



Please submit the completed Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF ARCHITECT

Full Legal Name of Architect	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

- Year Firm Established: _____
- List principals of Firm, professional field (e.g. Landscape Architecture; Planning; Engineering - Civil, Structural, Sanitary, Mechanical, Electrical, etc.) and registration information (type, year, state).

- List other members of Firm and professional fields.

- List areas of work that are typically sub-contracted.

- Will the Firm provide architectural supervision?

- Has the Firm been involved in any litigation within the last 5 years? ----- Yes No
If the answer is "yes", please give details.

- Does Firm have Errors and Omissions Insurance in the minimum amount of \$500,000?----- Yes No
If answer is "Yes", please indicate which Insurance company: _____
If answer is "No", please give details.

8. Indicate typical amount of time Firm requires to prepare plans and specifications for each stage of processing (See Minnesota Housing's "Architects' Guide" located at http://www.mnhousing.gov/housing/architects/multifamily/MHFA_000442.aspx for detailed description of stage requirements):

Stage	# of Weeks Needed
Schematics	
Preliminary Plans and Specifications (i.e. 50% to 60% Working Drawings)	
Completed Working Drawings	

9. Does the Firm and/or its staff have experience working with the HUD MAP process in the following capacity(ies)
- Borrower's Architect/ Architect of Record/ Design Architect _____ Yes No
- HUD Inspector _____ Yes No
- Lender' Architectural Analyst _____ Yes No
- Lender's Cost Estimator _____ Yes No
- Lender's Needs Assessor _____ Yes No

If yes, please explain _____

10. Does the Firm and/ or its staff have experience with the HUD Minimal Property Standards (i.e. HUD Handbook 4910.1), Fair Housing Act Design Manual, Uniform Federal Accessibility Standards, Americans with Disabilities Act, etc.? _____ Yes No

11. Has the Firm ever been denied from working on a HUD MAP insured/ funded project in any capacity _____ Yes No

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

Title

Date

Please list below multifamily developments in which Firm is Architect of Record. *(Please Note: If you have the below information available in a separate document, please feel free to submit using your existing information and format).*

Name & Address of Development	Name & Address of Developer	Elderly or Family	No. of Units	Construction Cost	Date Completed or % of Construction Completed to-Date	List Various Building Types & Number of Stories	Type of Financing (Conventional, Federal or State Agency)	"Green" Project Experience and/or Additional Information



Please submit the completed (signed/dated) Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF ATTORNEY

Full Legal Name of Law Firm	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

1. What percentage of the practice is devoted to real estate/development (excluding representation of single family homebuyers and resale of single family homes)? _____
2. Please list the Firm’s experience with real estate and multifamily development. *(Please Note: If you have the below information available in a separate document, please feel free to submit using your existing information and format.)*

Development Name & Address	Type of Development	No. of Units	Developer Name	Government Program (if applicable)	Role of Attorney

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

Signature

Title

Date



FORM 203J
QUALIFICATION OF COMMUNITY HOUSING DEVELOPMENT ORGANIZATION
CERTIFICATION OF COMMUNITY HOUSING DEVELOPMENT ORGANIZATION

Please submit the completed Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

Full Legal Name of CHDO	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

Minnesota Housing is required to review each proposed CHDO, in order to induce Minnesota Housing to consider and approve the financing of a multifamily housing development(s) pursuant to the Minnesota Housing Finance Act. By completing this form the CHDO certifies the following is accurate and truthful to the best of their knowledge:

1. Legal status, capacity and organizational structure of CHDO (the information contained in this checklist refers to the definition of Community Housing Development Organizations (CHDOs) in Subpart A, Section 92.2 of the HOME Final Rule):

LEGAL STATUS

A. The nonprofit organization is organized under State or local laws, as evidenced by:

- a Charter, page _____, OR
- Articles of Incorporation, page _____.

B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individuals, as evidenced by:

- a Charter, page _____, OR
- Articles of Incorporation, page _____.

C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) (3) or (4) of the Internal Revenue Code of 1986, as evidenced by:

- a 501(c) (3) or (4)Certificate from the IRS, OR
- Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue Code, as evidenced by:
 - a group exemption letter from the IRS that includes the CHDO.

D. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people, as evidenced by a statement in the organization's:

- Charter, page _____,

- Articles of Incorporation, page _____ ,
- By-laws, page _____ , OR
- Resolutions.

CAPACITY

- A. Conforms to the financial accountability standards of 24 CFR 84.21, “Standards for Financial Management Systems”, as evidenced by:
 - a notarized statement by the president, or chief financial officer of the organization,
 - a certification from a Certified Public Accountant, OR
 - a HUD approved audit summary.

- B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:
 - resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR
 - contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

- C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:
 - a statement that documents at least one year of experience in serving the community, OR
 - for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

The CHDO, or its parent organization must be able to show one year of serving the community prior to the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization’s history) of serving the community by describing activities which it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president or other official of the organization.

ORGANIZATIONAL STRUCTURE

- A. Maintains at least one-third of its governing board’s membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization’s:
 - By-Laws, page _____ ,
 - Charter, page _____ , OR
 - Articles of Incorporation.

Under the HOME program, for urban areas, the term “community” is defined as one or several neighborhoods, a city, county, or a metropolitan area. For rural areas, “community” is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).

- B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of affordable housing projects, as evidenced by:
 - the organization’s By-laws, page _____ ,

- Resolutions, OR
- a written statement of operating procedures approved by the governing body.

C. A CHDO may be chartered by a State or local government; but the following restrictions apply: (1) the State or local government may not appoint more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials (including any employees of the PJ), as evidenced by the organization's:

- By-laws, page _____ ,
- Charter, page _____ , OR
- Articles of Incorporation, page _____ .

D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

- By-Laws, page _____ ,
- Charter, page _____ , OR
- Articles of Incorporation, page _____ .

RELATIONSHIP WITH FOR-PROFIT ENTITIES

A. The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:

- the organization's By-laws, page _____ , OR
- a Memorandum of Understanding (MOU).

B. A Community Housing Development Organization may be sponsored or created by a for-profit entity, however:

(1) the for-profit entity's primary purpose does not include the development or management of housing, as evidenced:

- in the for-profit organization's By-laws, page _____ , AND;

(2) the CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the CHDOs:

- By-laws, page _____ ,
- Charter, page _____ , OR
- Articles of Incorporation page _____ .

2. ADDITIONAL INFORMATION

- a. Number of employees in the organization _____
- b. Please note if the CHDO provides the following services?

	Yes	No
Asset Management	<input type="checkbox"/>	<input type="checkbox"/>
Property Management	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Architecture	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

c. Summarize CHDO's purpose and strategic goals.

d. Please complete the following information for board members if applicable.

Current Name of Board Members	Years of Service on Board	Affiliations

e. Please complete the following table pertaining to your organizations staff composition.

Staff Name	Job Title	Number of Years	Brief Description of individuals qualifications

- If an out-of-state organization, is the CHDO authorized to do business in Minnesota? Yes No
- If the CHDO will not be the ownership entity or mortgagor, state the type of entity to be formed and its proposed name. _____
- Is the CHDO required to file periodic reports with the Federal Securities and Exchange Commission or any state agency? Yes No
- Is the CHDO eligible for a multifamily loan insured by the Federal Housing Administration ("FHA")? Yes No
- List the name of the development(s) currently in process (previously selected) for funding from Minnesota Housing and Funding Partners. Please include role (developer, processing agent).

Development	Role

8. List the name of the development(s) that are being submitted for this round of funding. Please include role (developer, processing agent).

Development	Role

9. Complete the Previous Participation table below which describes the developer / sponsors past experience with all forms of real estate development.

