



## FORM 206A QUALIFICATIONS OF ARCHITECT

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

### QUALIFICATIONS OF ARCHITECT

Full Legal Name of Architectural Firm	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person E-mail Address	

1. Year Firm Established: \_\_\_\_\_
2. List principals of Firm, professional field (e.g. Landscape Architecture; Planning; Engineering - Civil, Structural, Sanitary, Mechanical, Electrical, etc.) and registration information (type, year, state).
3. List other members of Firm and professional fields.
4. List areas of work that are typically sub-contracted.
5. Will the Firm provide architectural supervision?
6. Has the Firm been involved in any litigation within the last 5 years?  
 Yes                       No

If the answer is "yes", please give details.

7. 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](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	

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







**FORM 203A  
QUALIFICATIONS OF DEVELOPER  
(SPONSOR)**

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

**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 developer / sponsor, 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 / sponsor certifies the following is accurate and truthful to the best of their knowledge:

1. Legal status of Developer (Check one):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> 501(c) 3 - Non-Profit                 |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Business Association or Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> 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"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Architecture	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>



8. 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

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

Development	Role

10. 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 Developer?  Yes  No
- b. Has the Developer ever made an assignment for the benefit of creditors?  Yes  No
- c. Are there any unsatisfied judgments outstanding against the Developer and/or any of the principals?  Yes  No
- d. Has the Developer been a party to any litigation within the last 5 years?  Yes  No

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

11. Please provide references.

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





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.

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Name of Firm

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Authorized Signatory

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Title

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Date



**FORM 209A  
QUALIFICATIONS OF  
GENERAL CONTRACTOR**

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

**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 E-mail Address	

1. Legal Status of Firm

- Individual
- Corporation
- Partnership
- Other (Specify) \_\_\_\_\_

2. If not an individual, the Firm was organized on \_\_\_\_\_ (d under the laws of the State of \_\_\_\_\_).

3. If an out-of-state corporation, is it authorized to do business in Minnesota?  Yes  No

4. 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:

5. 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.

6. 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:

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





**FORM 210A  
QUALIFICATIONS OF MANAGEMENT  
AND MARKETING AGENT**

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

**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		
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 Mgrs)		

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

1. 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.



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.

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Name of Firm

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Authorized Signatory

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Title

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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. a. 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"/>



**FORM 205A  
QUALIFICATIONS OF PROCESSING AGENT**

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

**QUALIFICATIONS OF PROCESSING AGENT**

Full Legal Name of Firm	
Address	
City, State, Zip	
Internet Address (URL)	
Telephone Number	
Fax Number	
Contact Person	
Contact Person E-mail 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	Telephone # / Contact Info
Name / Type of Reference	Address	City / State / Zip	Contact Info
		/ /	/
		/ /	/
		/ /	/
		/ /	/
		/ /	/
		/ /	/

**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.

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Name of Firm

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Authorized Signatory

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Title

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Date





FORM 215A
QUALIFICATIONS OF PRIMARY SERVICE PROVIDER

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at http://www.mnhousing.gov/login/index.aspx

QUALIFICATIONS OF PRIMARY SERVICE PROVIDER

Table with 2 columns and 8 rows: Full Legal Name of Primary Service Provider (Agency), Address, City, State, Zip, Internet Address (URL), Telephone Number, Fax Number, Contact Person & Title, Contact Person E-mail Address.

- 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 populations currently served and the annual number of unduplicated clients served.
d. Describe support services your agency currently provides.
e. Describe the qualifications and licensures of your agency's support services staff and key personnel.

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?



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.

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Name of Firm

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Authorized Signatory

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Title

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Date



**FORM 216A  
QUALIFICATIONS OF RENTAL  
ASSISTANCE ADMINISTRATOR**

Please submit the completed Qualifications Form using the Multifamily Request for Proposal (RFP) Upload located at <http://www.mnhousing.gov/login/index.aspx>

**QUALIFICATIONS OF 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.**

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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