



District of Columbia Housing Finance Agency
 815 Florida Avenue, NW
 Washington, DC 20001-3017

MANAGEMENT OPERATIONS SUMMARY (MOS)

Instructions: Carefully read and complete the application in its entirety; please type or print neatly in ink and sign. Review "Document Checklist" and attach all documents as requested. Incomplete and/or applications that are not signed will be returned.

Applications can be emailed as a PDF to compliancecoordinator@dchfa.org, mailed or hand delivered to our office at the address listed above, Monday-Friday 9AM-6PM.

Applications are due Quarterly as follows:

Q1: April 30th – reflecting the Project period January, February, March

Q2: July 30th – reflecting the Project period April, May, June

Q3: October 30th – reflecting the Project period July, August, September

Q4: January 30th – reflecting the Project period October, November, December

Reporting Period

CHECK ONE: Q1 Q2 Q3 Q4

Project Information

Project Name: _____

Project Previous Name (if name has been changed): _____

Address: _____

City/State: _____ Zip: _____

Phone #: _____ Total # of Units: _____

Unit Breakdown: 0 Bdr. Qty: _____ 1 Bdr. Qty: _____ 2 Bdr. Qty: _____ 3 Bdr. Qty: _____

4 Bdr. Qty: _____ 5 Bdr. Qty: _____ 6 Bdr. Qty: _____ TH Qty: _____

Other (explain): _____

Project Type: Garden High-Rise Mid-Rise Town House

New Construction or Substantial Rehabilitation: New Construction Substantial Rehabilitation

Year Built: _____ Year Rehabilitation Complete: _____

Type of Housing: Co-op Family Senior Other: _____

Subsidy/Housing Designation: ACC DCHAP DCLRSP

LIHTC PBCA PBSEC-8

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Project Information Cont.

Office Hours: _____

Parking Availability: _____

Parking Restrictions: _____

Management Company Information

Management Company: _____ Phone: _____

Address: _____

Regional Mgr: _____ Phone: _____

Email: _____

Community Mgr: _____ Phone: _____

Email: _____

Has Management Company changed since last quarter? Yes No

If yes, please explain: _____

Are there any anticipated changes? Yes No

If yes, please explain: _____

Site Staff Changes

Have there been any site staff changes since last quarter? Yes No

If yes, what positions? _____

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Occupancy Summary

What is your current occupancy? (*Attach current Occupancy/Vacancy Report*) %: _____

Average Household Income: _____ # of Units Occupied/Month: _____

of Move-in: _____ # of Move-out: _____ # of Evictions: _____

Leasing/Marketing

How many units are vacant? _____ Are any of these units leased? Yes No

If yes, how many? _____

Is there difficulty leasing vacant units? Yes No

If yes, please explain: _____

Are you currently advertising? Yes No

If yes, please list your sources. (*Attach all Advertisements*) _____

Are you currently offering any incentives to lease vacant units? Yes No

If yes, please list incentives: _____

Who are your area comps? _____

Have you registered your project on DC Housing Search? Yes No

www.DCHousingSearch.org

If your Occupancy is below 97% please register your project with DC Housing Search.

If yes, please provide web address: _____

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Collections Summary

What is your current outstanding delinquency? _____

How much of your delinquency is subsidy? _____

How much of your delinquency is tenant rent? _____

Capital Expenditures

Have there been any Capital Expenditures since last quarter? Yes No

If yes, please explain: _____

Are there any anticipated expenditures in the next quarter? Yes No

If yes, please explain: _____

Were the items paid through an Operating Account or Replacement Reserve?

Operating Account Replacement Reserve N/A

Management & Tenant File Reviews

Were there any Management & Tenant File Reviews in last quarter (exclude reviews conducted by DC Housing Finance Agency)? Yes No

(Attach Results/Score and Corrective Action Plan)

AHSC Contract Administrator DHCD Syndicator

Other: _____

Were all deficiencies corrected? Yes No

If no, please explain: _____

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Physical Inspections

Were there any Physical Inspections in last quarter (exclude inspections conducted by DC Housing Finance Agency)? Yes No

(Attach Results/Score and Corrective Action Plan)

- DCHA DHCD Project REAC
 Other: _____

Were all deficiencies corrected? Yes No

If no, please explain: _____

Rent Changes

Has your rent schedule changed since last quarter? Yes No

If yes, attach Current and Previous Rent Schedule.

Gross Rent/Unit: _____ 0 Bdr _____ 1 Bdr _____ 2 Bdr
_____ 3 Bdr _____ 4 Bdr _____ 5 Bdr _____ 6 Bdr

Other: _____

Utility Allowances

Has your Utility Allowance Schedule changed since last quarter? Yes No

If yes, attach Current and Previous Utility Allowance Schedule.

- What method was used to determine Utility Allowances? Energy Consumption Model
 HUD Utility Schedule Model Local Utility Company Estimate Public Housing Authority (PHA) Estimate

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Criminal Activity

Has there been any criminal activity since last quarter? Yes No

Indicate quantity of each: Arrests _____ Assaults _____ Burglary _____
 Drug Activity _____ Vandalism _____ Other (please explain below):

Property Damage

Is there any existing Property Damage or has any new damage occurred since last quarter?

Yes No

Check all that apply: Building Entry Fire Flood
 Gates/Fences Graffiti Storm Damage Other (please explain below):

Litigation

Are there any pending legal issues against the project? Yes No

Please attach any relevant documents. Health & Safety Liability
 Fair Housing Rent Escrow Cases Drug Haven 30 Day Cure/Quit

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Certification

To the best of its knowledge, the Management Company hereby represents, warrants and covenants that the information contained herein (including attachments) for the Reporting Period:

Q1

Q2

Q3

Q4

is accurate and valid as of the date hereof, and that _____
its affiliates and outside due diligence personnel may rely on the information contained herein.

Certified/Approved by: _____ Title: _____
(Signature of Officer of the Company)

Please Print Name: _____ Date: _____

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Document Checklist	
	√ if attached
Items 1 - 7 are Monthly Reports. Attach one for each month within the quarter.	
1. Rent Roll	
2. Occupancy Report	
3. Exhibit C	
4. Vacancy Report	
5. Balance Sheet	
6. Income Statement	
7. General Ledger	
----- Items 8 - 14 are required only if specified in the MOS.	
8. Advertisements	
9. Management & Tenant File Review Results (if applicable)	
10. Management & Tenant File Review Corrective Action Plan (if applicable)	
11. Physical Inspection Results (if applicable)	
12. Physical Inspection Corrective Action Plan (if applicable)	
13. Current & Previous Rent Schedules (if applicable)	
14. Current & Previous Utility Allowance Schedules (if applicable)	
15. Litigation Documentation (if applicable)	

FOR AGENCY USE ONLY

Reviewed by (circle one):

Risha Williams

Deborah Bonner

Email responses to:

rwilliams@dchfa.org

dbonner@dchfa.org

Signature: _____ Date: _____