors	Training specialists	Social service coordinators	Regional property managers	How many are minorities	What percentage are minority %

\*9. Identify any professional memberships, licenses, certificates or accreditations which are related to property management activities and are held by the company, company executives, or the employees considered in Item 8. (attach additional page(s) if necessary)

10.	(e.g., bulk purchasing, paying early				
*11a.	or its principals (e.g., officers, gene	eral partners). Specifor of interest.") If these	y the type of goods ar	ted projects and have an identity-of-interend nd services provided. (See paragraph 2 - vide goods/services to all your HUD-related	3D of HUD Handbook 4381.5
*11b.	services from another party and pa	ass those goods or se		roughs" i.e., does the identity-of-interes project? For each pass-through arrangen	
	<ul><li>(1) Name the identity-of-interest of</li><li>(2) Explain how the identity-of-interest</li><li>(3) Explain why it is more advanta</li></ul>	erest company's comp	pensation is determine to use the pass-throu	ed. gh arrangement than to purchase directly	from the ultimate supplier.
*12.	What types of property manageme	ent procedures or ope	rating manuals are us	ed by on-site or supervisory staff?	
*13.				g., maintenance, move-in/outs, payables, ncy of the report, and who reviews the rep	
*14a.	How frequently do company execustaff visit the projects the company		*14b. Specify who	(by position title) conducts the on-site visi	ts or reviews.
	If the company manages subsidized ency of review.			s and reviews the HUD-required docume	1
	rm HIID 50050 Initial Cartifications	Prepares doc	cuments	Reviews documents	Frequency of review
	rm HUD-50059, Initial Certifications rm HUD-50059, Recertifications				
	·				
	gular Monthly Subsidy Billings				
	ecial Claims Subsidy Billings				
	oposals to terminate tenant sistance payments				
f. Pro	oposals to evict				
	onthly Accounting Reports orms HUD-93479, 80, 81)				
	rm HUD-949, Civil Rights Tenant aracteristics/Occupancy Reports				

Agen	t Name	Date (mm/dd/yyyy)
16.	If applicable, describe how the home office supervises supervisory staff (e.g., property managers, occupancy specialists, maintenance supervisors), who operate out of branch offices	
*17.	Describe how the company trains its employees in the areas listed below. Discuss both on-going training and initial is hired. Specify the frequency and duration of the training and who/what organization conducts the training. Disfront-line staff.  a. Property management practices.	al training provided when the employee ccuss training for both supervisory and
	b. Financial and recordkeeping requirements.	
	c. Civil rights and fair housing laws.	
	d. Occupancy requirements in HUD Handbook 4350.3, Occupancy Requirements of Subsidized Multifamily Housi subsidized projects).	ng Programs (if the company manages
*18.	Has an owner of a HUD-related project, at any time during the past three years, cancelled a property management.  Yes No During the past three years, how many HUD-related projects have not renewed their management contracts with (Number)  Explain the reasons for any cancellations or failure to renew and identify the projects involved.	

19a.	List <b>all</b> HUD Field Offices that have jurisdiction over the projects included identify the five jurisdictions where the greatest number of your HUD-rel		ore than five Field Office jurisdictions,
19b.	List <b>all</b> State Agencies in whose jurisdiction you have managed or are mathan five States, identify the five where the greatest number of your States.		For companies that operate in more
19c.	List <b>all</b> FmHA offices in whose jurisdiction you have managed or are ma jurisdictions, identify the five where the greatest number of your FmHA productions.	naging FmHA projects. For companies projects are located.	that operate in more than five FmHA
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Certi	ication: The undersigned hereby certifies that the statements and infor	mation contained in this profile are true	and correct
	ng: HUD will prosecute false claims and statements. Conviction may result in cri		
Signe	d by Management Entity Representative		
Signa	ure		Date (mm/dd/yyyy)
Print N	lame	Title	
searc	reporting burden for this collection of information is estimated to avenue thing existing data sources, gathering and maintaining the data needed of conduct or sponsor, and a person is not required to respond to, a colle	, and completing and reviewing the col	lection of information. This agency

Owners of insured and assisted multifamily housing projects are required by HUD administrative guidelines as found in HUD Handbook 4381.5 REV-2, The Management Agent Handbook, to submit certain data for review by the local HUD office of approval of a new management agent. These requirements apply to insured multifamily projects or HUD-held mortgages and subsidized, non-insured projects that are not financed by State Agencies or the Rural Housing Service Agency.

**Privacy Act Statement:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended, and the Social Security Numbers (SSN) by the Housing and Community Development Act of 1987, 42 U.S.C. 3543. The information concerning management documents for Multifamily Housing projects is being collected by HUD to: (1) determine the acceptability of proposed management agents, (2) ensure compliance with program requirements, (3) provide leverage for removing poor managers, and (4) recover excessive management fees. The information is being used as a management tool to avoid the misuse of HUD subsides and defaults against the FHA insurance fund by management agents. Specifically, the information will provide for improved project management by ensuring: that subsidy funds are administered in accordance with HUD rules, project expenses are reasonable, maintenance of documented records, and use of project funds only in accordance with HUD requirements. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information could result in HUD's denial of proposed management or fees or cancellation of management contracts for noncompliance with HUD procedures. Providing the SSN is mandatory, and failure to provide it could affect your participation in HUD programs.