

# PUBLIC HOUSING AGENCY OF THE CITY OF SAINT PAUL

**REPORT TO COMMISSIONERS**

**FROM JON M. GUTZMANN  
EXECUTIVE DIRECTOR**

**REGARDING** Management and Occupancy Review (MOR)  
for the Fiscal Year Ending March 31, 2023

**DATE** October 25, 2023

Staff recommends that the Board receive and file the attached reports from HUD's Management and Occupancy Review (MOR) for all eight RAD Project-Based Rental Assistance (RAD-PBRA) properties, which began in February 2023. HUD sent the attached summary letter to the Executive Director on September 29, 2023, stating that "The overall rating of the property is 'Superior'". To be clear, HUD rated all eight RAD-PBRA properties as Superior, as detailed in the attached checklists for each property. This is the highest possible score for MORs.

HUD conducts MORs of all properties in the Multifamily Housing programs to ensure that property owners/managers comply with the Department's rules and regulations. This MOR was conducted by approximately 15 HUD staff from the Minneapolis Field Office of Multifamily Housing. The two-part review began with an on-site file review on February 13, 2023 and concluded on March 2, 2023 with a physical site inspection of randomly selected RAD units.

In addition to confirming that PHA staff successfully navigated the huge transition from Public Housing to Project-Based Rental Assistance/Multifamily Housing, this MOR score means the PHA's next review will be conducted in three years, the longest possible interval between reviews.

To prepare for PHA's first MOR, staff contracted with Du & Associates to conduct a "pre-MOR" review that began in February 2022 and was completed in August 2022. Upon completion of the pre-MOR, Du & Associates submitted review findings and provided training to staff. This allowed staff to create an action plan to address most findings ahead of the official

HUD MOR. Some findings flagged by Du & Associates could not be remedied, for example findings related to point-in-time reports that were missing from tenant files; and those same findings were noted in the HUD MOR.

HUD did note one item as critical in their report: the Equal Housing Opportunity logo needs to be displayed at the front entrance of all RAD properties. Staff are working to address this finding promptly and will provide the required responses to all of the MOR findings by the October 29, 2023 deadline.

Staff will continue to manage and maintain the RAD-PBRA properties in accordance with HUD requirements and other federal, state and local laws and regulations, as well as sound practices for managing affordable housing.

KNG/LAF/JMG

Attachments: MOR Summary Letter dated September 29, 2023

2023 MOR Findings Summary Report

MOR Checklists for Each RAD-PBRA Project:

- Project 1 McDonough Homes
- Project 2 Hamline, Front and Seal Hi-Rises
- Project 3 Edgerton, Iowa and Wilson Hi-Rises
- Project 4 Roosevelt Homes
- Project 5 Mt. Airy Homes & Hi-Rise, Valley Hi-Rise
- Project 6 Exchange and Wabasha Hi-Rises
- Project 7 Ravoux, Central and Neill Hi-Rises
- Project 8 Dunedin Terrace & Hi-Rise, Montreal and Cleveland Hi-Rises



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
Multifamily Midwest Region  
Minneapolis Satellite Office  
Paul D. Wellstone Federal Building  
212 3rd Avenue South, Suite 150  
Minneapolis, MN 55401-2657

September 29, 2023

Jon Gutzmann, Executive Director  
Public Housing Agency of the City of St. Paul  
555 Wabasha Street North, Suite 400  
St. Paul, MN 55102-1602  
[Jon.Gutzmann@stpha.org](mailto:Jon.Gutzmann@stpha.org) – sent by email only

Dear Mr. Gutzmann:

SUBJECT: HUD ID 800247993 – MN46RD00002 – McDonough Homes  
HUD ID 800248727 – MN46RD00003 – Hamline, Front, Seal  
HUD ID 800248728 – MN46RD00004 – Edgerton, Iowa, Wilson  
HUD ID 800248729 – MN46RD00005 – Roosevelt Homes  
HUD ID 800248729 – MN46RD00006 – Mt. Airy and Valley  
HUD ID 800248730 – MN46RD00007 – Exchange/Wabasha  
HUD ID 800248731 – MN46RD00008 – Ravoux, Central, Neil  
HUD ID 800248733 – MN46RD00009 – Dunedin, Montreal, Cleveland

The U.S. Department of Housing and Urban Development (HUD) would like to thank you for your cooperation and assistance during the Management and Occupancy Review (MOR) for the above referenced contracts. Enclosed are the Management and Operating Review Rating Summary and the Summary Reports – Finding, noting the results of the MOR. The overall rating of the property is “Superior”.

