



MANAGEMENT AGENT'S QUALIFICATIONS

FORM

209

1. Principal Office of Firm

Name of Firm _____

Mailing Address _____

Contact _____ Phone () - _____

Title _____ Fax () - _____

Territory/Cities Covered _____ E-mail _____

2. Other Offices of Firm

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 Firm (mark only one box)

- Individual General Partnership Limited Liability Corporation
- Corporation Limited Partnership Other: _____

Year Founded _____

Year Property Management Activities Began _____

4. Bookkeeping

Indicate the software used by the Firm for its bookkeeping: _____

5. Residential Property Management Experience (Over the past three 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 Department-financed project for at least the two previous years? If no, complete all of the remaining sections. If yes, jump to section number 12 and answer all the remaining questions. Yes No

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

<i>Services</i>	<i>Provided by Firm</i>	<i>Provided by Subcontractor</i>	<i>Not Provided</i>
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"/>

7. Other Services and Functions

Does the management agent 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, similar principals, etc.)

<i>Service or Function</i>	<i>Provided?</i>	<i>Provided By</i>	<i>Relationship</i>
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		

8. Staff of Firm

<i>Staffing</i>	<i>Currently</i>	<i>Two Years Ago</i>
Number of Employees of Firm		
Number of Executive and Professional Persons in Firm		
Number of Executive and Professional Persons Engaged in Property Management and Marketing Activities		

9. Experience with the Department (indicate the names and addresses of DHCD financed projects that the management agent has managed)

10. 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

11. Bonding

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

Amount of Bond \$ _____

Name of Bonding Company _____

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

12. Licenses, Certificates and Accreditations

List licenses, certificates and accreditations of the Firm (*and executive, professional and supervisory employees, if relevant*).

Have any licesnses, bonds, certificates or accreditations ever been revoked, suspended, restriced, or in any manner, limited or terminated? If yes, explain. (*Answer yes, even if license has since been restored.*) Yes No

13. 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 dafault? 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 dafaulted or foreclosed properties?, If yes indicate owner and mortgagee, experience with such properties and whether the properties returned to sustaining status. Yes No

14. 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

15. 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?
If yes, explain.

Yes No

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.

NOTICE: [We need a citation for penalty for making false statements under D.C. Code.]

(Date)

(Full legal name of firm)

Signature: _____
Name: _____
Title: _____



APARTMENT MANAGEMENT AND MARKETING EXPERIENCE

List developments managed by: _____

Name and Address of Development	Services Performed		Type of Structures	Number of Units	Type of Mortgage Financing	Subsidy Program (if any)	Name and Address of Owner	Management Fee (% or per Unit)	Marketing Fee (if any)	Dates of Service (started/ended)
	Management	Initial Marketing								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
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	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
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	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
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	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								



DEVELOPMENT TEAM INFORMATION

DEVELOPMENT TEAM MEMBERS

Developer

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

Guarantor

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

General Contractor

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

Management Agent

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

Consultant

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

Architect

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

Nonprofit Participant

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

MBE/WBE Participant

Mailing Address				<hr/>			
Contact				Phone	()	-	
Title				Fax	()	-	
D&B Duns Number				E-mail	<hr/>		

DEVELOPMENT TEAM MEMBERS

Equity Provider

Mailing Address	_____		
Contact	_____	Phone	() -
Title	_____	Fax	() -
D&B Duns Number	_____	E-mail	_____

Closing Attorney

Mailing Address	_____		
Contact	_____	Phone	() -
Title	_____	Fax	() -
D&B Duns Number	_____	E-mail	_____

Private Lenders

Mailing Address	_____		
Contact	_____	Phone	() -
Title	_____	Fax	() -
D&B Duns Number	_____	E-mail	_____

Private Lenders

Mailing Address	_____		
Contact	_____	Phone	() -
Title	_____	Fax	() -
D&B Duns Number	_____	E-mail	_____

Private Lenders

Mailing Address	_____		
Contact	_____	Phone	() -
Title	_____	Fax	() -
D&B Duns Number	_____	E-mail	_____

DEVELOPMENT TEAM HISTORY

Are there direct or indirect identity of interests, financial or otherwise, among any members of the development team? If yes, explain.

Yes No

Has any development team member* participated in the development or operation of a project that has defaulted on a Department or other government or private sector loan in the previous ten (10) years? If yes, explain.

Yes No

Has any development team member* consistently failed to provide documentation required by the Department in connection with other loan applications or the management and operation of other, existing developments? If yes, explain.

Yes No

Does any development team member* have a limited denial of participation from HUD or is any development team member* debarred, suspended or voluntarily excluded from participation in any federal or state program, or have been involuntarily removed within

Yes No

Does any development team member* acting in the roles of sponsor, developer, guarantor or owner have any chronic past due accounts, substantial liens, judgments, foreclosures or bankruptcies within the past ten (10) years? If yes, explain.

Yes No

Has any development team member* received a reservation, allocation or commitment of funding or a carryover allocation of tax credits from the Department within the last four years that it was unable to use, or place their project in service within the ti

Yes No

Does any development team member* have unpaid fees due to the Department on other projects, or for general partners or management agents, have tax credit compliance problems resulting in the issuance of an IRS Form 8823 and that are still outstanding in t

Yes No

* *i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.*

LOCAL AND SMALL DISADVANTAGED BUSINESS ENTERPRISE (LSDBE) PARTICIPATION *(voluntary)*

Are any of the development team members LSDBEs? If yes, provide the following data on the business (mark all that apply):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Female | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ | |

Is the entity an Office of Human Rights certified LSDBE? Yes No

NONPROFIT PARTICIPATION *(voluntary)*

Are any development team members* nonprofit entities? Yes No

Is a nonprofit entity involved in the project in a role other than as a development team member*? If yes, describe the entity's role. Yes No

Is the nonprofit entity headquartered in the same community as the project? Yes No

Does the nonprofit entity provide services to the same community as the project? If yes, describe the services Yes No

Does the nonprofit entity have a board of directors that includes community residents or members of organizations Yes No

Is the nonprofit entity affiliated with or controlled by a for-profit organization? If yes, describe the affiliation. Yes No

Is the nonprofit entity tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code? Yes No

Does the nonprofit entity's exempt purpose include the fostering of low income housing? Yes No

COMMUNITY-BASED INVOLVEMENT *(voluntary)*

Does the project involve the DC Housing Authority or DC Housing Finance Agency? If yes, describe the DCHA/DCHFA's role. Yes No

* *i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.*

COMMUNITY REVITALIZATION

Is the project in a neighborhood classified as one of the following:

SNIPS

NRSA

Federal or District Enterprise Community/Empowerment Zones

Main Street project area

Is the project located in a qualified census tract as defined in Section 42(d)(5)(C) of the Internal Revenue Code? If yes, describe.

 Yes No
