

MANAGEMENT ENTITY QUESTIONNAIRE AND EXPERIENCE REQUIREMENTS

Management Entity Profiled _____

Experience Requirement

1. Does the management entity have any experience owning and/or managing subsidized housing or with other federal housing programs? ☐ Yes ☐ No

If 'Yes' please identify the type of program and list properties:

If 'No' please provide details including the property names, locations, and number of units:

2. Has the management entity undergone a subsidized or federal housing program review?

☐ Yes ☐ No

If 'Yes' please name the monitoring entity:

Were there any issues of noncompliance discovered?

☐ Yes ☐ No

If 'Yes' please describe the issues:

Have these issues been resolved or corrected?

☐ Yes ☐ No

Describe:

3. Is there an identity of interest between the ownership and management entity?

☐ Yes ☐ No

If 'Yes', please provide details of the relationship:

4. Does the management entity have fidelity coverage?

☐ Yes ☐ No

5. Does the management entity maintain a Policy and Procedures Manual covering all aspects of the management of the properties?

☐ Yes ☐ No

6. Can the management entity demonstrate the ability to provide the management and maintenance services required for this type of property? ☐ Yes ☐ No

If 'Yes', please briefly describe:

7. Does the management entity provide annual compliance training for its regional and site staff?

☐ Yes ☐ No

If 'Yes', please list specific training attended by management entity staff and dates, or attach certificates of training:

8. Is the management entity and all persons who participate directly in the management of this property trained in the Fair Housing Act, the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation act of 1973?

☐ Yes ☐ No

9. Does the management entity intend to contract out any portions of the management functions?

☐ Yes ☐ No

If 'Yes', please list the functions that are contracted out and with whom:

Please identify management entity (if known) here:

Completed by: _____

Title: _____

Signature: _____

Date: _____

*Note: New Hampshire Housing Finance Authority reserves the right to request further information to determine management entity acceptance.