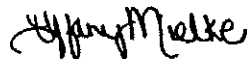
During the review it was clear that you and your staff adequately prepared for the conversion from Public Housing to Multifamily by receiving the necessary training and making required changes to operations. This was a daunting task, given the number of units that were converted at one time. Your staff was very accommodating during the file review portion of the review; providing explanations and required documentation when asked. We hope the information exchanged during the review was as beneficial to you as it is to HUD. While conducting our site inspections, it was obvious that your staff is well connected to each community and your residents. There were some observations and findings uncovered during the reviews of the Occupancy files and we fully anticipate that you will embrace these as learning opportunities and make any necessary adjustments.

One critical Fair Housing component that needs to be addressed is that the Equal Housing Opportunity sign or logo needs to be at the front entrance of all your properties. This may not have been a requirement under Public Housing, but it is required under Multifamily. For your family sites, if you are not able to affix the logo to the existing signs, perhaps you could have a metal post added that contains the logo. Each of the building entrances and/or signs should have the logo displayed.

A written response must be submitted to [mn.incoming@hud.gov](mailto:mn.incoming@hud.gov) with a copy to [Julie.A.LaSota@hud.gov](mailto:Julie.A.LaSota@hud.gov) within 30-days of receipt, unless an extension is requested and granted by HUD. You must provide a written response for each of the findings noted, indicating the corrective action taken to cure each deficiency, or the reason why the items remain uncorrected.

If you have any questions, please contact Julie LaSota, Resolution Specialist, by email at [Julie.A.LaSota@hud.gov](mailto:Julie.A.LaSota@hud.gov). Please note that this correspondence will be sent by email only. No hard copy will follow.

Sincerely,



Tiffany Mielke, Chief Asset Resolution Branch  
Minneapolis Asset Management Division

Enclosures

cc: [tara.johnson@stpha.org](mailto:tara.johnson@stpha.org)  
[ana.matos@stpha.org](mailto:ana.matos@stpha.org)  
[lisa.feidler@stpha.org](mailto:lisa.feidler@stpha.org)

