Texas State Affordable Housing Corporation Compliance Review Observation Report

Villa Rodriguez Apartments

3270 Nacogdoches, San Antonio, Texas 78217

Owner: San Antonio Low Income Housing, LLC Date Built: 1982

Management Company: Cesar Chavez Foundation Property Manager: Lorraine Plata
Inspection Date & Time: 04/30/2021 at 9:30am Inspector's Name: Estefania Linares

Number of required VLI units (50% AMI units 346 (44 down Number of required LI units (80% AMI **Number of Units:** 61 units) from 302 units): from 302 units): COMPLIANCE AUDIT YES NO N/A Are procedures that ensure compliance with the set aside requirements and rent requirements 1) X effective? X 2) Is the property accepting Section 8 households? Χ Is the income to rent ratio for Section 8 households less than 2.5? Х Are the rent increases smaller than 5%? Does the Application for Tenancy or Occupancy Qualifications exclude language that may appear to Х be discriminatory? Does the lease or rental agreement inform the resident of Very Low Income/Low Income X Recertification requirements? Is additional monitoring by TSAHC recommended? Χ

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?				
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: In the last two years the property had three fires, building 13 (phase 1), building 8 (phase 1) and building 8 (phase 2). As a result of the fires the property has 44 units designated as Down Units. The property has a total of 346 units; however, the set-aside is being calculated with a total of 302 units as the others are uninhabitable.

UNITS WALKED			
Unit #	USR Designation	Comments	
1- 1006	60%	Vacant (1 bedroom) made-ready	
2- 0302	- 0302 60% Vacant (1 bedroom) made-ready		
2- 0405	60%	Vacant (2 bedroom) made-ready	
COMMENT	COMMENTS:		

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RESIDENT SERVICES	YES	NO	N/A
1) Do the resident services appear to cater to the resident profile of the property?	X		
2) Is the property meeting the Resident Service requirements as required by the Regulatory Agreement and Asset Oversight and Compliance Agreement?	х		
3) Is management monitoring the following:	X		
a) Resident attendance	X		
b) Frequency of service provided	X		
c) Notification to residents of services	X		
d) Number or type of services	X		
e) Survey of residents	X		
4) Did TSAHC provide any assistance regarding Resident Services based on the review conducted during the onsite visit?		х	
5) Is management properly submitting monthly Resident Service reports through the Compliance System?	Х		
6) In the last 12 months, has TSAHC provided any assistance regarding the monthly Resident Service reports submitted through the Compliance System? If so, comment below.		х	

COMMENTS: Since Covid-19 the property has been limited on the service they can provide based on local social distancing requirements. However, the property is staying involved with its residents by providing referral sources for rental assistance and food banks.

OFFICE		NO	N/A
1) Is the office neat, the desk uncluttered?			
2) Are accurate office hours posted?			
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? 			
2) 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?	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: Overall, the tenant files were maintained in a consistent order. See Findings below that were corrected.

- Unit 1-1211 The last name of the lease contract was misspelled and there was missing information on the application. Management was
 able to correct both issues and submitted to TSHAC before finalizing this report.
- Unit 1-1007 Annual income on the Initial Income Certification it should be \$22,546.33 instead of \$22,546.46. Management corrected the
 amount on the Income Certification and submitted to TSAHC before finalizing this report.
- Unit 2-1106 Annual Income on the Initial Income Certification should be \$9696 instead of \$9826.80. Management corrected the amount on the Income Certification and submitted to TSAHC before finalizing this report.
- Unit 1-0202 Initial Income Certification did not have the names of the assets listed. Management added the names of the assets and submitted to TSAHC before finalizing this report.

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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		
1-1406	Missing information on the initial application.	 Resident initial application's previous address needs to be completed to ensure the applicant did not own the previous residence. 		
COMMENTS:				

SUMMARY OF FINDINGS AND OBSERVATIONS

No Observations.

Findings listed above. All corrective action must be submitted to TSAHC for review no later than **August 6, 2021** (30 day from the date the report was issued).