



MANAGEMENT AGENT'S QUALIFICATIONS

FORM

209

								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)								
<input type="checkbox"/> Individual		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Corporation				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> 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)								
<i>Type of Project</i>		<i>Number of Projects</i>		<i>Number of Residential Units</i>		<i>Average Percentage Management Fee</i>		
Apartments								
Condominiums								
Single Family								
Other (<i>describe</i>)								
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.								<input type="checkbox"/> Yes <input type="checkbox"/> 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.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the management agent provide its staff with special training regarding tenant relations, social problems, etc? If yes, describe.								<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Bonding								
Does the management agent have a surety bond? If yes, show the following information.								<input type="checkbox"/> Yes <input type="checkbox"/> 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?								<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Licenses, Certificates and Accreditations								
List licenses, certificates and accreditations of the Firm (<i>and executive, professional and supervisory employees, if relevant</i>).								
Have any licenses, bonds, certificates or accreditations ever been revoked, suspended, restricted, or in any manner, limited or terminated? If yes, explain. (<i>Answer yes, even if license has since been restored.</i>)								<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Prior Experience								
Has the management agent (<i>or any of its principals and affiliates</i>) 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.								<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the management agent (<i>or any of its principals or affiliates</i>) participated in the development or operation of a project that experienced a default? If yes, provide the number of developments and explain (<i>including the name and location of the development, circumstances surrounding each default, its cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.</i>).								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent taken on the management of defaulted or foreclosed properties? If yes indicate owner and mortgagee, experience with such properties and whether the properties returned to sustaining status.								<input type="checkbox"/> Yes <input type="checkbox"/> 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 (<i>including the name and location of the development, mortgagor and reason surrounding the termination</i>).								<input type="checkbox"/> Yes <input type="checkbox"/> 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 (<i>including the name and location of the development, mortgagor and reason surrounding the non-renewal</i>).								<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Bankruptcy								
Has a petition of involuntary bankruptcy ever been filed against the management agent? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent ever filed a petition of bankruptcy? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent ever made an assignment for the benefit of creditors? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any unsatisfied judgments outstanding against the management agent or any of its principals or affiliates? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent been a party to any litigation during the past five years?								<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.								
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.								
(Date)			(Full legal name of firm)					
			Signature:					
			Name:					
			Title:					