**SUMMARY REPORT – FINDINGS**

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- o The condition describes the problem or deficiency
- o The criteria cites the statutory, regulatory, or administrative requirements that were not met
- o The cause explains why the condition occurred
- o The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
<p><u>Addendum A. A.1</u></p> <p>This includes all files in place at the time of the RAD conversion on 1/1/2020.</p>	<p><b>Condition:</b> Original Applications not found in any of the pre-RAD Occupancy files. The application for tenancy or assistance (Application) does not contain date and time of receipt. There was not an application in the Occupancy files for all households in place at the time of the RAD conversion.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 4-16 A1: Upon receipt of an application for tenancy or assistance (Application), the owner must indicate on the application the date and time received.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to indicate date and time of receipt on the Application may result in tenants being selected in improper order from the waiting list.</p> <p><b>Corrective Action:</b> Pre-RAD: Document applicable files with an explanation for the absence of the Application. In response, provide a copy of the explanation and assurances that all future Applications will be date and time stamped.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A. A.3</u></p> <p>This includes all files in place at the time of the RAD conversion on 1/1/2020.</p>	<p><b>Condition:</b> EIV Existing Tenant Search results not found in any of the pre-RAD Occupancy files. O/A failed to use the EIV Existing Tenant Search report at the time of application processing.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 9-12: O/A must use the Existing Tenant Search report at the time they are processing an application to determine if the applicant(s) are currently being assisted at another Multifamily Housing or PIH location.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to use the EIV Existing Tenant Search report at the time of application processing may result in dual subsidy.</p> <p><b>Corrective Action:</b> It appears that this issue is isolated to just the pre-RAD universe of Occupancy files. A note should be placed in each pre-RAD Occupancy file indicating that the application is not available, as this household was in place at the time of the RAD conversion. In response to this finding, provide assurance that this will be done and that the report will be used during applicant processing in the future.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – A.8</u></p> <p>MN46RD00005            (no info on foster children)            (HoH only, not signed)</p> <p>MN46RD00007            (in file but filled incorrectly)</p>	<p><b>Condition:</b> Form HUD-27601 missing or filed in incorrectly. Completing this form is optional and there is no penalty for not completing it. When the applicant chooses not to self-certify race or ethnicity, a notation as such may be placed in the file.</p> <p><b>Criteria:</b> The applicant provides self-certification of their race and ethnicity for data collection by using form HUD-27061-H. HUD HH 4350.3 R1 C4 Par.4-14 A4 and Exhibit 4-3. Completing this form is optional and there is no penalty for not completing it. When the applicant chooses not to self-certify race or ethnicity, a notation as such may be placed in the file.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to use the HUD-27061-H form to collect Race and Ethnic data may result in incorrect information being collected and reported to HUD.</p> <p><b>Corrective Action:</b> Offer the tenant the opportunity to complete the HUD-27061-H Race and Ethnic Data Reporting form and place it in the tenant file. In response, provide a copy of the completed, signed form.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – A9</u></p> <p>MN46RD00008            file signed 2.8.2022 but EIV pulled 12.1.2021.            - Signed over 120 days prior to AR</p>	<p><b>Condition:</b> HUD-9887, Notice and Consent to the Release of Information and HUD-9887-A, Applicant/Tenant Consent to the Release of Information was missing or incomplete from the file.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 5-15B: All adult members of the household must authorize O/A to request independent verification of data required for program participation, by signing the HUD-9887 and HUD-9887-A consent form.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to provide and obtain signatures on the HUD-Form 9887 and HUD-9887-A may result in the O/A not having proper consent to the release of tenant information.</p>	<p>30 days from the date of this letter</p>

	<p>Corrective Action: Have all adult members of the household sign the HUD-9887 and HUD-9887-A and place it in the tenant file. In response, provide a copy of the completed, signed form.</p>	
<p><u>Addendum A – A.10</u></p> <p>This appears to be all of the files. Going forward, all files must have LPB Certifications at MI and all subsequent AR.</p>	<p><b>Condition:</b> There was no acknowledgement in the file that the tenant received the Lead Based Paint Certification.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 P4-24B: O/A must provide the Lead Based Paint certification to all applicants and current tenants, at move-in and annually at recertification.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to provide the tenant with the Lead Based Paint certification may result in the tenants not being aware of potential hazards and remedies and responsibilities.</p> <p><b>Corrective Action:</b> Owner must certify that procedures will be put in place to ensure that LPB certifications are provided at each annual recertification for all households and that acknowledgements are kept on file.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – B1</u></p> <p>MN46RD00004  ██████ – email indicating wallet was stolen and applied for new card 10.22. Must follow up.</p> <p>MN46RD00005  ██████ – Drivers License check.</p>	<p><b>Condition:</b> There is no verification of SSN in the file</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 3-9: Applicants and tenants must disclose and provide verification of the complete and accurate SSN assigned to them.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to obtain verification of SSN assigned to each household member may result in rental subsidy being paid on behalf of an ineligible tenant.</p> <p><b>Corrective Action:</b> Obtain acceptable form of verification of SSN. In response, provide a copy of the supporting documentation.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – B.2.</u></p> <p>This includes all files in place at the time of the RAD conversion on 1/1/2020.</p> <p>MN46RD00002  ██████  Missing last digit on permanent resident alien cards for all HH members.</p>	<p><b>Condition:</b> Missing or incomplete information for immigration status. It is noted that for all households in place at the time of the RAD conversion, this had not been a requirement under Public Housing, and therefore would not be available.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 P3-12E: As part of the annual or interim recertification process, owners must determine the citizenship/immigration status of tenants from whom the owner has not previously collected the proper documentation or whose documentation suggested that their status was likely to change. <u>It is noted that for all households in place at the time of the RAD conversion, this had not been a requirement under Public Housing, and therefore would not be available.</u></p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to complete the required screening prior to move-in may result in housing individuals that would otherwise be ineligible. Tenant may no longer be an eligible non-citizen causing the subsidy amount paid on behalf of the household to be incorrect.</p> <p><b>Corrective Action:</b> Place a note in each pre-RAD file and document the file with the missing information for the post-RAD file. In response to this finding, provide assurance this will be done.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – B.3 and 4.</u></p> <p>This includes all files in place at the time of the RAD conversion on 1/1/2020.</p>	<p><b>Condition:</b> Missing or incomplete information for pre-RAD files. There was no evidence in the file that criminal, drug, and sex offender registration screening had been performed on all adult household members prior to move-in.</p> <p><b>Criteria:</b> HUD Handbook 4350.3, Rev. 1, Chg 4, Chapter 4-3 D. HUD Handbook 4350.3, Rev. 1, Chg 4, Chapter 4-14, B.2.</p> <p><b>Cause:</b> Owner/Agent error.</p> <p><b>Effect:</b> Failure to conduct screening activities on applicants may result in rental subsidy being paid on behalf of an ineligible applicant.</p> <p><b>Corrective Action:</b> Pre-RAD files: Document the tenant file with an explanation for the absence of applicant screening activities.</p> <p>Perform sex offender screening on all adult household members, as well as checking the sex offender registrations, as required. Provide copies of supporting documents and assurance screening activities will be performed on all future applicants.</p> <p>In response to this finding, provide assurance this has been done.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A. C-1</u></p> <p>This includes all files in place at the time of the RAD conversion on 1/1/2020.</p>	<p><b>Condition:</b> All Move In and annual unit inspections were not found in the file.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 6-29 C1: Before executing a lease, the owner and tenant must jointly inspect the unit. HH 4350.3 R1 C4 Par. 6-29 A3: Owners perform unit inspections on at least an annual basis to determine whether the appliances and equipment in the unit are functioning properly and to</p>	<p>30 days from the date of this letter</p>

