

ATTACHMENT B

Annual Customer-Service Survey of Performance-Based Contract Survey of Owners

A. Introduction

Welcome to the U.S. Department of Housing and Urban Development's Survey of Owners and Managers participating in the Project Based Section 8 Program. We thank you in advance for your participation!

The results of this survey will be used to help evaluate the agency that administers your HAP contract and the HUD regulations under the Code of Federal Regulations: [INSERT NAME OF CONTRACTOR].

Your responses, in combination with those of other owners, will help HUD to determine the effectiveness of this contractor and their eligibility for incentives under the terms of their Performance-Based Annual Contributions Contract.

PRIVACY ACT: The information gathered from this survey is protected by the Privacy Act and the results will be reported in summary form only. No responses will ever be associated with a specific individual.

- a. **Privacy Act Notice**
- b. **Authority:** This collection is authorized by the (insert reference)
- c. **Purpose:** Each affected agency should complete the survey to provide feedback to HUD on the service provided under the Performance-Based Annual Contributions Contract.
- d. **Routine Uses:** HUD will use the information as input to determine eligibility of the Contractor for incentives under the terms of the Annual Contributions Contract.

Disclosure: This collection is voluntary.

Public reporting burden for this collection of information is estimated to average .25 hours per respondent. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for Office of Housing, Office of Housing Assistance Contract Administration Oversight and will be used for determining the effectiveness of Performance-Based Contract Administrator and their eligibility for incentives under the terms of their Performance-Based Annual Contributions Contract. Response to this request for information is voluntary. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. Confidentiality of responses is assured. The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520) and assigned OMB control number 2502-XXXX. There is no personal information requested in this survey. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when

disclosure is not required. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

- S. Have you been responsible for overseeing all or part of a Section 8 Housing Assistance Payments (HAP) contract in the past year that was administered by (FILL CONTRACTOR)?
NOTE: Either the property owner or manager can fill out this questionnaire.

Yes → GO TO “COMPLETING THE SURVEY” immediately below
No

Is there someone else in your company who might have been contacted by (FILL CONTRACTOR) about a HAP contract in the past year?

Yes → GO TO S1
No → Thank you for your time. (END OF SURVEY)

- S1. Please provide the name, phone number to call to reach that person (and an email address, if available):

Name: _____
Phone: _____
E-mail address: _____

Thank you for your assistance! (END OF SURVEY)

Completing the Survey

The survey takes about 15 minutes. If you need to stop, you may resume and complete the survey later by re-entering the password sent to you. If you have any questions about the survey or encounter problems taking it, you may contact [NAME AND PHONE NUMBER] or by email at: [EMAIL ADDRESS].

NAVIGATION: When you are finished with the questions on a page, simply click on the **Next** button at the bottom to proceed to the next page. To return to the previous page, click the **Prev** button. (Scroll down to the bottom of the page to see these buttons on your screen.)

Although not all questions require a response in order to proceed, please try to answer all of them. If you are unable to recall the exact answer, please give your best approximation.

Section A. Background Questions

The first several questions ask about background characteristics.

1. How many properties do you own or manage that currently participate in the Project-Based Section 8 program (units subsidized through Section 8 housing assistance payments (HAP))?

- a. In this State: ____
- b. In all States: ____

2. How many Project-Based Section 8 program units do you own or manage in all of your properties?

- a. In this State:
 - Less than 50
 - 50 - 99
 - 100 - 199
 - 200 - 299
 - 300 - 499
 - 500 - 999
 - 1,000 - 2,500
 - 2,500 or more
- b. In all States:
 - Less than 50
 - 50 - 99
 - 100 - 199
 - 200 - 299
 - 300 - 499
 - 500 - 999
 - 1,000 - 2,500
 - 2,500 or more

3. How long have you or your company participated in the Project-Based Section 8 program?

- Less than one year
- 1 - 2 years
- 3 - 4 years
- 5 - 9 years

10 years or longer

4. How familiar are you with the Section 8 contract responsibilities of the (FILL CONTRACTOR) which administers the contract for your property(ies) located there]?

Very familiar

Fairly familiar

Slightly familiar

Not familiar

5. How many times did you have direct contact (in-person, phone conversation) with (FILL CONTRACTOR) personnel during the last 12 months on matters concerning the Performance-Based Annual Contributions Contract?

6 or more times

3 - 5 times

1 - 2 times

0 times

6. How many times during the last 12 months did you and (FILL CONTRACTOR) communicate by sending letters or email on matters concerning your Performance-Based Annual Contributions Contract, including payment concerns and Management and Occupancy Reviews? Count each matter you corresponded about once.

6 or more times

3 - 5 times

1 - 2 times

0 times

Section B: Statements about (FILL CONTRACTOR)

For the next few questions, I am going to read you some general statements about (FILL CONTRACTOR). After each statement, please tell me how much you **agree or disagree** with the statement, by choosing strongly agree, agree, disagree, or strongly disagree.

7. (FILL CONTRACTOR) has been helpful working with us on health, safety, and maintenance issues.

Strongly agree

- Agree
- Disagree
- Strongly disagree

8. (FILL CONTRACTOR) adheres to HUD's regulatory policies and is mindful of requesting additional paperwork, policies or procedures beyond those required by HUD regulations.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Section C. Satisfaction with (FILL CONTRACTOR) 's Customer Service

The next few questions ask you to rate your satisfaction with (FILL CONTRACTOR)'s performance and customer service.

