

Asset Management Review - ARRA
 Kentucky Housing Corporation

Date of On-Site Review:	Date of Report:	Project Number:	Project Name:	
Name of Owner:	Number of Units:	Project Address and phone number:	Current Occupancy:	
Type of Housing	Year Property Built:	For each applicable category, assess each section by indicating a score of : 3=Excellent; 2=Good; 1=Satisfactory; 0=Unsatisfactory; N/A Not Applicable. For those items not applicable, place N/A in the TCD column.	Overall Property Score:	
Family				
Disabled				
Elderly				
Elderly/Disabled				
Other (please specify)				
If corrective action required indicate in column C. Include target completion dates (TCD) for all corrective action items.				
A. General Appearance and Security	SCORE	C	TCD	General Appearance and Security Rating
1. Physical Inspection (Exhibit A)				
2. Security				
B. Follow-up and Monitoring of Project Inspections	SCORE	C	TCD	Follow-up and Monitoring of Project Inspections Rating
3. Follow-Up and Monitoring of Last Physical Inspection and Observations				
C. Maintenance and Standard Operating Procedures	SCORE	C	TCD	Maintenance and Standard Operating Procedures Rating
4. Maintenance				
5. Vacancy and Turnover				
6. Energy Conservation				
D. Financial Management/Procurement	SCORE	C	TCD	Financial Management/Procurement Rating
7. Budget Management				
8. Cash Controls				
9. Cost Controls				
10. Procurement Controls				
11. Accounts Receivable/Payable				
12. Accounting and Bookkeeping				
E. Leasing and Occupancy	SCORE	C	TCD	Leasing and Occupancy Rating
13. Application Processing/ Tenant				
14. Tenant File Security				
15. Summary of Tenant File Review				
F. Tenant/Management Relations	SCORE	C	TCD	Tenant Services Rating
16. Tenant Concerns				
17. Provision of Tenant Services				
G. General Management Practices	SCORE	C	TCD	General Management Practices Rating
18. General Management Operations				
19. Staffing and Personnel Practices				
Name and Title of Person Preparing this Report: (Please type or print):		Name and Title of Person Approving this Report: (Please type or print):		
Signature: _____		Signature: _____		
Date: _____		Date: _____		

SUMMARY REPORT – SCORES

Explanations of rating assigned to each category.		
Item Number	Rating	Reason
A. General Appearance and Security		
B. Follow-up and Monitoring of Project Inspections		
C. Maintenance and Standard Operating Procedures		
D. Financial Management/Procurement		
E. Leasing and Occupancy		
F. Tenant/Management Relations		
G. General Management Practices		

Kentucky Housing Corporation

Exhibit A

Physical Inspection of ARRA Properties - Review Summary

Project Number:

Inspection Date:

Project Name:

Officer Conducting Inspection:

Representative Present:

Total # Bins Inspected:

Total # Units Inspected:

Total Vacant Units Inspected:

Copy of report provided to:

Date copy provided:

Copy provided via: **On-site** **Email** **Fax Number** _____

A Uniform Physical Condition Standards (UPCS) inspection of the project listed above has been conducted. The status of this inspection is noted below.

- Project Failed UPCS (**action required**) Project Passed UPCS (no further action required)
- BIN(s) Failed UPCS Project Passed UPCS with comments (no further action required)
- BIN(s) Failing: _____ (**action required**)

Level of Violation	Please correct/repair items indicated below and submit support documentation of correction to KHC		
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	SITE		Site and office signage
			Trees/shrubs in good condition, no dead trees/shrubs
			Cleanliness of grounds
			Parking lots in good repair (No Potholes), curbs
			Walks, steps, and guardrails
			Dumpster Areas
			Mail Areas Clean and in good repair
			Surface drainage
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	Building Systems		Elevators
			Common fire extinguishers/sprinklers
			Laundry
			Dumpster Areas
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	Common Areas		Playground/equipment
			Swimming pool
			Outdoor common use areas
			Community Room
			Sidewalks clean and edged
			Bed areas free of weeds, leaves and grass
			Fences straight, no pickets missing, in good repair
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	Building Exterior		Exterior siding properly painted clean and in good repair
			Exterior doors and windows in good repair
			Roofs are in good condition, no shingles missing
			Gutters and downspouts clean in good repair
			Patio and balcony fences painted, clean and good repair

Level of Violation	Please correct/repair items indicated below and submit support documentation of correction to KHC	
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	Health & Safety	
<input type="checkbox"/> Deficiencies noted <input type="checkbox"/> Pass with comments <input type="checkbox"/> No deficiencies noted	BIN#: Unit #:	Date Vacated: _____
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Pledged Structural Amenities

Signatures:

Property Representative/Date

KHC Representative/Date

Other Comments (if applicable):