	<p>assess whether a component needs to be repaired or replaced. This is also an opportunity to determine any damage to the unit caused by the tenant's abuse or negligence and, if so, make the necessary repairs and bill the tenant for the cost of the repairs.</p> <p>Cause: Owner/Agent Error</p> <p>Effect: Unable to assess if the unit was in decent, safe, and sanitary condition at the time of move-in. There is no record for the agent to assess the condition of the unit and if any maintenance is required after an annual inspection.</p> <p>Corrective Action: If Move In inspection reports are available from pre-RAD properties, they should be transferred to the Occupancy file and going forward, procedures should be put in place to include Move In, Annual and Move Out Inspection Reports in each file. Provide a certification that procedures will be updated to include Move In and all annual inspections going forward.</p>	
<p><u>Addendum A – D.3</u></p> <p>MN46RD00004  ██████████</p>	<p>Condition: Recertification Activities: One file contained certification documents where resident dated all documents with incorrect year. Was not caught by Agent and corrected.</p> <p>Criteria: HH 4350.3 R1 C4 Par. 4: O/A must ensure all documents are completely correctly, and signed and dated by residents, at move-in and annually at recertification.</p> <p>Cause: Owner/Agent error</p> <p>Effect: Incorrect information in files and 50059s.</p> <p>Corrective Action: Require tenant to correct the date on all relevant documents. For your response, provide HUD with copies.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – D.8 Income</u></p> <p>MN46RD00002  ██████████ - income calc does not appear correct</p> <p>MN46RD00008  ██████████ - Letter for pension older than 120 days. Dated 3.11.21 stamped 6.21.22. No date on self cert. No explanation as to why needed self cert and not getting 3rd party verifications.</p> <p>██████████ - No information in tenant file stating hrs worked or how they derived \$13101 as income mwhen current 6 paystubs = \$3023.38. Should divide by 6 = \$503.90?? Not enough information.</p>	<p>Condition: O/A may not have properly calculated income.</p> <p>Criteria: HH 4350.3 R1 C4 Par. 5-6: All income must be properly calculated.</p> <p>Cause: Owner/Agent error</p> <p>Effect: Failure to properly calculate income may result in the incorrect amount of rental subsidy being paid on behalf of the tenant.</p> <p>Corrective Action: Recalculate income. If necessary, submit a corrected 50059 via TRACS marked as correction. In response, provide a copy of the signed, corrected 50059 and supporting documentation.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – D.9 Income from Assets</u></p> <p>MN46RD00002:  ██████████ - 6 month avg used for savings instead of actual.</p> <p>MN46RD00008  ██████████ - Agent not consistent when taking monthly balance. HUD comes up with different amount.</p> <p>██████████ - Indicates tenant has checking account, but no \$ on cert.</p> <p>██████████ - Did not verify int/dividend income from Fidelity and did not use ending balance.</p>	<p>Condition: O/A did not properly calculate income from assets.</p> <p>Criteria: HH 4350.3 R1 C4 Par. 5-7: All income from assets must be properly calculated.</p> <p>Cause: Owner/Agent Error</p> <p>Effect: Failure to properly calculate income from assets may result in the incorrect amount of rental subsidy being paid on behalf of the tenant.</p> <p>Corrective Action: Recalculate asset income. If necessary, submit a corrected 50059 via TRACS marked as correction. In response, provide a copy of the signed, corrected 50059 and supporting documentation.</p>	<p>30 days from the date of this letter</p>

