Texas State Affordable Housing Corporation

Compliance Review Observation Report

High Plains Apartments

1607 Iola Avenue, Lubbock TX 79416

Owner: RHAC- High Plains, LLC Date Built: 1981

Management Company: Capstone Real Estate Services Property Manager: Catherine Lopez

Inspection Date & Time: 2.12.2015 at 8:00 A.M. Inspector's Name: James Matias

| Nu | mber of Units: | 50 | Number of required LI units: | 50 | Number of | required VL | .l units: | 0 |
|----|--|-------------|---|------------------|----------------|-------------|-----------|-----|
| | | | COMPLIANCE AUDIT | | | YES | NO | N/A |
| 1) | Are procedures effective? | that ensure | compliance with the set aside requireme | nts and rent rec | quirements | x | | |
| 2) | Is the property accepting Section 8 households? | | | | | | | |
| 3) | Is the income to rent ratio for Section 8 households less than 2.5? | | | | | X | | |
| 4) | Are the rent increases smaller than 5%? | | | | | х | | |
| 5) | Is there any discriminatory language on the Application for Tenancy or Occupancy Qualifications? | | | | ualifications? | | х | |
| 6) | Does the lease or rental agreement inform the resident of Very Low Income/Low Income Recertification requirements? | | | | | | | |
| 7) | Is additional monitoring by TSAHC recommended? | | | | | | | |

COMMENTS:

| | SET-ASIDES | YES | NO | N/A |
|----|--|-----|----|-----|
| 1) | Is the property meeting all occupancy restrictions required by the property's Regulatory Agreement and Asset Oversight and Compliance Agreement? | х | | |
| 2) | 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 |
| 3) | 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, nursing home, hospital, sanitarium, rest home, or trailer court or park? | | x | |
| | c) Leased to a corporation, business or university? | | Х | |
| | d) Owned by a cooperative housing corporation? | | Х | |
| | e) Not available for rental on a continuous basis to members of the general public? | | Х | |

COMMENTS:

UNITS WALKED

| | USR | New | |
|--------|-------------|-------------|----------|
| Unit # | Designation | Designation | Comments |
| 1 | 60 | NA | |
| 8 | 60 | NA | |
| 13 | 60 | NA | |
| 43 | 60 | NA | |

COMMENTS: The 4 units walked included 2 occupied units (1 and 8) and 2 vacant units (13 and 43). The units walked were found to be adequate for the affordable program and no designation changes are necessary. Any and all health and safety issues for these units, which are outlined in the Asset Oversight Report, were corrected within 24 hours of the review.

| RESIDENT SERVICES | YES | NO | N/A |
|---|-----|----|-----|
| Do the resident services appear to cater to the resident profile of the property? | Х | | |

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| Do the resident services appear to be effective? Discuss your observations in the comments section | Х | | |
|---|---|--|--|
| below. | | | |
| 3) Is the property meeting the Resident Service requirements as required by the Regulatory Agreement and Asset Oversight and Compliance Agreement? | Х | | |
| 4) Is management monitoring the following: | | | |
| a) Resident attendance | Х | | |
| b) Frequency of service provided | X | | |
| c) Notification to residents of services | х | | |
| d) Number or type of services | х | | |
| e) Survey of residents | Х | | |
| 5) Is management properly submitting monthly Resident Service reports through the Compliance System? | х | | |
| s) Did TSAHC provide any Technical Assistance regarding Resident Services? | | | |
| COMMENTS: | | | |

| OFFICE | YES | NO | N/A | |
|--|-----|----|-----|--|
| 1) Is the office neat, the desk uncluttered? | Х | | | |
| 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: | | | | |

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

COMMENTS: All findings were corrected prior to the submission of the report. Based on the discrepancies noted, management was advised of the importance of signing all necessary documents and ensuring the data on the TSHAC Unit Status Report (USR) is accurate.

Observations:

The following items were found to be incorrect or inconsistent during the file review:

- Unit 4: The income on the USR did not match the income on the initial Tenant Income Certification (TIC). The file did not have a recertification in it.
- Unit 9: The lease addendum was not signed by the manager.
- Unit 15: The lease addendum was not signed by the manager.
- Unit 23: The effective dates on the USR did not match the effective date of the Annual Eligibility certification (AEC).
- Unit 30: The effective dates on the USR did not match the effective date of the AEC.
- Unit 36: The effective dates on the USR did not match the effective date of the AEC.
- Unit 39: The income on the USR did not match the income on the initial TIC.

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, all income and asset

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verifications, the executed Income Certification, and the 1st page of the lease for the new household occupying the unit.

| Unit | Finding | Corrective Action Requirement | | | | | |
|-----------|---------|-------------------------------|--|--|--|--|--|
| NA | | | | | | | |
| COMMENTS: | | | | | | | |

SUMMARY OF FINDINGS AND OBSERVATIONS

Observations:

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No Findings.