- a. Has there ever been a petition of involuntary bankruptcy filed against the CHDO? Yes No
- b. Has the CHDO ever made an assignment for the benefit of creditors? Yes No
- c. Are there any unsatisfied judgments outstanding against the CHDO and/or any of the principals? Yes No
- d. Has the CHDO been a party to any litigation within the last 5 years? Yes No
- e. Is the CHDO currently debarred from any Minnesota program, other states' program(s), or any federal programs? Yes No

If any of the questions in number 8 above have been answered "Yes", please give details:

10. Please provide references.

Name / Type of Reference	Address	City / State / Zip	Contact Info	Telephone #
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

11. Please list all Developer real estate activities including housing and commercial development.

Name of Development	Type of Development	Address of Development	No. of Units	Completion Date	Mortgage Amount	Mortgage Status	Mortgage Holder	Role of Developer

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

Authorized Signatory

Title

Date



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QUALIFICATIONS OF DEVELOPER

Full Legal Name of Developer(Sponsor)	
Address	
City, State, Zip	,
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

Minnesota Housing is required to review each proposed ownership entity/mortgagor, in order to induce Minnesota Housing to consider and approve the financing of a multifamily housing development(s) pursuant to the Minnesota Housing Finance Act. By completing this form the Developer certifies the following is accurate and truthful to the best of their knowledge:

1. Legal status of Developer (Check one):

- Individual Corporation 501(c) 3 - Non-Profit
 Partnership Business Association or Joint Venture Other (Specify) _____

2. If not an individual, Developer was organized on the following date: _____ under the laws of the State of _____.

3. If Developer is not an individual, indicate:

- a. Number of employees in the organization _____
 b. Please note if the Developer provides the following services?

	Yes	No
Asset Management	<input type="checkbox"/>	<input type="checkbox"/>
Property Management	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Architecture	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

c. Summarize Developer’s purpose and strategic goals.

d. Please complete the following information for board members if applicable.

Current Name of Board Members	Years of Service on Board	Affiliations

e. Please complete the following table pertaining to your organizations staff composition.

Staff Name	Job Title	Number of Years	Brief Description of individuals qualifications

- 4. If an out-of-state organization, is Developer authorized to do business in Minnesota? Yes No
- 5. If Developer will not be the ownership entity/mortgagor, describe the proposed organizational structure of the ownership entity/mortgagor to be formed; its proposed name; and each of its managing entities.
- 6. Identify the financially responsible party; individuals and entities with governance authority and/or decision-making power of the ownership entity/mortgagor and entities with substantial financial interest (excluding investor limited partners or members).
- 7. Is the Developer required to file periodic reports with the Federal Securities and Exchange Commission or any state agency? Yes No
- 8. Is the Developer, ownership entity/mortgagor, and entities identified in 6 above (including investor limited partners or members) eligible for a multifamily loan insured by the Federal Housing Administration? Yes No
- 9. List the name of non-Minnesota Housing financed development(s) currently in process. Please include role (developer, ownership entity/mortgagor, financially responsible party, etc.).

Development	Role

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.

Developer

Authorized Signatory

Title

Date



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QUALIFICATIONS OF GENERAL CONTRACTOR

Full Legal Name of General Contractor (Firm)	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

- Legal Status of Firm

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (Specify) _____
- If not an individual, the Firm was organized on _____ and under the laws of the State of _____.
- If an out-of-state corporation, is it authorized to do business in Minnesota? ----- Yes No
- Please list below principals of the Firm, names and addresses of partners, officers, directors, and those who hold or control 10% or more of any class of stock directly or indirectly.

Name:	Residence Address:	Title:	Interest:

- Is the Firm, and are the principals, now eligible for any loan insured by HUD/Federal Housing Administration (FHA)? Yes No Unknown -- have never applied for FHA Loan

If answer is "No", please give details.

- List which construction trades are generally performed directly by the Firm's own employees. (If none, please state.)

7. The Firm, nor any partner, director, stockholder, officer, employee, or agent associated with the Firm, nor any person, Firm or corporation having a financial interest in the affairs of the Firm has or ever has had any interest in the site for the proposed development, and has not received nor will receive any benefit from the acquisition of said property, including but not limited to profit from the sale of the land, rebates, commissions or fees, except as hereunder disclosed: (If none, please state.)

8. With respect to any profit or fee to be earned by the Firm for construction of the housing development, the undersigned hereby certifies that neither the Firm, nor any partner, director, stockholder, officer, employee or agent associated with the Firm, nor any person, firm or corporation having a financial interest in the affairs of the Firm, has agreed, directly or indirectly, or with the Firm's knowledge and consent, will agree, directly or indirectly, to give to any other party any part of said profit or fee as a rebate, refund or commission of any kind or nature, except as hereunder disclosed: (If none, please state.)

