

MANAGEMENT AGENT'S QUALIFICATIONS

FORM

			1	1					209
1. Principal Of	ffice of Firm	1							
Name of Firm									
Mailing Addres	SS								
Contact					Phone ()	-	
Title					Fax	()	-	
Territory/Cities	Covered				E-mail				
2. Other Office	es of Firm								
Mailing Addres									
Contact	,,,				Phone	()	_	
Title					Fax	()	-	
Territory/Cities	Covered				E-mail				
Territory/Cities	Covered				L-man				
Mailing Addres	SS								
Contact					Phone	()	-	
Title					Fax	()	-	
Territory/Cities	Covered				E-mail				
-									
3. Type of Fire	n (mark only o	ne box)							
☐ Individual		☐ Genera	l Partnership			Limited	Liability Co	orporation	
☐ Corporation	on		☐ Limited Partnership				Other:	_	
-									
Year Founded									
Year Property I	Management A	ctivities Begar	1						
4. Bookkeepin	g								
Indicate the sof	tware used by	the Firm for its	s bookkeeping	g:					
5. Residential	Property Man	agement Exp	erience (Over	the past three	e years)				
7	Type of Project		Number of Projects	Number of Residential Units	Average Percentage Management Fee				
Apartments									
Condominiums									
Single Family									
Other (describe	?)								
Total									
Has the manage	ement agent ma	anaged a Depa	rtment-finance	ed project for	at least the two	prev	vious year	rs? If no,	
complete all of									□Yes

6. Marketing Services (mark the app	ropriate box for the followi	ng marketing services)		
		Provided	Provided by	Not
Service	25	by Firm	Subcontractor	Provided
Preparation of Marketing Plans				
Preparation of Rental Brochures				
Preparation of Press Releases				
Decoration of Models and Community	y Spaces			
Preparation of Displays and Classified Advertisements	l Copy of Newspaper			
Preparation of Direct Mail Advertising	g			
7. Other Services and Functions				
Does the management agent provide a	ny of the following service	es or functions? If these	services are offered und	er a different
firm or trade name, please indicate such				
principals, etc.)	and relationship to	тип дот ехатріє, рат	eni corporation, substati	ary, simuar
Service or Function	Provided?	Provided By	Rela	tionship
	□Yes			
Real Estate Sales or Brokerage	□No			
	□Yes			
Mortgage Banking or Brokerage	□No			
	□Yes			
Real Estate Development	□No			
	□Yes			
Real Estate Appraisals	□No			
	□Yes			
Insurance Agency or Brokerage	□No			
	□Yes			
Market Analysis	□No			
	□Yes			
Feasibility Studies	□No			
	□Yes			
Other (describe)	□No			
	□Yes			
Other (describe)	□No			
8. Staff of Firm				
-	,	1		Two Years
	Staffing		Currently	Ago
Number of Employees of Firm	Sittyfing		Currently	1180
Number of Executive and Professiona	l Dansana in Firm			
Number of Executive and Professiona	l Persons Engaged in Prope	erty Management and M	Sarketing	
Activities				
9. Experience with the Department	(indicate the names an <mark>d ad</mark>	dresses of DHCD finan	ced projects that the ma	nagement
agent has managed)		•		-
				<u> </u>
				
				I

10. Tenant Servi	ces							
Does the management agent provide special personnel or special programs to assist tenants with social problems? If yes, describe.								□Yes □No
problems. If yes,	deseriee.							
	Does the management agent provide its staff with special training regarding tenant relations, social problems, etc? If yes, describe.						□Yes □No	
<u> </u>								
11. Bonding								
Does the manager	nent agent hav	ve a surety bo	ond? If yes, sh	ow the follow	ring informatio	n.		□Yes □No
Amount of Bond		\$	·					
Name of Bonding	Company							
-								
If the managemen	t agent does n	ot have a sure	ety bond, is it	eligible for a	surety bond?			□Yes □No
12. Licenses, Cer	tificates and	Accreditatio	ns					
List licenses, certi	ficates and ac	creditations o	of the Firm (ar	nd executive, p	professional ar	nd supervisory	employees,	if relevant).
Have any licenses manner, limited or							n any	□Yes □No
13. Prior Experie	ence							
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
<u> </u>	r							

Has the managem of a project that ex name and location mortgage modifice	xperienced a day of the develo	efault? If yes pment, circui	, provide the instances surr	number of devounding each	velopments and	d explain (incl	luding the	□Yes □No
Has the managem owner and mortga								□Yes □No
14. Contract Stat	tus							
Have any property terminated prior to name and location	their expirat	ion date? If y	es, provide th	e number of c	ontracts and ex	kplain (<i>includi</i>		□Yes □No
Have any property renewed upon exposer of the development	oiration? If yes	s, provide the	number of co	ontracts and ex	xplain (<i>includir</i>			□Yes □No
15. Bankruptcy								
Has a petition of i	nvoluntary ba	nkruptcy eve	r been filed as	gainst the man	agement agent	t? If yes, expla	ain.	□Yes □No
•		1 2		ĺ				
Has the managem	ent agent ever	filed a petition	on of bankrun	otcv? If ves. ex	xplain.			□Yes □No
<u> </u>		•	•		ĺ			
Has the managem	ent agent ever	made an acci	ignment for th	a hanafit of c	raditors? If vas	e evnlain		□Yes □No
Tas the managem	ciii agciii cvei	made an assi	1511111CH 101 H	ic ocherit of C	icultors: If yes	, capiani.		<u> </u>

Are there any uns affiliates? If yes,		ents outstand	ding against th	ne managemer	nt agent or any	of its principa	als or	□Yes □No
Has the managem	ent agent been	a party to a	ny litigation d	uring the past	five years?			□Yes □No
If yes, explain.								
CERTIFICATIO	ON							
The undersigned linformation set for his/her knowledge	orth in this docu							
(Date)			(Full legal name of firm)					
			Signature:					
			Name:					
			Title:					

dred APA			T MANA (GEMENT AND Is aged by:	MARKET.	ING EX	XPERIENCE			
	Servi Perfor	rme	Type of		Type of	Subsidy		Managemen t Fee (% or per Unit)	Marketin g Fee (if any)	Dates of Service (started / ended)
Name and Address of Development		Initial Marketing		Number of Units	Mortgage Financin	Progra m (if any)	Name and Address of Owner			