

Texas State Affordable Housing Corporation

Compliance Review Observation Report

Pythian Manor Apartments	
2719 Illinois Ave, Dallas, Texas 75216	
Owner: Steele Pythian LP	Date Built: 1968
Management Company: Monroe Group Ltd.	Property Manager: Karla Davis
Inspection Date & Time: December 14, 2022 at 8:30 a.m.	Inspector's Name: James Matias

Number of Units: 76	Number of required LI units: 76	Number of required VLI units: N/A
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COMPLIANCE AUDIT	YES	NO	N/A
1) Are procedures that ensure compliance with the set aside requirements and rent requirements effective?	X		
2) Is the property accepting Section 8 households?	X		
3) Is the income to rent ratio for Section 8 households less than 2.5?	X		
4) Are the rent increases smaller than 5%?	X		
5) Does the Application for Tenancy or Occupancy Qualifications exclude language that may appear to be discriminatory?	X		
6) Does the lease or rental agreement inform the resident of Very Low Income/Low Income Recertification requirements?		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?	X		
2) 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?		X	
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?		X	
d) Owned by a cooperative housing corporation?		X	
e) Not available for rental on a continuous basis to members of the general public?		X	

COMMENTS:

UNITS WALKED

Unit #	USR Designation	Comments
1-111	60%	
1-216	60%	

COMMENTS:

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?		X (see Observation)	
3) Is management monitoring the following:			
a) Resident attendance	X		
b) Frequency of service provided	X		

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c) Notification to residents of services	X		
d) Number or type of services		X (see Observation)	
e) Survey of residents		X	
5) Is management properly submitting monthly Resident Service reports through the Compliance System?	X		
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.	X		

COMMENTS:

Finding:

- In the last year Pythian Manor has received 2 letters of non-compliance for Resident Services. The property is not meeting the required number of services set forth in the Regulatory Agreement (four services per month). The first letter, issued in August of 2022 pertained to the first 6 months of the year (January through June), and stated that the property was out of compliance each month during the period. The 2nd letter issued in November of 2022, reflects that the property did not have enough services for all months in quarter 3 (July, August, and September). The first letter required the property to submit a plan for Q3 outlining what the property will do to meet the resident services requirements. The property did not submit the plan or any corrective action regarding the first letter. The 2nd letter issued by TSAHC, which outlined continued non-compliance, announced that the property may be fined if the appropriate number of services is not provided In December 2022. After a review of the December 2022 reports, the property is not meeting the required number of Resident Services.
- During the site visit the reviewer discussed in detail the noncompliance issues regarding Resident Services. The reviewer explained how many services are needed and explained what needed to be done to meet the requirements.
- The property must submit an adequate number of services each month for quarter one in 2023 (January, February, and March). Failure to do so will lead to the \$500 fine outlined in the November non-compliance letter.

OFFICE	YES	NO	N/A
1) Is the office neat, the desk uncluttered?	X		
2) Are accurate office hours posted?	X		
3) Are the following displayed in full view:			
a) Occupancy Qualifications?	X		
b) Fair Housing Poster?	X		

COMMENTS:

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

COMMENTS: There were a few issues noted during the tenant file review, none of them resulted in ineligible households. In addition, the compliance department made all the necessary corrections prior to the submission of the report. See Observations below

Observations:

- Units 4 and 212 had lease start dates that did not match the Unit Status Report (USR) move in dates.
- Unit 123 needed the rent updated on the USR.
- Units 123 needed the income adjusted on the USR to match the original Tenant Income Certification (TIC).
- Unit 127 needed the assets properly added to the TIC.

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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

COMMENTS:

SUMMARY OF FINDINGS AND OBSERVATIONS

See Observations above.

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