<p><u>Addendum A – D.11</u> <u>Allowance/Expenses/Deductions</u></p> <p>MN46RD00008 [REDACTED] - Nothing in file as to receipts or verifications. No documentation in file notifying tenant of discrepancy.</p> <p>MN46RD00008 [REDACTED] - It appears resident is not eligible for medical expense deduction. Resident turned 62 in Aug 2022. All medical expenses pre-date resident turning 62 and appear to be ineligible. D15: Deductions on 50059 include \$328 medical deduction which is ineligible. Income should be \$13,295. TTP should be \$332 vs. \$324 on 59. Assistance should be \$445 vs. \$453.</p>	<p><b>Condition:</b> O/A did not properly calculate deductions.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 P5-10: All deductions must be properly calculated.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to properly calculate deductions may result in the incorrect amount of rental subsidy being paid on behalf of the tenant.</p> <p><b>Corrective Action:</b> Recalculate deductions. If necessary, submit a corrected 50059 via TRACS marked as correction. In response, provide a copy of the signed, corrected 50059 and supporting documentation.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – D.13</u> <u>Disposal of Assets</u></p> <p>MN46RD00002 – HoH asked, but it was not completed.</p>	<p><b>Condition:</b> O/A did not properly verify income/assets/expenses/deductions/family characteristics</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 Par. 5-12: O/A must properly verify all income, assets, expenses, and deductions that affect family eligibility or level of assistance.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Failure to properly verify income/assets/expenses/deductions/family characteristics may result in the incorrect amount of rental subsidy being paid on behalf of the tenant.</p> <p><b>Corrective Action:</b> Obtain proper form of verification. If necessary, submit a corrected 50059 via TRACS marked as correction. In response, provide a copy of the signed, corrected 50059 and supporting documentation.</p>	<p>30 days from the date of this letter</p>
<p><u>Addendum A – G – Rejection</u></p> <p>MN46RD00008 [REDACTED] Rejection letter not in file. Sample was provided. No appeal made by applicant, but unsure if applicant knew they could appeal</p>	<p><b>Condition:</b> Rejection letter does not have information on appealing the decision.</p> <p><b>Criteria:</b> HH 4350.3 R1 C4 P4-9 C2: The written rejection notice must give the applicant 14 days to dispute the rejection and provide persons with disabilities the right to reasonable accommodations to participate in the informal hearing process.</p> <p><b>Cause:</b> Owner/Agent error</p> <p><b>Effect:</b> Applicant may not be aware of their rights and fail to appeal the rejection.</p> <p><b>Corrective Action:</b> Make required corrections to the rejection notice. Provide a revised rejection letter to ineligible applicants. In response, provide a copy of revised letter and assurance rejected applicant receive proper notification.</p>	<p>30 days from the date of this letter</p>
	<p>Refer to each of the File Review Spreadsheets for comments on files. The above list may not be all inclusive but covers the majority of the concerns. If you have questions, please contact Julie LaSota, Resolution Specialist, at <a href="mailto:Julie.A.LaSota@hud.gov">Julie.A.LaSota@hud.gov</a></p>	