9. Has the Firm or any of its Principals, ever started a construction job which was completed by another General Contractor? If yes, please provide details.

10. Has the Firm, or any of the Principals, ever been convicted of any crime or offense except traffic violations? Yes No

If yes, please give details, i.e., offender, nature of crime or offense, date and location.

11. Has the Firm previously been debarred? If so, please provide details.

12. In answering the following questions, the term "Principal" also includes any other Firm in which such person participated as Principal.

- | | | |
|--|------------------------------|-----------------------------|
| a. Have any of the Principals ever filed a petition of involuntary bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has there ever been a petition of involuntary bankruptcy filed against the Firm and/or any of the Principals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Firm and/or any of the Principals ever made an assignment for the benefit of creditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are there any unsatisfied judgments against the Firm and/or any of the Principals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Firm or any of the Principals been a party to any litigation within the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the questions above (#12), please give details.

13. a. Is the General Contractor (Firm) able to obtain 100% Payment and Performance Bonds for constructing? Yes No

b. Name of Bonding Company to be used: _____

14. Does the Firm and/or its staff have experience working with the HUD MAP process in the following capacity(ies)

General Contractor _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sub Contractor/ Prime Subcontractor _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lender's Cost Estimator _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lender's Needs Assessor _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes (in any capacity noted in 14.a), please explain. _____

15. Does the Firm and/ or its staff have experience with the HUD MAP process including applicable HUD forms? Yes No
16. Does the Firm have experience implementing and incorporating Section 3 & Labor Standards/ Federal Cross Cutting requirements? Yes No
17. Has the Firm ever been denied from working on a HUD MAP insured/ funded project in any capacity Yes No

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 General Contractor

Title

Date

Please complete the following which describes current and completed developments which have been constructed by the Firm and/or its principals. *(Please Note: If you have the below information available in a separate document, please feel free to submit using your existing information and format).*

MULTIFAMILY REAL ESTATE EXPERIENCE

Name & Address of Development	Name & Address of Developer	# of Units	Construction Cost	Date Completed or % of Construction Complete to-Date	List Various Building Types & Number of Stories	Type of Financing (Conventional, Federal or State Agency)	Role of Firm and/or Principal



Please submit the completed Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF MANAGEMENT & MARKETING AGENTS

Full Legal Name of Management Firm	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person E-mail Address	
Name of Marketing Firm, if different from Management Firm	
Firm's Principal Office Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Name & Title of Principal	
Principal E-mail Address	
Additional Office Location(s), if applicable	

1. Please note if the Management Company provides any of the following services. Please indicate if any of these services are offered under a different firm or trade name and relationship to the Management Company, e.g., parent corporation, subsidiary, similar principals, etc.

		Yes	No	Firm Name	Relationship to Firm
a	Real Estate sales or brokerage	<input type="checkbox"/>	<input type="checkbox"/>		
b	Mortgage banking or brokerage	<input type="checkbox"/>	<input type="checkbox"/>		
c	Real estate development	<input type="checkbox"/>	<input type="checkbox"/>		
d	Real estate appraisals	<input type="checkbox"/>	<input type="checkbox"/>		
e	Insurance agency or brokerage	<input type="checkbox"/>	<input type="checkbox"/>		
f	Market analysis	<input type="checkbox"/>	<input type="checkbox"/>		
g	Feasibility studies	<input type="checkbox"/>	<input type="checkbox"/>		
h	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

2. Staff of Management Company:

		Current		2 Years Ago
a	Number of employees of Company			
b	Number of management and marketing executives and professionals (include Property/Regional Managers)			

3. Type of Management Company (check applicable box)

- Individual
 Corporation _____ Year founded
 Partnership _____ Year property management activities began
 Other (specify) _____

4. Please list licenses, certificates and accreditations of the Company and/or professional and supervisory employees.

5. Have any licenses, certificates or accreditations ever been revoked, suspended, restricted or in any manner limited or terminated? (Answer "yes" if license has subsequently been restored and please provide details.)

