



# MANAGEMENT AGENT'S QUALIFICATIONS

## 1. Principal Office of Management Agent

Name of Firm \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) - \_\_\_\_\_  
 Title \_\_\_\_\_ Fax ( ) - \_\_\_\_\_  
 Territory/Cities Covered \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. Other Offices of Management Agent

Mailing Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) - \_\_\_\_\_  
 Title \_\_\_\_\_ Fax ( ) - \_\_\_\_\_  
 Territory/Cities Covered \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) - \_\_\_\_\_  
 Title \_\_\_\_\_ Fax ( ) - \_\_\_\_\_  
 Territory/Cities Covered \_\_\_\_\_ E-mail \_\_\_\_\_

## 3. Type of Management Agent (mark only one box)

- Individual
- Corporation
- Limited Liability Corporation
- General Partnership
- Limited Partnership
- Local Government
- Other: \_\_\_\_\_

Year Founded \_\_\_\_\_  
 Year Property Management Activities Began \_\_\_\_\_

Is Management Agent a subsidiary of another corporation?  Yes  No

## 4. Accounting

Indicate the software used by the Firm for its accounting: \_\_\_\_\_  
 Are current accounting records kept in accordance w/GAAP and HUD accounting principles?  Yes  No  
 If no, please explain. \_\_\_\_\_

## 5. Information Systems

- A. Type of Hardware (check all that apply)
- Main Frame
  - Mini
  - PC Based
  - Networked
  - WAN
  - Other \_\_\_\_\_

B. What operating system(s) do you have? \_\_\_\_\_

C. Do you have Internet service?  Yes  No  
 If yes, who is your Internet provider? \_\_\_\_\_

D. If you have HUD-assisted properties in your portfolio, what communications package do you use for HUD/TRACS?

- (1) Does your program have the ability to generate a 50059 in a format acceptable to TRACS in accordance w/the MAT users guide? \_\_\_\_\_  
 What type of software do you use: \_\_\_\_\_
- (2) Have you ever had any TRACS transmission errors?  Yes  No  
 If yes, what type \_\_\_\_\_
- (3) What is the average number of TRACS errors over the last year? \_\_\_\_\_
- (4) What is the average number of residents whose subsidy was reduced to zero over the last year due to late certifications? \_\_\_\_\_

**6. Residential Property Management Experience** (Over the past five years)

Type of Project	Number of Projects	Number of Residential Units	Average Percentage Management Fee
Apartments			
Condominiums			
Single Family			
Other (describe)			
Total			

Has the management agent managed a DSHA-financed project for at least the two previous years?

Yes  No

If yes, complete this section. If No, go to question 8.

**7. Marketing Services** (mark the appropriate box for the following marketing services)

Services	Provided by Firm	Provided by Subcontractor	Not Provided
Preparation of Marketing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Rental Brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Press Releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decoration of Models and Community Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Displays and Classified Copy of Newspaper Advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Direct Mail Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Other Services and Functions**

Does the management agent or its parent provide any of the following services or functions? If these services are offered under a different firm or trade name, please indicate such name and relationship to firm (for example, parent corporation, subsidiary, same principals, etc.)

Service or Function	Provided?	Provided By	Relationship
Real Estate Sales or Brokerage *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage Banking or Brokerage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Development	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Appraisals	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Agency or Brokerage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Market Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Feasibility Studies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Is the management agent a licensed Real Estate Broker in the State of Delaware?  Yes  No

In any other State?  Yes  No If yes, please indicate which states \_\_\_\_\_

**9. Staff of Firm**

Staffing	Currently	Two Years Ago
Number of Employees of Firm		
Number of Accounting Staff in Firm		
Number of Executive and Professional Persons in Firm		
Number of Executive and Professional Persons Engaged in Property Management and Marketing Activities		

**10. Experience with the DSHA** (indicate the names and addresses of DSHA financed property and non-DSHA properties that the management agent has managed). **Please attach a separate page.**

---



---



---



---



---

**11. Tenant Services**

Does the management agent provide special personnel or special programs to assist tenants with social problems? If yes, describe. Yes No

Does the management agent provide its staff with special training regarding tenant relations, social problems, etc. If yes, describe. Yes No

