Texas State Affordable Housing Corporation **Compliance Review Observation Report**

Los Ebanos Apartments

2133 Barnard Road, Brownsville, TX 78520

Date Built: 1981 Owner: RHAC – Ebanos, LLC

Management Company: Capstone Real Estate Services **Property Manager:** Frankie Gonzlaez

Inspection Date & Time: March 24, 2015 at 8:00a.m. **Inspector's Name:** Celina Mizcles

| Nu | mber of Units: | 65 | Number of required LI units: | 65 | Number o | f required VL | I units: | 0 |
|----|--|--------------|--|------------------|-----------------|---------------|----------|-----|
| | | | COMPLIANCE AUDIT | | | YES | NO | N/A |
| 1) | Are procedures effective? | that ensure | compliance with the set aside requireme | nts and rent red | quirements | x | | |
| 2) | Is the property a | ccepting Se | ction 8 households? | | | Х | | |
| 3) | s) Is the income to rent ratio for Section 8 households less than 2.5? | | | | х | | | |
| 4) | Are the rent incre | eases small | er than 5%? | | | х | | |
| 5) | Is there any disc | riminatory I | anguage on the Application for Tenancy of | r Occupancy C | Qualifications? | | х | |
| 6) | Does the lease of Recertification re | | eement inform the resident of Very Low Ir ? | come/Low Inco | ome | X | | |
| 7) | ') Is additional monitoring by TSAHC recommended? | | | | | | X | |

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 | |

OMMENTS:

| | UNITS WALKED | | | | | | |
|-----------|--------------|-------------|----------|--|--|--|--|
| | USR | New | | | | | |
| Unit # | Designation | Designation | Comments | | | | |
| 12 | 60% | N/A | | | | | |
| 51 | 60% | N/A | | | | | |
| 54 | 60% | N/A | | | | | |
| 64 | 60% | N/A | | | | | |
| 001111515 | | | | | | | |

COMMENTS:

| | RESIDENT SERVICES | YES | NO | N/A |
|---|---|-----|----|-----|
| 1) | 1) Do the resident services appear to cater to the resident profile of the property? | | | |
| 2) Do the resident services appear to be effective? | | x | | |
| 3) | 3) Is the property meeting the Resident Service requirements as required by the Regulatory Agreement and Asset Oversight and Compliance Agreement? | | | |

Texas State Affordable Housing Corporation Compliance Review Observation Report

| 4) Is management monitoring the following: | | | |
|---|---|----------|----------|
| a) Resident attendance | х | | |
| b) Frequency of service provided | х | | |
| 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 | | |
| 6) Did TSAHC provide any Technical Assistance regarding Resident Services? | | х | |
| COMMENTS: | | <u>I</u> | <u>I</u> |

| 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? | | | |
| 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 | | | |
| 3) Does the file audit establish that residents are being recertified on an annual basis? | X (see comment) | | |
| 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: Based on a conversation with the Property Manager and a review of the tenant files, it was confirmed that the property is in the middle of transitioning from conducting annual recertifications for all housing via mass-certification in March of every year to conducting recertifications based on each household's anniversary of their move in date.

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

| Unit | Finding | Corrective Action Requirement | | | |
|-----------|---------|-------------------------------|--|--|--|
| N/A | | | | | |
| COMMENTS: | | | | | |

| | SUMMARY OF FINDINGS AND OBSERVATIONS |
|------------------------------|--------------------------------------|
| No Observations or Findings. | |
| | |