YES NO

If yes, please provide details:

6. Please list and identify professional memberships, associations, affiliations of Company and/or professional and supervisory employees.

7. Default Experience

a. Have any previous or current developments managed by the Company and/or any of its professional or supervisory personnel, ever experienced a default?

b. Please describe the circumstances surrounding each default, including development name and location, its cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.

c. Has the Company ever managed or been appointed receiver for defaulted or foreclosed properties? YES NO

If yes, please indicate owner and mortgagee and describe your experience including whether the development returned to a sustainable status.

8. Contract Status

a. How many of the Company's property management contracts been terminated prior to their expiration dates over the last 5 years?

b. Please provide terminated development names, addresses, mortgagors and details of termination(s).

c. How many of the Company's property management contracts were not renewed upon expiration over the last 5 years?

d. Please provide non-renewed development names, mortgagors and details of the non-renewal.

9. Fair Housing

a. Has your Company been the subject and/or named defendant of a housing discrimination complaint and/or a housing discrimination lawsuit?

b. Has the Company and/or any of its present personnel ever been involved in a governmental and/or judicial "Fair Housing" law violation action?

c. Please provide details and the resolution for each complaint and/or lawsuit.

10. Management Company Staffing & Training

a. Does the Management Company provide personnel and/or programs to assist tenants with social support needs, etc.? YES NO

If yes, please describe both training to personnel and programs that are provided/available:

b. Please describe training that is provided for the following positions:

Property/Regional Manager - _____

Supportive Services (if applicable) - _____

Site Manager - _____

Maintenance Staff - _____

Compliance Staff - _____

Leasing Agents/ Marketing staff - _____

Other (caretaker, etc.) - _____

c. Please provide current number of staff in the following positions and length of employment:

Property/Regional Manager(s) - _____

Supportive Services (if applicable) - _____

Site Manager(s) - _____

Maintenance Staff - _____

Compliance Staff - _____

NOTE: Supportive Services = would apply only if providing any type of tenant support to assist residents with housing stability.

11. Does the Firm have a surety bond? YES NO

a. If yes, indicate:

Amount of Bond _____ Name of Bonding Company: _____

b. If no, is Firm eligible for a surety bond? YES NO

12. Please indicate and explain if the Management Company and/or any principal or officer of the Company has filed bankruptcy and/or had judgments levied against them.

13. Please provide references (Name, address and contact information):

Reference Type	Reference Name	Address	City, State, Zip	Telephone #/Contact Info.
Bank			/ /	/
Professional			/ /	/
Client			/ /	/

Please Note:

Resumes may be requested at the discretion of Minnesota Housing staff.

14. List the name of the development(s) that are being submitted for this round of funding. Please include role (developer, processing agent).

Development	Role

15. Please complete the following Property Management Experience of the Firm. *(Please Note: If you have the below information available in a separate document, please feel free to submit using your existing information and format).*

Property Name	Address	Type (Apartment, Condo, Single Family, Other)	Number of Units	Owner, Management, or Both	Average Management Fee per unit or % Collected Income	Contact Person

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

Authorized Signatory

Title

Date

Please Note:

This page and the information requested is only required if you currently have a Minnesota Housing First Mortgage and you are requesting a management company change review.

1. Management Program

a. Please provide samples, if any, of the following:

1. Financial statements
2. Budgets
3. Work order system
4. Written maintenance programs
5. Management plans
6. Form Leases

b. Indicate Firm's bookkeeping system (e.g., IBM system 3, Burroughs, National Business Systems, etc.):

2. a. Number of miles between Management Company's office and proposed development:

_____ Miles

b. Number of site staff that will be employed for this development (resident manager, caretakers, groundskeepers, service staff etc.) List positions:

c. Describe the resident manager's on-site schedule, amount & type of direct supervision by employer, supervisor's name and position/title and indicate if the resident manager will be an employee of the Firm or development.

3. Please List marketing services and provide examples of work products from the following categories.

	Provided (X)		Not Provided (X)
	By Company's Personnel	By Outside Subcontractor	
a. Marketing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rental Brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Press Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Model Apartment, Rental Office and Community Space Decoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Display and Classified Copy for Newspaper and Apartment Rental Magazine Advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Direct Mail Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Radio/Television Advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please note which of the following Minnesota Housing management and marketing materials you are familiar with.

