

Management Company Name:							
Property:							
Completed by:	_ Date Completed:	<u>—</u>					
If you're not receiving MaineHousing Asset Management Notices, please provide the name and email address of individuals to be added to our mailing list:							
For the upcoming Management Review there are a the HUD-9834 to see if any of your internal proce Occupancy Review (MOR). Please complete the fo	esses have changed since the la						
This form should be completed individually per precategory and question from the HUD 9834 Part II							
Category A: Gene	ral Appearance & Security						
Question 2a & c:  Please indicate if any of the following events have of the event, and the corrective action if any taken  Break-ins Vandalism Aut Drug Activity Other:  Corrective Actions:	: to Theft Assaults None	Arre	sts				
Question 2b: What types of security measures have been implen	nented since the last review? _						
Category B. Follow-Up & Question 3a:	Monitoring of Project Inspe	<u>ections</u>					
Have all EH&S items from the most recent REAC If no, provide explanation:			□ N/A				
Please provide a copy of the EH&S Certification for our r	ecords (inspections within past 15 n	ionths).					
Question 3b:							
Have all other deficiencies noted in most recent R If no, provide explanation:		□ No	□ N/A				
Please have available for review all work orders pertaining t	to corrected REAC items.						
Question 4a If this is an elderly property that was constructed property that was constructed property there a lead based paint certification?   Yes	orior to 1978, and there are chi		•				

### Category C. Maintenance & Standard Operating Procedures

Question 5a – c:					
Confirm there is a schedule for preventative maintenance/servicing for the following items checked:					
☐ Heating & A/C Equipment ☐ Water Heaters ☐ Carpets/Drapes ☐ Roof, Gutter, Fascia Inspection					
<ul> <li>□ Major Appliances</li> <li>□ Elevators</li> <li>□ Motor Vehicles</li> <li>□ Sewer Lines</li> <li>□ Exterior Painting</li> <li>□ Windows</li> <li>□ Recreations Equipment</li> <li>□ Landscaping Maintenance</li> </ul>					
☐ Other:					
Question 5d:  Identify employee(s), names(s), and title(s) responsible for conducting inspections:					
Question 5h:  What is the average number of days from move out until the unit is ready for occupancy? (Maintenance)  0 Bedroom: 1 Bedroom: 2 Bedroom: 3 Bedroom: 4 Bedroom: 5 Bedroom:					
If the average number of days exceeds 10 days, please explain the reasons for delays:					
Question 5k:  Is there a backlog of work orders?  Yes No Total Number backlogged:  Number between 1-3 days:  4-7 days:  More than 1 week:   Question 6a:  What is the average number of days for unit turn over? (Move out date to Move in date)(Vacancy)  Bedroom:  1 Bedroom:  2 Bedroom:  4 Bedroom:  5 Bedroom:  5					
If the average number of days exceeds 30 days please explain the reasons for delays:					
Please provide the following information:					
(Category C. Question 6a-b):					
As of date Number of Vacancies Number of vacant units ready to rent					
Questions 6c & d:					
Are there any factors contributing to vacancy problems?   Yes No  If yes, explain what actions are being taken to resolve:					
Question 7:  Have any of the following energy savings measures been implemented in the last 12 months?  □ Caulking & Weather Stripping □ Storm doors/windows □ Consumer education  □ Water saver devices □ Extra insulation □ Lighting □ Appliances □ Solar □ Wind □ Mini-splits  □ Heat conversions □ Other:					

## Category E. Leasing and Occupancy

	other tenant f	ıles? ∐ Yes	⊔ No L	⊔ N/A		
Question 21d Who is authorized to have ac		`	,	`		,
(Categor	ry E. Summar	y of Tenant	File Review	s, Question	n 22h-iii):	
Number of Rejections  Number of Rejectio	ns					
	Category F	. Tenant/M	anagement l	Relations		
Question 23c		1 *	. 5 🗆 🕶		. т	
Is there an active formal tena	ant organizatio	on at this pro	perty: $\square$ Y	es 🗀 ſ	No	
Question 24b Is there a Resident Service C If yes, how many hours do If no, what services are off	es the RSC d	edicate per	week? I	Days	Hours per da	•
	Categ	ory G. Gene	ral Managen	<u>nent</u>		
<b>Question 27a</b> Has management made an efficient Community Development A	1 ,			h Section 3	of the Housin	ng and
Question 27b HUD Boston	n requires co	mpletion for	every projec	<b>ct.</b> List all st	aff charged to	the project:
(Use additional paper if need	-	-	• • /			± /
Staff: Name/Title	Date Hired:	% of time Charged to the Site:	Annual Salary:	Unit Size:	Receiving Subsidy? (If Living On-site)	Occupying a Non-Income Producing Unit?
					$\Box$ Y $\Box$ N	$\Box$ Y $\Box$ N
					$\square$ Y $\square$ N	$\Box$ Y $\Box$ N
					□Y □N □Y □N	$\Box$ Y $\Box$ N
						□Y □N □Y □N
					$\Box$ Y $\Box$ N	$\Box$ Y $\Box$ N

# FHEO Checklist: Addendum B: Question 4 If an approved AFHMP has been received since the last MOR, please provide a copy.

1.	What is the date the owner last submitted the Affirmative Fair Housing Marketing Plan to HUD?  Date
2.	What is the HUD approved date?
3.	If the plan submitted is not yet approved by HUD, what is the last HUD approved plan date?
4.	What was the last date owner's agent last reviewed the Affirmative Fair Housing Marketing Plan?  Date
	ne HUD memorandum dated (9/22/2014) HUD has indicated a new plan must be only be submitted when meets the following criteria:

- At least five (5) years have elapsed since the last review; **OR**
- The local jurisdiction's Consolidated Plan has been updated; **OR**
- Significant demographic changes have occurred in the housing market area:

#### AND

• The Owner/Agent has conducted an analysis which determines that the population least likely to apply for housing is not identified in the currently approved AFHMP **OR** the advertising, publicity or outreach are no longer appropriate and require modification or expansion.

### OR

(2)

- The owner adopts a residency preference for admission of persons who reside in a specified geographic area ("residence preference area"). An owner's residency preference must be approved by HUD as described in 24 CFR 5.655 (c)(iii) subparts A and C. Residency preferences should only be approved when they further the goals of affirmative marketing.
- The owner adopts an admissions preference for admission of persons who reside in a specified geographic area that hasn't previously been approved, and then an update to the AFHMP must be approved.

Thank you for your efforts in completing form HUD-9834 Questionnaire! We appreciate your cooperation!