**12. Personnel and Training (Attach information on the following)**

- A. List job titles, number of positions and number of persons supervised by the Management Agent in the management office.
- B. Specify who (by position title) conducts on-site visits or reviews to developments managed. What is the frequency of these visits/reviews?
- C. Describe how the company trains its employees in property management practices. Consider resident managers, grounds and maintenance employees, as well as supervisory personnel.
- D. Will the company send personnel involved in the management of a development financed by DSHA to DSHA sponsored training programs? Yes No
- E. Identify by position title who prepares and/or reviews the following actions:
  - (1) Final approval/disapproval of applicants for a development:
  - (2) Tenant evictions:
- F. This section is applicable to HUD-assisted developments only:
  - (1) Describe how the company trains its employees on the occupancy requirements set forth in HUD.
  - (2) Identify by position title who prepares and/or reviews the following documents:
    - (i) Form HUD 50059, Owners Certification with HUD's Tenant Eligibility and Rent Procedures:
    - (ii) Monthly Subsidy Billing - Form HUD 52670 and 52670A - Part 1 and Part 2:

**13. Bonding**

Does the management agent have a surety bond? If yes, indicate the following information. Yes No

Amount of Bond \$ \_\_\_\_\_

Name and address of Bonding Company \_\_\_\_\_

If the management agent does not have a surety bond, is it eligible for a surety bond? Yes No

Has the Management Agent or any of its present personnel ever been denied a bond? Yes No

**14. Licenses, Certificates and Accreditations**

List licenses, certificates and accreditation's of the Firm (and of executive, professional and supervisory employees, if relevant).

Have any licenses, bonds, certificates or accreditation's ever been revoked, suspended, restricted, or in any manner, limited or terminated? If yes, explain. Yes No

**15. Prior Experience**

Has the management agent (or any of its principals and affiliates) ever had a limited denial of participation from HUD or been debarred, suspended or voluntarily excluded from participation in any federal or state program? If yes, explain. Yes No

Has the management agent (or any of its principals or affiliates) participated in the development or operation of a project that experienced a default? If yes, provide the number of developments and explain (including the name and location of the development, circumstances surrounding each default, its cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.). Yes No

Has the management agent taken on the management of defaulted or foreclosed properties? If yes, indicate owner and mortgagee, experience with such properties and whether the properties returned to sustaining status. Yes No

Has the Management Agent or any of its present personnel ever been involved in governmental or judicial action concerning an alleged violation of "Fair Housing" laws? Yes No  
If yes, please explain:

---

---

**16. Contract Status**

Have any property management contracts held by the management agent over the past five years been terminated prior to their expiration date? If yes, provide the number of contracts and explain (including the name and location of the development, mortgagor and reason surrounding the termination) . Yes No

---

---

Have any property management contracts held by the management agent over the past five years not been renewed upon expiration? If yes, provide the number of contracts and explain (including the name and location of the development, mortgagor and reason surrounding the non-renewal) . Yes No

---

---

**17. Bankruptcy**

Has a petition of involuntary bankruptcy ever been filed against the management agent? If yes, explain. Yes No

---

---

Has the management agent ever filed a petition of bankruptcy? If yes, explain. Yes No

---

---

Has the management agent ever made an assignment for the benefit of creditors? If yes, explain. Yes No

---

---

Are there any unsatisfied judgments outstanding against the management agent or any of its principals or affiliates? If yes, explain. Yes No

---

---

Has the management agent been a party to any litigation during the past five years? Yes No  
If yes, explain.

---

---

**18. Additional Information**

Please furnish DSHA with the following:

- A. Current financial statement of management entity.
- B. Example of the monthly operating statement and marketing report to be utilized.
- C. List of business and banking references (minimum of 5).
- D. Management plan should include:
  - (1) Description of management company including the number of employees in the following capacities: Supervisory, clerical, management, maintenance, social services, accounting, as applicable.
  - (2) Marketing and Advertising Plan
  - (3) Rent Structure
  - (4) Qualifying Tenants, Application, and Eligibility Procedures
  - (5) Waiting List Procedures
  - (6) Verification and Documentation Procedures
  - (7) Certification and Recertification Procedures
  - (8) Occupancy and Lease Requirements
  - (9) Transfers Procedures
  - (10) Rent Collection and Eviction Procedures
  - (11) Maintenance and Preventative Maintenance Procedures
  - (12) Inspections Procedures
  - (13) Accounting Procedures (including tenant accounting and software used)
  - (14) Personnel Policies

**CERTIFICATION**

The undersigned hereby certifies that he/she is the duly authorized representative of the management agent and that the information set forth in this document, and in any attachment in support thereof, is true, correct and complete to the best of his/her knowledge and belief.

*other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full legal name of firm)

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_