	Yes	No
1 Management Contract	<input type="checkbox"/>	<input type="checkbox"/>
2 Marketing Contract	<input type="checkbox"/>	<input type="checkbox"/>
3 Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
4 Regulatory Agreement	<input type="checkbox"/>	<input type="checkbox"/>
5 Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>



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QUALIFICATIONS OF PROCESSING AGENT

Full Legal Name of Processing Agent	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

1. Firm's date and place of establishment: _____

2. Please note if the Firm provides any of the following services. Please also indicate if any of these services are offered under a different firm or trade name and its relationship to the Firm.

	Yes	No	Firm Name	Relationship to Firm
a. Mortgage banking or brokerage	<input type="checkbox"/>	<input type="checkbox"/>		
b. Real estate brokerage	<input type="checkbox"/>	<input type="checkbox"/>		
c. Property management	<input type="checkbox"/>	<input type="checkbox"/>		
d. Real estate development	<input type="checkbox"/>	<input type="checkbox"/>		
e. Planning	<input type="checkbox"/>	<input type="checkbox"/>		
f. Architecture	<input type="checkbox"/>	<input type="checkbox"/>		
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

3. a. Number of employees in Firm: _____

b. Number of executive and professional employees in Firm: _____

c. Number of processing agent executive and professional employees in Firm: _____

4. List the name of the development(s) currently in process (previously selected) for funding from Minnesota Housing and Funding Partners. Please include role (developer, processing agent).

Development	Role

5. List the name of the development(s) that are being submitted for this round of funding. Please include role (developer, processing agent).

Development	Role

6. Please provide professional references.

Name / Type of Reference	Address	City / State / Zip	Contact Person	Telephone #
		/ /		
		/ /		
		/ /		
		/ /		
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Please Note:

At the discretion of Minnesota Housing staff, resumes 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

Authorized Signatory

Title

Date

- Please list name of developments and the role of the Firm and/or processing agent such as housing consultant, processing agent, mortgage banker, developer, etc. (Please Note: If you have the below information available in a separate document, please feel free to submit using your existing information and format).

EXPERIENCE OF FIRM AND/OR PROCESSING AGENT

Name & Address of Development	Name & Address of Developer	For Profit or Non-Profit Developer	# Units	Total Original Mortgage Amount(s)	Status of Mortgage (current, defaulted, foreclosed, etc.)	Type of Financing (Conventional, Federal or State Agency)	FHA or State Housing Agency Case #	Role of Processing Agent



Please submit the completed (signed/dated) Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF PRIMARY SERVICE PROVIDER

Full Legal Name of Primary Service Provider (Agency)	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

1. Agency Information

Please provide the following information:

- a. A brief organizational history
- b.
- b. The Agency’s mission statement (Attach)
- c. Agency’s structure including: (Attach)
 - i. Officers and board
 - ii. Number of FTEs employed:
 - iii. Staff (include key personnel and support services staff)

Staff title	Duration in position	Qualifications	Licensure	Briefly describe major duties	# of FTE in position

- iv. Please describe anticipated changes to the agency structure as indicated above and indicate potential consequences, if applicable.

- d. Are there any noted findings on the organization’s most recent financial statement? Yes No
- e. If yes, describe the nature of the findings and how they have been addressed?

f. Total Agency Annual Budget: \$

2. Support Services

Please provide the following information:

- a. Describe support services currently provided
- b.
- b. Describe populations currently served
- c.
- c. The annual number of unduplicated clients served:
-

3. Agency Portfolio / Resume of Experience

Please list previous and current supportive housing and/or related service experience below. *(Note: You may submit comparable information using existing documents or reports if available and current).*

Program/Development Name	Location-Address or service area	Type of Housing or Program (Shelter, permanent supportive, rental assistance, etc.)	Population(s) Served	Average number of clients/residents served per year	Your Role (Owner, sponsor, service provider, etc.)	Dates of services provided
Total Active Projects -						
Current Service Area -						
Total Number of clients per year -						

4. Do you have plans to expand your services to other programs, developments or service areas? Please describe below, including all projects submitted in this RFP.

