

Texas State Affordable Housing Corporation
 “Bringing Affordable Housing Closer to Home”

<u>Property</u>			
Address			
City, state, zip			
Owner:	Bond ID:	Date Built:	
Management Company:		Property Manager:	
INSPECTION DATE/ TIME:			
Inspector’s Name:			
Number of Units:	Occupancy at Time of Report:	%	Average Occupancy Over Last 12 Months: %
Number of One Bedrooms:	Number of Two Bedrooms:	Number of Three Bedrooms:	

PHYSICAL INSPECTION	YES	NO	N/A
1) Are the access gates in operable condition?			
2) Is the perimeter fence surrounding the property in acceptable condition?			
3) Is the grounds and landscaping in acceptable condition?			
4) Are trees and shrubs properly trimmed?			
5) What is the condition of the exterior of the buildings? (Please use the comment section if there is rotted wood, peeling paint or other signs of deferred maintenance.			
6) Are sidewalks clean and in good repair?			
7) Is parking lot clean and in good repair with handicap parking clearly marked?			
8) Is the community monument sign in acceptable condition?			
9) Are the EHO logos clearly posted?			
10) Are recreational/common areas clean, maintained and accessible?			
11) Are laundry facilities clean, maintained and accessible?			
12) Is facility equipment operable and in acceptable condition?			
13) Are hallways clean and maintained?			
14) Is the area around the waste receptacles clean and are the enclosures in good repair?			
15) Are storage/maintenance areas clean, maintained and organized?			
16) Are building foundations in good repair?			
17) Are there signs of erosion, foot paths or tree root elevations?			
18) Are the gutters, downspouts and fascia boards on the buildings in good repair?			
19) Do the building roofs appear to be in good condition?			
20) Do all balconies and upper level walkways appear to be in good condition?			
21) Have repairs or corrections recommended or required from the last physical inspection been satisfactorily completed?			
22) Are there any other health, fire or safety concerns that need to be addressed?			

COMMENTS:

SECURITY PROGRAM Part I		
1) In reviewing the police report the following incidents were noted and includes the number of times incidents occurred:		
Incident Type	# of Occurrences	Comments:
- Break-ins?		
- Auto Theft?		
- Vandalism?		
-Personal Assault?		
-Drug Activity?		
- Gunfire?		
- Domestic Violence?		
- Other?		
2) Does the property have a Crime Prevention Plan in effect to address criminal activity on the property?		
3) What pro-active measures is the property taking to address crime on the property?		

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4) How often is a light check conducted on the property? (Please obtain a copy of the schedule).
COMMENTS:

SECURITY PROGRAM Part II	YES	NO	N/A
5) Is the staff trained in addressing crime on the property?			
6) Does the Management Policy or the Resident Services Plan address activities responding to the needs of the community:			
- Violent Crime?			
- Drug Activity?			
- Family Violence?			
- Other?			
7) Are there other signs of vandalism on the property?			
8) Are criminal background checks being conducted on all residents over 18 years of age?			
9) Has a risk assessment been conducted to determine risk liabilities at the property?			
10) List all security services being used.			
COMMENTS:			

OFFICE	YES	NO	N/A
1) Is the office neat, the desk uncluttered?			
2) Are accurate office hours posted?			
3) Are emergency phone numbers posted?			
4) Are the following displayed in full view:			
Fair Housing Poster?			
Occupancy Qualifications?			
5) Are property licenses and permits on file and renewed on a timely basis?			
6) Are insurance binders maintained on vendors on-site and/or at the corporate office?			
7) What are the compliance procedures to ensure the set aside requirements and rent requirements are being maintained?			
8) What community facilities are provided for resident use?			
COMMENTS:			

KEY CONTROL	YES	NO	N/A
1) Are all property keys properly coded?			
2) Is key box locked and secured?			
3) Is the key code list kept separate from the key box?			
4) Are locks being changed during turnover of vacant units and turnover of staff?			
COMMENTS:			

MAINTENANCE PROGRAM	YES	NO	N/A
1) Is there a schedule for preventive maintenance/servicing? (Please include a copy of the schedule)			
2) How often does the exterminator provide services?			
3) Does the maintenance area have properly documented MSDS material and chemicals labeled properly?			
4) What is the policy on follow ups for completed service request?			
5) Are call backs to residents conducted?			
7) What is the property's after hour's emergency policy?			
8) What capital improvements have been scheduled for this budget year?			
9) Were capital improvements scheduled from last year conducted?			
The following information was reported for the month of _____:			
Number of service requests completed in the past 30 days:			
Number of service requests completed within 24 hours:			
Number of outstanding service requests:			
COMMENTS:			

