

**APPENDIX N  
MANAGEMENT AGENT QUESTIONNAIRE**

Management Company Profiled:		Self Scoring Circle Answer	
Questions 1 – 7 are used in LIHTC scoring.		Yes	No
1.	Does the Agent have experience managing properties receiving subsidies or rental assistance other than Low Income Housing Tax Credit (LIHTC)?	1	0
	If yes, more than five years of experience?	1	0
	If yes, identify the Contract Administrator and/or Compliance Agency and the number of properties, number of units, location and years of experience.		
2.	Does the Agent have experience managing LIHTC properties?	1	0
	If yes, more than five years experience?	1	0
	If yes, identify the compliance agency and the number of properties, number of units, location and years of experience.		
3.	In the past 3 years has the Agent undergone a LIHTC Compliance Monitoring Review?	1	0
	If yes, identify the compliance agency.		
4.	(If not applicable, please skip to question 5) In the past 6 years, has the Agent received an <u>unsatisfactory</u> Monitoring Review of any property by a Compliance Agency or Contract Administrator?	-1	1
	If yes, explain circumstances and resolutions.		
5.	(If not applicable, please skip to question 6) In the past 3 years has the Agent managed/owned a property that has experienced any of the following?		
	<input type="checkbox"/> Persistent (2 consecutive years) and/or numerous (a finding with more than 50% of areas inspected) poor physical condition issues within the control of management.	-1	1
	<input type="checkbox"/> Persistent (2 consecutive years) late/incomplete submission of required documents (audits, budgets, certifications or other administrative or regulatory documents) to the contract administrator or compliance agency.	-1	1
	Check all that apply:		
	<input type="checkbox"/> Mortgage delinquent over 30 days		
	<input type="checkbox"/> Low Debt to Coverage Ratio (DCR below 1.00)		
	<input type="checkbox"/> Rental delinquency, greater than 7% of gross rent		
	<input type="checkbox"/> High vacancy, greater than 8% for more than 60 days		
	<input type="checkbox"/> Negative operating budget		
	<input type="checkbox"/> In litigation		
6.	Does at least one person of the Agent's staff possess a designation of training and proficiency from one of the Authority's nationally recognized Tax Credit trainers? <i>See LIHTC Compliance on website for trainers <a href="http://www.nhhfa.org">www.nhhfa.org</a>.</i>	1	-1
	If yes, list the specific designation by staff and date or attach documentation.		
7.	Does at least one person of the Agent's staff attend annual LIHTC training?	1	-1
	If yes, list the specific training attended by staff and date or attach certificate of training.		
		Total Self Scoring	

**APPENDIX N  
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		Yes	No	
8.	In the past 6 years have any non-compliance 8823's been issued to properties managed/owned by Agent?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
	If yes, are there any 8823's not corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	In the past 6 years of the properties managed/owned, have any issues of non-compliance of the special conditions of the LURA been discovered?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
	If yes, are there any issues not corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	In the past 6 years, has the Agent been found in violation of any state or local codes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
11.	In the past 6 years, has the Agent been found in violation of any Fair Housing Law?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
12.	Is the Management Agent aware of the specific requirements, restrictions and compliance of this property and/or program?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Can the Agent demonstrate their ability to provide management and maintenance services required for this type of property? (consider funding restrictions and compliance, documents and forms, distance from management, tenant demographics, neighborhood).	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Does the Agent intend to contract out any portion of the management functions?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
15.	Are the Agent and all staff (including maintenance) who participate directly in the management of the property aware of the Fair Housing and Equal Opportunity (FHEO), Americans with Disabilities (ADA) and Section 504?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list the specific training attended by staff and date or attach certificates of training:
16.	Is the Management Agent eligible for or have a surety bond?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Is there an identity of interest between the ownership and management entities?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
18.	Have any properties that the Agent (or any of its executive professional or supervisory personnel) managed or currently manage ever experienced a default?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
19.	In the past 10 years has the Agent or any Principal or Officer of the Agent filed bankruptcy or had judgments levied against a firm that they were a Principal of?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:

New Hampshire Housing Development Division staff will review the completed form with Asset Management staff. Upon review, further information may be requested.

I, \_\_\_\_\_ hereby certify that the information set forth herein, and in any attachments in support thereof, is true, correct and complete to the best of my knowledge and belief.

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_