**APPENDIX C**

# Experience Spreadsheet

Name: Role in Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Principal or Management Agent**)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apartment Name,  City, State | # of  Units | Financing Type  (see key below) | Tax Credits (yes/no)  Tax Credit # if applicable (N.C. properties ***must*** include this) | Dates of Participation  From:  To: (or Current) | Type of Participation:  Principal or Agent | Any outstanding uncorrected noncompliance? (8823)  If yes, attach explanation | Has the property been in default on any loan in the last 10 years? | Property type: rehab, new construction or adaptive re-use |
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To complete the financing column please use the following abbreviations to show these sources were used to finance the project:

**RPP** = Rental Production Program from the Agency **HOME** = Federal HOME funds from a source other than the Agency

**RHS** = Farmers Home or Rural Housing Service financing **CON** = Conventional Market Rate financing

**AHP** = Federal Home Loan Bank Affordable Housing Program Funds **HUD** = HUD financing

**Other** = Please explain in an attachment.

## **Management Questionnaire**

Agents not currently managing a tax credit property in North Carolina must complete this form electronically, print, sign and submit with the application(s).

Name of Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the agent’s past experience operating tax credit properties. List all states in which you have managed tax credit properties.

2. Describe any common interest or ownership between the property owner and the management agent.

3. Is the agent licensed by the North Carolina Real Estate Commission to conduct the business of property management in North Carolina? Disclose the license number and the entity name of record.

4. Complete the following staffing chart for the proposed property. Indicate the number of employees by position in the employee column. Please include the estimated weekly hours and add any positions not addressed by the chart.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Employee | Contractor | Est. Weekly Hours | Not Required |
| Site Manager |  |  |  |  |
| Maintenance |  |  |  |  |
| Groundskeeping |  |  |  |  |
| Supportive Services Coord. |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

5. Describe the lines of authority, responsibility, and accountability (internal controls) within the management entity.

6. Describe the oversight that will be provided by the agent to ensure compliance with Section 42 as it relates to eligibility and record keeping.

7. Identify the staff position that will be responsible for the preparation and the submission of the tax credit reports required by the Agency.

8. Describe the type and frequency of tax credit training that will be provided to on-site and agent’s staff.

9. Describe the key tax credit records (applications, certifications, verifications, leases, etc.) that will be maintained to prove compliance, the location they will be kept, the retention period, and the method of retention (hard copy, electronic, etc.).

10. Describe the key eligibility criteria that will be addressed on the rental application and which household members that it will relate to (household composition, income, assets, student status, etc.).

11. Explain the format that will be utilized for recertification in place of the application that will ascertain the household composition, income, assets, and student status (lease renewal questionnaire, etc.).

12. List the position(s) that will be responsible to carry out the functions of eligibility determination, tenant selection, unit assignment, certification, and recertification.

13. Describe the level of knowledge the person performing these tasks is expected to possess. What is the frequency and type of continuing training that will be provided to this person to ensure on-going compliance with eligibility and record-keeping?

14. Describe the screening tools that will be utilized to ensure that deserving applicants are selected. Indicate whether credit reports, criminal history reports, and verifications of previous rental history will be included.

15. If applicants are subject to meeting a minimum income, please identify the minimum(s), explain the method used to arrive at it, and how it will be applied to certificate and voucher holders.

16. Disclose the minimum initial lease period required, and the method of subsequent renewals (i.e. month to month, annual).

17. Identify the location that the Agency may utilize to periodically review pertinent tax credit compliance records.

18. Describe the Agent’s experience with affirmative marketing practices.

19. Describe the Agent’s policy for accepting Section 8 certificates and vouchers.

I hereby certify that the information above and any attached explanation is/are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of this application and any other involving the same owner(s), Principal(s), consultant(s) and/or application preparer(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of proposed management agent’s authorized representative