

Risk Sharing Management Review for Multifamily Housing Projects

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	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. Follow-Up and Monitoring of Lead-Based Paint Inspection				
6. Vacancy and Turnover				
7. Energy Conservation				
D. Financial Management/Procurement	SCORE	C	TCD	Financial Management/Procurement Rating
8. Budget Management				
9. Cash Controls				
10. Cost Controls				
11. Procurement Controls				
12. Accounts Receivable/Payable				
13. Accounting and Bookkeeping				
E. Leasing and Occupancy	SCORE	C	TCD	Leasing and Occupancy Rating
14. Application Processing/ Tenant				
15. Tenant File Security				
16. Summary of Tenant File Review				
F. Tenant/Management Relations	SCORE	C	TCD	Tenant Services Rating
17. Tenant Concerns				
18. Provision of Tenant Services				
G. General Management Practices	SCORE	C	TCD	General Management Practices Rating
19. General Management Operations				
20. Owner/Agent Participation				
21. 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 Multifamily Properties - Review Summary

Project Number: _____ **Inspection Date:** _____
Project Name: _____ **Officer Conducting Inspection:** _____
 Representative Present: _____ Total # Bins Inspected: _____ Total # Units Inspected: _____
 Total Vacant Units Inspected: _____ Date copy provided: _____
 Copy of report provided to: _____
 Copy provided via: **On-site** **Email** **Fax Number** _____

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
<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
<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):