Program/Development Name	Location-Address or service area	Type of Housing or Program (Shelter, permanent supportive, rental assistance, etc.)	Population(s) Served	Average number of clients/residents served per year	Your Role (Owner, sponsor, service provider, etc.)	Anticipated Start Date

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

Authorized Signatory

Title

Date



Please submit the completed Qualification Form to mhfa.app@state.mn.us

QUALIFICATIONS OF RENTAL ASSISTANCE ADMINISTRATOR

Full Legal Name of Rental Assistance Administrator	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person and Title	
Contact Person E-mail Address	

The undersigned Administrator, in order to induce the Minnesota Housing Finance Agency to consider and approve the Program described in the Minnesota Housing Finance Agency Multifamily Form (RFP/HTC) for the purpose of financing a rental assistance program pursuant to the Minnesota Housing Finance Agency Act, hereby certifies as follows:

1. Please provide the following information:
 - a. A brief organizational history and mission statement:

 - b. The agency's structure (officers and board), the number of persons employed, key personnel's length of time in position. Please describe any anticipated changes and consequences, if applicable.

 - c. Describe the qualifications and licensures of your agency's program staff and key personnel.

 - d. Does the organization provide the following services or functions?

	Yes	No
• Asset Management	<input type="checkbox"/>	<input type="checkbox"/>
• Property Management	<input type="checkbox"/>	<input type="checkbox"/>
• Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>
• Housing Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
• Other	<input type="checkbox"/>	<input type="checkbox"/>

2. Are there any noted findings on the organization's most recent financial statement? Yes No
If yes, describe the nature of the findings and how they have been addressed?

3. Please describe your agency's experience administering rental assistance and similar programs, attaching as Exhibit B.

CERTIFICATION

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.

Title

Name of Rental Assistance Administrator

Date

Exhibit A

Attach Articles of Incorporation and Bylaws, Partnership Agreement or other organization documents.

Exhibit B

Describe all Housing Program Administration activities of Administrator

Program/ Development Name	Location- Address or Service Area	Type of Housing or Program (Shelter, permanent supportive, rental assistance, etc.)	Program Partners (other Organizations)	Population(s) Served	No. Of Households Served	Program Budget	Role in Program	Program Status (Ongoing, temporary or completed)

Do you have plans to expand your services to other programs, developments or service areas? Please describe below.

Program/ Development Name	Location- Address or Service Area	Type of Housing or Program (Shelter, permanent supportive, rental assistance, etc.)	Population(s) Served	Anticipated Number of Households to be Served	Your Role (Owner, sponsor, service provider, etc.)	Anticipated Start Date



QUALIFICATIONS OF ADMINISTRATOR

Full Legal Name Administrator	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person Email Address	

The undersigned RRDL Pilot Program Administrator, in order to induce the Minnesota Housing Finance Agency to consider and approve the Program described in the RRDL Pilot Program application for the purpose of financing a rental rehab program pursuant to the Minnesota Housing Finance Agency Act, hereby certifies the following is accurate and truthful to the best of their knowledge:

1. Legal status of Administrator (Check one):
- | | |
|---|--|
| <input type="checkbox"/> Indian Tribe or Tribal Housing Corporation | <input type="checkbox"/> 501(c) 3 - Non-Profit |
| <input type="checkbox"/> Joint Venture (Specify) _____ | <input type="checkbox"/> City |
| <input type="checkbox"/> Public Housing Agency | <input type="checkbox"/> Other (Specify) _____ |

2. Agency Information

Please provide the following information below are in Exhibit A :

- a. A brief organizational history (Describe or Attach)

- b. The Agency's mission statement (Describe or Attach)

- c. Agency's structure including:
 - 1) Officers and board (Describe Board Member's experience and affiliations or Attach)
 - 2) Articles of Incorporation and Bylaws, Partnership Agreement, etc. (Attach)
 - 3) Number of persons employed: (Describe or Attach)
 - 4) Key personnel and qualifications (Attach Exhibit C)
 - 5) Audited Financials (Attach)
 - 6) Please describe anticipated changes to the agency structure as indicated above and indicate potential consequences, if applicable.

