# Texas State Affordable Housing Corporation

## **Compliance Review Observation Report**

#### **Marshall Meadows**

1803 Marshall Cross San Antonio, Tx 78214

Owner: Chicory Court XXV, L.P. Date Built: 2006

Management Company: The Lynd Company
Inspection Date & Time: 6.18.2014 at 8:30 a.m.
Property Manager: Melissa Ramos
Inspector's Name: James M. Matias

COMMENTS: The property is meeting the Safe Harbor set aside requirement of 40% of the units at 60% AMFI or less.

| Numb | er of Units:                                        | 250        | Number of Required LI units:             | 100        | Number of F     | Required VL | _I units: | NA   |
|------|-----------------------------------------------------|------------|------------------------------------------|------------|-----------------|-------------|-----------|------|
|      |                                                     | C          | OMPLIANCE AUDIT                          |            |                 | YES         | NO        | N/A  |
| 1)   |                                                     |            |                                          |            |                 | X           | NO        | IV/A |
| 2)   | Is the property accepting                           | g Section  | 8 households?                            |            |                 | х           |           |      |
| 3)   | Is the income to rent rat                           | io for Sec | tion 8 households less than 2.5?         |            |                 | х           |           |      |
| 4)   | Are the rent increases s                            | maller tha | ın 5%?                                   |            |                 | Х           |           |      |
| 5)   | Is there any discriminate                           | ory langua | ige on the Application for Tenancy or Oc | cupancy (  | Qualifications? |             | Х         |      |
| 6)   | Does the lease or renta<br>Recertification requirem | 0          | nt inform the resident of Very Low Incom | ie/Low Ind | come and        | х           |           |      |
| 7)   | Is additional monitoring                            | by TSAH    | C recommended?                           |            |                 |             | Х         |      |

|     | SET-ASIDES                                                                                                                                                                                                                                                                                          | YES | NO | N/A |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--|
| 1)  | Do the files reviewed establish that the property is meeting the Low Income residency requirement whereby 75 percent of the units are rented to tenants whose adjusted income is 80 percent or less of the median gross income for the Metropolitan Statistical Area where the property is located? |     |    |     |  |
| 2)  | Do the files reviewed establish that the property is meeting the Very Low Income residency requirement?                                                                                                                                                                                             |     |    | х   |  |
| 3)  | Are the set-aside units evenly distributed?                                                                                                                                                                                                                                                         |     |    |     |  |
|     | a) No more than 60% of the set-aside requirements consist of one unit type?                                                                                                                                                                                                                         | Х   |    |     |  |
|     | b) No less than 20% of the set aside requirements consist of any particular unit type?                                                                                                                                                                                                              | Х   |    |     |  |
| 4)  | If either of the set asides have not been met, are any units :                                                                                                                                                                                                                                      |     |    |     |  |
|     | a) Rented for less than 30 days, not including month-to-month?                                                                                                                                                                                                                                      |     | Х  |     |  |
|     | b) Utilized as a hotel, motel, dormitory, fraternity house, sorority house, rooming house,<br>nursing home, hospital, sanitarium, rest home, or trailer court or park?                                                                                                                              |     | х  |     |  |
|     | c) Leased to a corporation, business or university?                                                                                                                                                                                                                                                 |     | Χ  |     |  |
|     | d) Owned by a cooperative housing corporation?                                                                                                                                                                                                                                                      |     | Х  |     |  |
|     | e) Not available for rental on a continuous basis to members of the general public?                                                                                                                                                                                                                 |     | Х  |     |  |
| OMN | MENTS:                                                                                                                                                                                                                                                                                              |     |    |     |  |

|         | UNITS WALKED                                                              |             |          |  |  |  |  |
|---------|---------------------------------------------------------------------------|-------------|----------|--|--|--|--|
|         | (units vacant and unready for extended period of time and all down units) |             |          |  |  |  |  |
|         | USR                                                                       | New         |          |  |  |  |  |
| Unit #  | Designation                                                               | Designation | Comments |  |  |  |  |
| NA      |                                                                           |             |          |  |  |  |  |
| COMMENT | COMMENTS:                                                                 |             |          |  |  |  |  |

|    | RESIDENT SERVICES                                                             | YES | NO | N/A |
|----|-------------------------------------------------------------------------------|-----|----|-----|
| 1) | Does the programming appear to cater to the resident profile of the property? | Х   |    |     |
| 2) | Does the programming appear to be effective?                                  | Х   |    |     |

Revised January 2006

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| Is there a resident services notebook available to review?          | Х |   |   |
|---------------------------------------------------------------------|---|---|---|
| 4) TSAHC provided Technical assistance regarding:                   |   |   |   |
| a) Resident attendance                                              | х |   |   |
| b) Frequency of service provided                                    |   | х |   |
| c) Transportation provided for off site services                    |   |   | Х |
| d) Notification to residents of services                            |   |   | х |
| e) Number or type of services                                       | х |   |   |
| f) Survey of residents                                              |   |   | х |
| g) On-line reporting                                                | Х |   |   |
| 5) Does the property comply with the resident services requirement? | х |   |   |
| COMMENTS:                                                           | • | • | 1 |

| OFFICE                                                                 | YES | NO | N/A |
|------------------------------------------------------------------------|-----|----|-----|
| 1) Is the office neat, the desk uncluttered?                           |     |    |     |
| 2) Are accurate office hours posted?                                   | Х   |    |     |
| 3) Are the following displayed in full view:                           |     |    |     |
| a) Occupancy Qualifications?                                           | Х   |    |     |
| b) Fair Housing Poster?                                                | Х   |    |     |
| COMMENTS: Management and staff were well prepared for the site review. | •   | •  | •   |

|    | RESIDENT FILE REVIEW                                                                                                    | YES | NO | N/A |
|----|-------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1) | Are there any Next Available Unit Rule Violations?                                                                      |     | Х  |     |
| 2) | Does the file audit establish that residents are being recertified on an annual basis?                                  | Х   |    |     |
| 3) | Does the owner maintain all records relating to resident income certifications, together with supporting documentation? | Х   |    |     |
| 4) | Does the Owner/Agent make an effort to determine that the income certification provided by the resident is accurate?    | х   |    |     |
| 5) | Does the file audit indicate that staff needs additional training?                                                      |     | Х  |     |

**COMMENTS:** The most common errors found during the file review were discrepancies between the Unit Status Report and the Tenant Income Certifications. Some of the files had Section 8 payment changes that were not reflected on the Tenant Income Certification or on the Unit Status Report. TSAHC provided the compliance department with two additional forms that should be used with all new move ins and recertifications. (Student Eligibility and Health and Safety)

If a new household moves in to any of the units with Findings (listed below), instead of submitting the required Corrective Action documents, submit with your response: the application for tenancy, the verifications, the Income Certification, and the 1<sup>st</sup> page of the lease for the new household occupying the unit.

| Unit                                                                                                             | Finding | Corrective Action Requirement |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|---------|-------------------------------|--|--|--|--|
| NA                                                                                                               |         |                               |  |  |  |  |
| COMMENTS: All corrections for the files reviewed were submitted to TSHAC prior to the completion of this report. |         |                               |  |  |  |  |

| SUMMARY OF FINDINGS AND OBSERVATIONS    |  |  |  |
|-----------------------------------------|--|--|--|
| lo findings or observations were found. |  |  |  |