WASHINGTON STATE
HOUSING FINANCE
COMMISSION

Nicole Bascomb-Green
Chair

Steve Walker
Executive Director

MANAGEMENT COMPANY CAPACITY CERTIFICATION

Proposed Management Company:		
Street Address:		
City:	State:	Zip code:
Contact Person:		Title:
Email:		Phone:

Section I - Experience and Performance

Describe the management company's experience in managing residential real estate.

How many years has the management company been active in affordable housing management?

List the number of tax credit properties and units that the management company currently manages:

	In Washington	Out-of-State
Total Properties		
Number of Locations		
Total Units		

Provide the name, address, and contact information for the staff who would be managing the new properties:

Is the management company in good standing with WSHFC programs? **Yes** ☐ **No** ☐ **N/A** ☐
If no, describe the good standing issue(s) and what is being done to address the issue(s).

Has WSHFC ever recommended the management company seek additional training or technical assistance? **Yes** ☐ **No** ☐ **N/A** ☐

Disclose any management contracts terminated or not renewed in the last two years. Describe the reason(s) why any contracts were canceled or not renewed.

Has management or any of its personnel ever been involved in governmental or judicial action concerning a violation of Fair Housing Laws? **Yes** ☐ **No** ☐ *If yes, please provide details:*

Within the past 10 years, has a project for which the management company is a principal been involved in a bankruptcy, adverse fair housing settlement, civil rights settlement or adverse federal or state government proceeding and settlement? **Yes** ☐ **No** ☐ *If yes, please provide details:*

Within the past 10 years, has the management company ever been debarred or received a limited denial of participation by a federal or state agency from participating in a development program?
Yes ☐ **No** ☐ *If yes, please provide details:*

Within the past 10 years, has the management company been involved in a project which received an allocation of tax credits, but failed to meet standards or requirements of the tax credit allocation; or failed to fulfill one of the representations contained in an application for tax credits? *(This includes returning an allocation of tax credits to the agency after the carryover agreement has been signed.)*
Yes ☐ **No** ☐ *If yes, please provide details:*

Within the last five years, has a project for which the management company is the principal been in mortgage default or arrearage of three months or more on a Federal Housing Administration (FHA) insured project, Rural Development (RD) funded rental project, tax-exempt bond funded mortgage, agency loan, tax credit project or any other publicly subsidized project?
Yes ☐ **No** ☐ *If yes, please provide details:*

Within the last five years, has the management company been found to be directly or indirectly responsible for any other project in which there is or was uncorrected noncompliance more than three months from the date of notification by WSHFC or any other state allocating agency?
Yes ☐ **No** ☐ *If yes, please provide details:*

Which of the following certifications does the management company require onsite managers to obtain and maintain through continuing education? *(Check all that apply)*

- ☐ Housing Credit Certified Professional (HCCP)
- ☐ Certified Credit Compliance Professional (C3P)
- ☐ Tax Credit Compliance System (TaCCS)
- ☐ National Compliance Professional (NCP)
- ☐ Tax Credit Specialist (TCS) and (eTCS)
- ☐ Specialist in Housing Credit Management (SHCM)
- ☐ None of the above

List any other qualifications the management company requires for onsite managers:

Education:

Previous Experience:

Other:

Section II – Operations & Structure

Is the management company a subsidiary of another entity? **Yes** ☐ **No** ☐ *If yes, what entity:*

Identify any common interest or ownership between the property owner and the management company:

Is the management company properly incorporated in WA? Yes ☐ **No** ☐

Describe the lines of authority, responsibility, and accountability within the management company (e.g., Asset Management, Compliance, Leasing):

Relating to eligibility and record keeping, describe the oversight the management company will provide to ensure compliance with the tax credit program:

Describe the types of self-monitoring policies and procedures the management company uses to assure quality control:

How often do management company executives or supervisors visit the properties?
Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other ☐

List the position(s) responsible to carry out the functions of eligibility determination, resident selection, unit assignment, and certification:

Describe the level of knowledge the person(s) performing the tasks in the previous question is expected to possess:

Describe the screening tools that will be utilized to ensure eligible applicants are selected. Indicate whether credit reports, criminal history/background, and verification of previous rental history will be used:

Describe the management company's recordkeeping requirements. What measures are in place to ensure resident information is safe and secure?

Describe the management company's experience with Affirmative Fair Housing Marketing practices:

Section III – Marketing & Services

Describe the types of services and amenities provided at the communities managed by the management company. Include in an attachment pictures, brochures, and other materials as appropriate.

Describe any special needs populations (e.g. Senior, Homeless) the management company has served. What does the management company view as critical factors in successfully serving these populations?

Describe the management company's customer service philosophy:

How does the management company receive and act upon feedback from customers, employees, vendors, and others?

Does the management company use the internet to market its properties? **Yes** ☐ **No** ☐
If yes, please provide a description of the management company's use of the internet to market its properties:

Section IV - Training

Describe the management company's employee training and development program:

Does the management company provide Fair Housing training for onsite staff, including maintenance staff? **Yes** ☐ **No** ☐

Has the management company or any of its personnel attended training provided by WSHFC?
Yes ☐ **No** ☐
If yes, please provide the names and titles of all attendee(s), as well as the date of training. If no, please describe when you will be sending staff to our training:

Describe the type and frequency of tax credit training that will be provided to onsite staff:

SIGNATURE PAGE

By signing below, I hereby certify that the information on the previous pages and any attached explanation(s) is/are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of the application/transfer and any other involving the same owner(s), principal(s), consultant(s) and/or application preparer(s).

I further understand that this form is used to determine whether or not the proposed management company has adequate capacity to manage LIHTC properties in Washington State, at the sole discretion of the Washington State Housing Finance Commission. If the Commission determines that the proposed company does not have adequate capacity, I acknowledge that a signed contract with a Commission-approved management company must be submitted prior to the allocation of credit or the property sale closing date, whichever applies.

Signature

Printed Name

Date of Signature

Title

Relationship to Management Company