# Texas State Affordable Housing Corporation Compliance Review Observation Report

### **White Rock**

3110 Thousand Oaks Drive, San Antonio, TX 78247

Owner: Commonwealth Multifamily Date Built: 2003

Management Company: Orion Real Estate, Inc Property Manager: Donna Carraghan

**Inspection Date & Time:** June 7, 2017 at 8:30 a.m. **Inspector's Name:** Celina Stubbs

| Nur | mber of Units:   | 336           | Number of required LI units:              | 252               | Number of | required VL | .l units: | N/A |
|-----|--|---------------|---|-------------------|-----------|-------------|-----------|-----|
|     |  |               | COMPLIANCE AUDIT                          |                   |           | YES         | NO        | N/A |
| 1)  | Are procedures effective?  | that ensure   | compliance with the set aside requirement | nts and rent requ | uirements | x           |           |     |
| 2)  | Is the property accepting Section 8 households?  |               |   |                   |           |             |           |     |
| 3)  | Is the income to rent ratio for Section 8 households less than 2.5?  |               |   |                   |           |             |           |     |
| 4)  | Are the rent increases smaller than 5%?  |               |   |                   |           |             |           |     |
| 5)  | Is there any discriminatory language on the Application for Tenancy or Occupancy Qualifications?                   |               |   |                   |           |             | х         |     |
| 6)  | Does the lease or rental agreement inform the resident of Very Low Income/Low Income Recertification requirements? |               |   |                   | ne        | Х           |           |     |
| 7)  | Is additional mor  | nitoring by T | SAHC recommended?                         |                   |           |             | х         |     |

#### 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,<br>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  |     |

### UNITS WALKED

|         | New<br>Designation | Comments            |
|---------|--------------------|---------------------|
|         | Designation        | Comments            |
| 000/    |                    |                     |
| 80%     | N/A                |                     |
| Market  | N/A                |                     |
| 80%     | N/A                |                     |
| Market  | N/A                |                     |
| 80%     | N/A                |                     |
| 8<br>Ma | 0%<br>arket        | 0% N/A<br>arket N/A |

#### COMMENTS:

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

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| х  | K |  |
|--|---|--|
|  |   |  |
| 6) Did TSAHC provide any Technical Assistance regarding Resident Services? |   |  |
| _  |   |  |

| 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 pporting documentation? | х   |    |     |
| 2)<br>re: | Does the Owner/Agent make an effort to determine that the income certification provided by the sident is accurate             | х   |    |     |
| 3)        | Does the file audit establish that residents are being recertified on an annual basis?  | х   |    |     |
| 4)        | 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: Files were well organized and easy to review. The reviewer noted one issue in the household file for unit 1226.

 Unit 1226: The file contained documentation to support the addition of a new household member. All documentation was properly verified, however, the new adult's name and income was not added to the most current Income Certification. Management submitted corrected documents prior to the issuance of this report.

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 1<sup>st</sup> 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.         |         |                               |  |  |  |
|                                      |         |                               |  |  |  |