McDonough MN46RD00002

██████████ 12.5.2022 MI  
ZERO INCOME

D. 13. Disposal of Assets question not answered 9/15/2022  
A. 11. No Multiple Subsidy Report

██████████ 11.1.2022 AR/Corrected  
Term'd then reinstated

B. 6. No verification of age for minor children, or lease signed by minor hwho turned 18 4.1.2022  
D. 2. AR was not processed on time.  
D. 3. Hamziya Dube should have signed docs on 4/1/2022 (18)  
D. 18. Written Repayment Agreement - It ius unclear if this has been entered into

██████████ 2.1.2023 AR

A. 1. Application is not dated or time stamped  
  
A. 3. No 90-day report due at Move-In. Started doing her in 2022  
B. 6. No Student Status Report for 2/1/2023 recert

██████████ 5.1.2022 AR

B. 3. Criminal and drug screening not in ██████████  
B. 4. No Sex Offender Registry Check on file  
b. 6. No Student Status Verification on file - HofH  
D. 6. No new EIV. No current EIV for both residents.  
D.6. it was also observed that EIV amt on 50059????  
D. 6. No new EIV. No current EIV for both residents.  
D. 17. Observed that income calc was not accurate. \$841 instead of \$742 for recert period.

██████████ 2/1/23 AR

B. 1. Did not have copy of date/time stamped application in file - done online  
B. 3. Criminal and drug screening - tenant self certified  
B. 4. No Lifetime Sex Offender Registry report in file  
B. 6. No disability or student status verifcaiton (STUDENT STATUS NOT LIKELY NEEDED)  
D. 11. Shown as "Elderly" on 50059, however this is "Disability" allowance

██████████ ao 3/1/2023 Interim

B. 3. Tenant in place at RAD conversion. Some Criminal and Drug Screenings are not available  
B. 4. No Lifetime Sex Offender Registry checks on file  
B. 6. No disability or student status verification documents in file  
D. 5. Based on most recent IR, family is paying Market Rate (\$2,228) which is 30% of Income (RAD requirement)  
SHOULD HAVE NOTED THIS AS TERMINATED FROM SUBSIDY

██████████ 11.1.2022 AR

A. 1. Application not in file. It appears resident moved in 1.1.2020 at time of RAD conversion  
A. 2. 92006 Not in file for Initial Certification  
B. 3. No criminal or drug screening found in file  
B. 4. No Lifetime Sex Offender Registry Check on file  
B. 6. No disability or student status verification (took Disability Allowance)

██████████ 8.1.2022 AR

B. 3. No criminal or drug screening on file  
B. 4. No Sex Offender Registry report on file  
B. 6. No student status records on file  
D. 5. Wages - There was income discrepancies EIV had \$33,590.21 while 50059 has \$14,196  
D. 17. Prior to MI there were monthly income discrepancies. Was investigated and is on file.

██████████ 8.1.2022 A/A

A. 1. Note in file - RAD conversion, so application not on file  
B. 2. Full numbers not for all - missing last digit of perm resident card  
B. 4. Note in file - Lifetime Sex Offender check not in file - RAD conversion  
D. 9. Used 6 mo avg for savings (\$396) instead of current balance of \$422  
D. 13. Disposal of Asets - H of H question was asked, but not completed  
D. 17. Income discrepancies note. Documented in file as investigated. OK

██████████ 10.26.2022 MO

F. 1. MO 50059 present - this was Termination/Eviction  
F. 3. TSD not refunded due to \$ owed \$222.07 withheld to cover AR of \$2,655, Misc. \$1,611.75, MO charrges of \$730

xx Rejection xx ██████████

4.12.2021 - Acceptable reason for rejection - background check and past due at old address \$719

MN46RD00003 - Hamline Front Seal

[REDACTED]  
AR - Occupancy pre-RAD

No findings  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
MI

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

A.11 EIV Multiple Subsidy - Did not find in file  
A.12. EIV Multiple Subsidy Report - not in file  
D.11. Did not find verification for medical deductions  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR

