Management Entity Profile

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

OMB Approval No. 2502-0305 (exp 9/30/2013)

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

*8. How many of the company's full-time employees serve in the following supervisory or advisory roles?

Occupancy

supervisors

(Owner-managers and administrators of projects for the elderly should provide this information on project employees.)

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-h eld projects and, if so, list such projects. *1a. Name of Management Entity *1b. Management Entity Type Independent Fee Agent Identity-of-Interest Agent Project Administrator Owner/Manager *1c. Employer Identification Number (EIN) Organization Type Partnership Individual Other (specify) Corporation *2. Give names, titles and Social Security Numbers of firm's principals (e.g., general partner, president, treasurer, etc.) Social Security Number Name Address Phone Email: Address Phone Email: Name Address Phone Provide mailing addresses for the Company's home office and any branch offices involved in management of HUD-related multifamily projects. Specify the geographic area covered by each office. *4. What year (yyyy) did the company begin managing: 5. Estimate what percent of company's activities involve management of: a. HUD-subsidized b. HUD-related unsubsidized c. Conventional b. HUD-related Conventional c. Commercial d. Other projects projects projects projects projects space % % 6a. How many of the following projects does the company manage? 6b. How many of the projects included in 6a Are subsidized Have HUD-held Are unsubsidized (Both rentals and cooperatives) Are non-insured **HUD-unsubsidized HUD-subsidized HUD-owned** mortgages co-ops co-ops projects units projects units projects units 6c. Approximately what percent of the projects in 6a fall into the following categories: Elderly Family Owned by a non-profit or coop Core city Troubled neighborhood Suburban Rural area %_ % 7. Indicate where each of the following activities are administered. Use the following codes: C = central office; R = regional office; F project site Landscaping Purchasing Tenant application Certifications/ Regular monthly Special claims Bookkeeping Maintenance subsidy billings recertifications subsidy billings

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

Social service

coordinators

Regional property

managers

How many are

minorities

Training specialists

What percentage are minority

Engineers

Maintenance

supervisors

| *10. | Describe any purchasing procedur (e.g., bulk purchasing, paying early | | | | | | |
|--|--|--|--|---|-------------------------------------|--|--|
| *11a. | List any companies which regularly supply goods or services to your HUD-related projects and have an identity-of-interest with the management entity or its principals (e.g., officers, general partners). Specify the type of goods and services provided. (See paragraph 2 - 3D of HUD Handbook 4381.5 for a definition of the term "identity-of-interest.") If these companies do not provide goods/services to all your HUD-related projects, identify the projects that do not deal with these companies. | | | | | | |
| *11b. Do any of the identity-of-interest companies listed in 11a. function as "pass-throughs" i.e., does the identity-of-inte rest company purchas services from another party and pass those goods or services through to the project? For each pass-through arrangement: (1) Name the identity-of-interest company involved. (2) Explain how the identity-of-interest company's compensation is determined. (3) Explain why it is more advantageous for the project to use the pass-through arrangement than to purchase directly from the ultimate | | | | | | | |
| *12. | What types of property manageme | nt procedures or oper | ating manuals are u | sed by on-site or supervisory staff? | | | |
| *13. | What types of recurring written rep actual expenses)? Specify who (b | orts are prepared on p y position title) prepar | project operations (e es the report, freque | .g., maintenance, move-in/outs, payables ncy of the report, and who reviews the re | , comparisons of budgeted and port. | | |
| *14a. | How frequently do company execu staff visit the projects the company | | *14b. Specify who | (by position title) conducts the on-site vis | sits or reviews. | | |
| *15. | If the company manages subsidized ency of review. | projects, identify by j | ob title who prepa r | res and reviews the HUD-required docu | ments listed below. Specify the | | |
| equ | ency of review. | Prepares doc | uments | Reviews documents | Frequency of review | | |
| a. Form HUD-50059, Initial Certifications | | | | | | | |
| b. Form HUD-50059, Recertifications | | | | | | | |
| c. Regular Monthly Subsidy Billings | | | | | | | |
| d. Special Claims Subsidy Billings | | | | | | | |
| e. Proposals to terminate tenant assistance payments | | | | | | | |
| f. Pro | oposals to evict | | | | | | |
| g. Monthly Accounting Reports (Forms HUD-93479, 80, 81) | | | | | | | |
| h. Form HUD-949, Civil Rights Tenant Characteristics/Occupancy Reports | | | | | | | |

| Agen | Name Date (mm/dd/yyyy) |
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| 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 training provided when the employ is hired. Specify the frequency and duration of the training and who/what organization conducts the training. Discuss training for both supervisory and front-line staff. a. Property management practices. |
| | 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 Housing Programs (if the company managements). |
| *18. | Has an owner of a HUD-related project, at any time during the past three years, cancelled a property management contract held by the company? Yes No |
| | During the past three years, how many HUD-related projects have not renewed their management contracts with the company? (Number) |
| | Explain the reasons for any cancellations or failure to renew and identify the projects involved. |

| 19b. | List all State Agencies in whose jurisdiction you have managed or are than five States, identify the five where the greatest number of your S | e managing State Agency-financed project tate Agency projects are located. | s. For companies that operate in more |
|---------------|---|---|---|
| | | | |
| 19c. | List all FmHA offices in whose jurisdiction you have managed or are r jurisdictions, identify the five where the greatest number of your FmHz | nanaging FmHA projects. For companies A projects are located. | that operate in more than five FmHA |
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| Corti | fication: The undersigned hereby certifies that the statements and in | formation contained in this profile are true | and correct |
| | ing: HUD will prosecute false claims and statements. Conviction may result in | • • • • • • • • • • • • • • • • • • • | |
| | d by Management Entity Representative | , , , , , , , , , , , , , , , , , , , | , |
| Signa | | Date (mm/dd/yyyy) | |
| J | | | , |
| Print I | lame | Title | |
| searc | c reporting burden for this collection of information is estimated to ave hing existing data sources, gathering and maintaining the data need not conduct or sponsor, and a person is not required to respond to, a | ed, and completing and reviewing the co | llection of info rmation. This agency |
| Mana apply | rs of insured and assisted multifamily housing projects are required by gement Agent Handbook, to submit certain data for review by the loc to insured multifamily projects or HUD-held mortgages and subsidizing Service Agency. | cal HUD office of approval of a new man | agement agent. These requirements |
| | ang derived rigority. | | |

List all HUD Field Offices that have jurisdiction over the projects included in 6a. For companies that operate in more than five FieldOffice jurisdictions,

identify the five jurisdictions where the greatest number of your HUD-related projects are located.

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, exceptas 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.