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MARKETING			
1) Complete the table below with the most recent information available.			
SOURCE	COST	# of Prospects	# of Leases
Source of traffic:			
Drive-By/Word of Mouth			
Flyers			
Resident Referral			
Locator Service			
Apartment Digest/For Rent/ Senior Living			
Internet			
Preferred Employer			
Other Source (list)			
TOTAL			
(The rental activity reflected in the above table was for the month of .)			
	YES	NO	N/A
2) Is the property doing any bilingual advertising?			
3) How often are competitors shopped?			
4) How often is the marketing survey completed?			
COMMENTS:			

LEASE RENEWAL	YES	NO	N/A
1) Is an effective lease renewal program in place? What percentage of residents renew last month, past 6 months and past 12 months?			
2) When are the lease renewal/rent increase notices sent to residents?			
3) Are individual files being reviewed to determine renewal/non-renewal status?			
4) How are renewals tracked and monitored?			
5) Are rate increases being implemented?			
6) What is the number of month-to-month leases?			
7) What is the month-to-month charge?			
COMMENTS:			

VACANT/MAKE READY UNITS			
1) Number of vacant units at time of activity report:			
2) Number of completed made ready units at time of activity report:			
3) Number of completed one bedroom units at time of activity report:			
4) Number of completed two bedroom units at time of activity report:			
5) Number of completed three bedroom units at time of activity report:			
6) Number of uncompleted made ready units at time of activity report:			
7) Number of uncompleted one bedroom units at time of activity report:			
8) Number of uncompleted two bedroom units at time of activity report:			
9) Number of uncompleted three bedroom units at time of activity report:			
Units Walked (minimum of 3 units and all down units)			
Unit #	Brief Description (See Unit Inspection Sheet for details)	YES	NO
		YES	NO
10) Does the Unit Availability Report match the make ready board?			
11) Are there any down units?			

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ACCOUNTS PAYABLE	YES	NO	N/A
1) Is the payable report up to date?			
2) Is debt being controlled?			
3) If payments are a problem, what is management doing to correct the problem?			
COMMENTS:	Current:		\$
	30 Days:		\$
	60 Days and Over:		\$
	TOTAL		\$

DELINQUENCIES	YES	NO	N/A
1) Is the delinquency report up to date?			
2) What is the collection policy for outstanding rents?			
3) When is legal action taken against delinquent accounts?			
4) What is the total dollar amount currently under eviction?			
5) Does housing have any outstanding balances? If yes, how much?			
6) List delinquency information below.			
COMMENTS:	Current:		\$
	30 Days:		\$
	60 Days and Over:		\$
	TOTAL		\$

RETURNED CHECKS	YES	NO	N/A
1) Total number of returned checks in the past 3 months:			
2) Has manager collected and deposited all returned checks?			
3) Is manager following company policy on returned checks?			
COMMENTS:			

PERSONNEL	YES	NO	N/A
1) Does owner/agent have a system/procedure for providing field supervision of on-site personnel?			
2) Does the property appear to be adequately staffed?			
3) Is overtime being controlled?			
4) Were requested pre-audit reports submitted on time?			
5) Does it appear that personnel are team oriented?			
6) Do personnel appear to be dressed appropriately?			
7) Are name tags/photo IDs being worn?			
8) Was management staff prepared for the site visit?			
10) How often are staff meetings held?			
10) Have personnel been trained in Fair Housing?			
11) List all training staff has received in the past three years.			
COMMENTS:			

OWNER PARTICIPATION	YES	NO	N/A
1) Does the owner have access to computer generated reports?			
2) If owner does not have computer access to the reports, what reports are submitted to the owner?			
3) How often are the reports submitted to the owner?			
4) What is the dollar amount that needs to be submitted to the owner for release of funds?			

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5) Are the funds for needed capital improvement items, turning of units, marketing campaigns released by the owner according to what has been budgeted?			
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COMMENTS:

SUMMARY OF OBSERVATIONS AND FINDINGS

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