A.11 EIV Multiple Subsidy - Did not find in file  
A.12. EIV Multiple Subsidy Report - not in file  
D.8. Nothing in file for MSA

[REDACTED]  
AR - Occupancy pre-RAD

D.11. Nothing in file for medical deduction  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
MO

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

Observation: Tenant term'd due to non-compliance with AR - OK  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Observation - Tenant term'd due to non-compliance with AR - OK  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

C.7. Lease - have current, but all old shredded  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

No findings or observations except pre-RAD file  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED] Rejected applicant  
9.16.2022

No findings or observations

MN46RD00004 - Edgerton Iowa Wilson

[REDACTED] - Rejected Application

No findings or observations

[REDACTED]  
AR

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

C.7.Inspection - MI Inspection not in file. Last inspection 7/9/2021  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

C.7.Inspection - MI Inspecton not in file. Last inspecton 9.70.2022  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR

C.7.Inspection - MI not in file. Last Insp 7.12.2021

[REDACTED]  
IR - Occupancy pre-RAD

C.7.Inspection - MI inspection not in file  
Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
D.3.Cert - Resident dated all docs with incorrect year. Was not caught/corrected.

[REDACTED]  
MI

B.1 and 2: Copy of SS card not in file. Email indicating wallet was stolen  
and they applied for new card 10.2022. Must obtain copy for file.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
C.7.Inspection - MI not in file. Only current inspecton in file

[REDACTED]  
Move Out

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
C.7.Inspection - MI not in file. Only current inspecton in file

MN46RD00005 - Roosevelt

[REDACTED]  
AR

B.1 and 2. Drivers License for other adults differs from ??

[REDACTED]  
IR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
Observation: IR Rent adjustment was retroactive and a decrease.

[REDACTED]  
MI

A.12. Multiple Subsidy - not in file

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.8. Race/Ethnicity - No information for foster children

[REDACTED]  
AR-C - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.12. Multiple Subsidy - not in file

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.8. Race/Ethnicity: HoH only, and not signed

[REDACTED]

A.3. EIV Existing Tenant - unsure if in file  
D.13 Disposal of Assets - Did not find

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.12. Multiple Subsidy - not in file  
D.2. Cert Timeliness - Observation- tenant delay, not Mgmt Agent

[REDACTED]  
MO - Transfer

F. Move Out: No 50059-A for Move Out - Transferred Units

[REDACTED]  
Rejected Application

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.11.EIV Multiple Subsidy - did not see in file  
A.12.EIV Multiple Subsidy - did not see addressed  
D.3. Cert Signed/Dated  
- Observation - Term'd due to over income no subsidy needed

**MN46RD00006 - Mt. Airy/Valley**

Rejected File - [REDACTED]

No findings or observations

[REDACTED]

AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]

AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]

AR - Occupancy pre-RAD

D.19 New Hires - Not sure. Nothing checked on form

[REDACTED]

Move Out

10.17.2022 - Deceased. Had unpaid rent and damages.

[REDACTED]

IR - Occuancy pre-RAD

[REDACTED]

AR

A.10.Lease - No LBP acknowledgement at AR  
A.12 Multiple Subsidy - not in file  
B.3.Criminal/Drug Screen - did not find  
B.4.Lifetime Sex Offender Check - did not find  
C.7.Lease - MI 50059 not dated/signed  
D.2.Cert Timeiness - Observation: Tenant delay, not Mgmt Agent  
D.4.Cert 30-day notice: Observation - No notice needed - decrease

[REDACTED]

AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]

AR - Occuancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.10.Lease Docs - LBP ony at initial occuancy

[REDACTED]

AR - pre-RAD Occupancy

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.10.Lease Docs - LBP ony at initial occuancy

[REDACTED]

AR - pre-RAD Occupancy

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.10.Lease Docs - LBP ony at initial occuancy

**MN46RD00007 Exchange Wabasha**

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
MI

C.7.Lease Inspection- Observation - 2022 inspection  
flagged for housekeeping. Unsure if followed up.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
MO - 3.31.2022

No record of deposit returned, however it appears  
there was a cleaning fee assessed

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.8.Race/Ethnicity - Form in file but filled out incorrectly

[REDACTED]  
MO - (Transfer??/HCV??)