9. Thinking about all the interactions you had with (FILL CONTRACTOR) during the past year, how satisfied have you been with their performance overall on each of the following topics?

a. Rent adjustments

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

b. Contract renewal

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

c. Voucher processing

- Very dissatisfied
- Dissatisfied

Satisfied
Very satisfied

d. Management and Occupancy Reviews

Very dissatisfied
Dissatisfied
Satisfied
Very satisfied

10. Thinking about the representatives from (FILL CONTRACTOR) with whom you have communicated, how satisfied are you with how responsive they have been in addressing and resolving your questions and inquiries on each of the following topics?

a. Rent adjustments

Very dissatisfied
Dissatisfied
Satisfied
Very satisfied

b. Contract renewal

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

c. Voucher processing

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

d. Management and Occupancy Reviews

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

11. How satisfied are you with the level of professionalism and courtesy of (FILL CONTRACTOR)'s representatives that you have communicated with?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

12. How satisfied are you with their ease of access by phone— how easy or hard it has been in the last 12 months to reach someone to answer your questions or address your concerns?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

Section D. (FILL CONTRACTOR)'s Actions During the Last 12 Months

13. The next set of questions ask about whether (FILL CONTRACTOR) makes a good faith effort to work with property owners on specific issues regarding the voucher process:

a. Did the PBCA follow-up with you no later than then 11th day of the month?

- Always
- Almost always
- Sometimes
- Mostly not

b. Did the3 PBCA request correction from you if the tenant data did not pass edit checks?

- Always
- Almost always
- Sometimes
- Mostly not

c. Did the PBCA send you a TRACS notification?

- Always
- Almost always
- Sometimes
- Mostly not

d. Did the PBCA send you a final letter to document the payment?

- Always
- Almost always
- Sometimes
- Mostly not

e. Did the PBCA include information on adjustments to amount requested?

- Always
- Almost always
- Sometimes
- Mostly not

Next, some questions about your experiences with (FILL CONTRACTOR) regarding specific services that you may have received over the past year.

14. How often during the last 12 months has the (FILL CONTRACTOR) sent your Housing Assistance Payments on time?

- Always
- Almost always
- Sometimes on time, sometimes not (GO TO Q15)
- Mostly not (GO TO Q15)

14a. When HAP payments were delayed indicate up to two reasons most often associated with the delay.

Primary reason:

- Delays by the PBCA
- Delays due to HUD processing
- Delays due to incomplete or erroneous information on your part
- Federal funding issues

Secondary reason: (MUST BE DIFFERENT THAN PRIMARY REASON)

- Delays by the PBCA
- Delays due to HUD processing
- Delays due to incomplete or erroneous information on your part
- Federal funding issues
- No second reason

The next set of questions is on your most recent Management and Occupancy Review (MOR):

15. Did (FILL CONTRACTOR) contact you 180 days in advance to schedule the MOR?

- Yes
- No
- Not certain/do not recall

16. Did the (FILL CONTRACTOR) provide a written confirmation of the scheduled MOR at least 14 days in advance?

- Yes
- No
- Not certain/do not recall

17. Did (FILL CONTRACTOR) provide a telephone reminder one week before the review?

- Yes
- No
- Not certain/do not recall

18. Did the (FILL CONTRACTOR) provide you the MOR report within 30 days?

- Yes
- No
- Not certain/do not recall

19. Did you feel that the MOR was thoroughly conducted and fairly reported?

- Yes
- Yes, with minor reservations
- No
- Not certain/did not read

20. Did you receive instructions on the appeal process for the MOR?

- Yes
- No
- Not certain/do not recall

21. During the last 12 months, were you asked to make corrections on any vouchers submitted for payment?

- Yes
- No → (GO TO Q22)

21a. (IF YES:) Were you notified in writing that corrections had to be made?

- Yes
- Sometimes yes, sometimes no
- No

22. During the last 12 months, did you apply to have your Housing Assistance Payment program contract renewed?

- Yes
- No → (GO TO Q23)

22a. (IF YES:) Did you receive a copy of the original, signed contract from (FILL CONTRACTOR)?

- Yes
- No

23. During the last 12 months, to the best of your knowledge, did any of your Section 8 residents contact (FILL CONTRACTOR) directly with inquiries or concerns about health, safety, or maintenance?

- Yes
- No → (GO TO Q24)
- Not sure → (GO TO Q24)

23a. (IF YES:) Did (FILL CONTRACTOR) promptly contact you about these inquiries or concerns?

Yes, in each case

No, in none of the cases

Sometimes yes, sometimes no

Not sure

24. Can you think of any instances during the last 12 months in which (FILL CONTRACTOR) provided exceptional service or expertise in helping achieve a notable success or alleviate a serious problem at your property? (IF YES, BRIEFLY DESCRIBE)

25. Were there any instances during the last 12 months in which (FILL CONTRACTOR) failed to fulfill its responsibilities, resulting in extended a problem or preventing/delaying an achievable outcome? (IF YES, BRIEFLY DESCRIBE)

Section E: Overall Rating and Comments

The last question asks your overall rating of the (FILL CONTRACTOR). Then you have an opportunity to add specific comments on any topic addressed in this survey

26. On a scale from 0 to 10, please rate the overall level of service you feel that (FILL CONTRACTOR) has provided, with 0 (very poor service) to 10 (excellent service).

- 0 Very Poor Service
- 1
- 2
- 3
- 4
- 5 Average Service
- 6
- 7
- 8
- 9
- 10 Excellent Service

27. Add any specific comments about payments, MORs, rent adjustments or other issues.

a. Comments on payments, if any:

b. Comments on MORs, if any:

c. Comments on rent adjustments, if any:

d. Other comments, if any:

Thank you for taking the time to complete this survey!