 - 7) Are there any noted findings on the organization's most recent audit?

Yes No

 If yes, describe the nature of the findings and how they have been addressed?

 - 8) Has there ever been a petition of involuntary bankruptcy filed against the Administrator?

Yes No

- 9) Has the Administrator ever made an assignment for the benefit of creditors?
 Yes No
- 10) Are there any unsatisfied judgments outstanding against the Administrator and/or any of the principals? Yes No
- 11) Has the Administrator been a party to any litigation within the last five years?
 Yes No

If any of the questions in 5-10 above have been answered "Yes", please give details:

- 12) Does the organization provide the following services or functions?
- | | Yes | No |
|---------------------------|--------------------------|--------------------------|
| • Construction Management | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asset Management | <input type="checkbox"/> | <input type="checkbox"/> |
| • Property Management | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rental Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| • Housing Advocacy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other | <input type="checkbox"/> | <input type="checkbox"/> |

3. ADMINISTRATIVE EXPERIENCE AND CAPACITY

Indicate in number of years, your organizations direct experience and involvement with the following housing rehabilitation programs:

- (1) _____ MHFA Rehab Programs _____
- (2) _____ Weatherization Program
- (3) _____ Energy Assistance/WX Repair Programs
- (4) _____ Community Development Rehabilitation Programs
- (5) _____ USDA Rural Development (fka Farmer's Home Administration)
- (6) _____ HUD Rehab or Construction Programs
- (7) _____ Bureau of Indian Affairs Rehabilitation Program
- (8) _____ Lead Risk Assessments
- (9) _____ No Prior Experience
- (10) _____ Other (explain)

4. Describe all Housing Program Administration activities of the Administrator on Exhibit B

5. Do you have plans to expand your services to other programs, developments or service areas? Please describe below.

Program/ Development Name	Location- Address or Target Area	Type of Rehab or Program	Funding Source	Number of Units	Your Role (Owner, sponsor, service provider, Administrator etc.)	Anticipated Start Date

6. List all staff who will be directly involved with administering RRD on **Exhibit C**.

7. List the name of the development(s) that are being submitted for this round of funding. Please include role (Administrator Developer, Processing Agent).

Development Name/Location	Role

8. Affirmative Action

Agencies other than units of local government must submit a copy of their Certificate of Compliance or a notarized letter indicating that the local administrator had no more than 40 full-time employees at any time within the previous 12 months. Attach evidence as **Exhibit D**.

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.

Signature

Title

Authorized Representative (print)

Date

Attachments

- Exhibit A - Organizational structure and authorization documents.
- Exhibit B - Describe all Housing Program Administration activities of Administrator
- Exhibit C - List all staff who will be directly involved with administering RRDL.
- Exhibit D – Evidence of compliance with Affirmative Action Requirements

Exhibit A

Attach organizational structure and authorization documents.

- 1) History and Mission of Organization
- 2) Officers and board include experience and affiliations
- 3) Articles of Incorporation and Bylaws, Partnership Agreement, etc.
- 4) Number of persons employed
- 5) Board Resolution for current service area
- 6) Other.

Exhibit B

Describe all Housing Program Administration activities of Administrator

Program / Development Name	Location Address / Target Area	Type of Program	Funding Source	Program Partners	Number of Units	Program Budget	Role in the Program	Program Status (ongoing, Temporary, Completed, Year started - ended)

Exhibit C

List all staff who will be directly involved with administering RRDL. For multiple service areas attached additional pages with area of service identified.

Responsibility	Contact Name, Phone Number & email	Organization & Title	Years in this job	Qualifications and Licensure	Duties performed
General Program Administration (including project awards and reviews)					
Rent and Tenant Income Verifications					
Title Commitment					
Environmental Assessments Phase I, (if applicable)					
Lead Risk Assessment and Lead Clearance					
State Historic Preservation Office Compliance					
Property Inspections					
Green Criteria Compliance					
Scope of Work write-ups Architect/Construction Specialist					
Program Compliance Monitoring					
Program Reporting					

Exhibit D

Attach evidence of compliance with Affirmative Action Requirements