No record of move out inspection or disposition of SD  
Unclear of actual MO date.

Rejection - [REDACTED]

Observation: Applicant appealed, however appeal denied

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
Rejection - [REDACTED]

Rejection letter not in file. Sample was provided. No appeal made by applicant, but unsure if applicant knew they could appeal

5-07A-0258  
MI

A.1.Application - missing date and time stamp  
A.3. EIV Existing Tenant Search: Per Ana, these were not printed up  
C.2.Lease - Smoke Free Addendum - not HUD approved. Pet Policy not attached to lease or in file  
D.8. Cert - income: Pension letter older than 120 days. Dated 3.11.2021, stamped 6.21.2022  
No date stamp on self cert. No explanation as to why needed self cert and not getting nthird party verification  
D.9.Cert Income: Did not verify interest/dividend income on Fidelity Acct.  
Did not use June ending balance.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.9.9887: Entire doc not in file. Signed 2.8.2022 and pulled EIV 12.1.2021.  
D.2. Timeliness: Observation - AR prior to 12 months - due to HUD approved schedule  
D.55.Income: No doc in tenant file stating hours worked or how they derived \$13101 as in come when current 6 paystubs = \$3023.38, which, when divided by 6 = \$503.90. Not enough information to determine what correct income should be.  
D.9. Cert: Agent not consistent when taking beginning balance. HUD comes us with a different Cash Value of Assets. May impact amount of subsidy.  
D.11 Allowances: Nothing in file as to receipts or verifications.  
D.17 Inome Discrepancies: No docs in file notifying tenant of discrepancy

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
D.9.Cert Income: Indicates tenant has checking account, but no \$ amount on Cert  
D.13.Disposal of Assets: Not dated

[REDACTED]  
Move Out

MO 11.30.2022. Observation: Notification of charges sent within allotted time.  
No evidence charges were collected.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.9.9887: Signed over 120 prior to AR  
D.8.Cert Income: COLA not applied to 2023 Social Security income

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
D.11.Allowances: It appears resident is not eligible for medical expense deduction. Resident turned 62 in Aug 2022. All medical expenses pre-date resident turning 62 and appear to be ineligible.  
D15: deductions on 50059 include \$328 midical deduction whichis ineigible. Income should be \$13,295. TTP should be \$332 vs. \$324 on 50059. Assistance should be \$445 vs. \$453.  
D.19: New employment in 9.2022, not reported in EIV.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

MN46RD00009 - Dunedin, Montreal Cleveland

[REDACTED]  
AR

Finding: VAWA Form 5282 in file. Must be kept in segregated file under lock and key

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]  
TM/AR\* - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
D.2.Cert Timeliness: Resident was TM due to noncompliance with AR, so HUD reviewed prior year AR.

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result

[REDACTED]

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
D.2.Cert Timeliness: Resident signed 8.17.22, agent signed 8.19.2022, Effective 9.1.2022  
D.3.Signed/Dated: 8.24.2022 ;etter for 9.1.2022 rent adjustment

[REDACTED]  
MO

11.14.2022: No findings or observations

[REDACTED]  
AR

No findings or observations

[REDACTED]  
AR - Occupancy pre-RAD

Converted with RAD. A.1, A.3, B.3 and B.4 not in file as a result  
A.11.Multiple Subsidy Report: Not in file

[REDACTED]  
MI

A.3.EIV Existing Tenant Search - No EIV summary in file  
B.4.Lifetime Sex Offender Check: Not in file  
D.6.Soc Sec Income: Used award letter and did not apply COLA. Award letter dated 6.3.2022; greater than 120 days from Cert. Award \$887 without 2023 COLA.

[REDACTED] - Rejection

Acceptable - no findings or observations

[REDACTED]  
AR

No findings or observations

# 800247993\_9834 Summary\_McDonough

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

### Summary

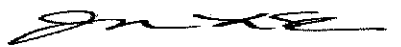
Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800247993</b>	Contract Number: <b>MN46RD00002</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>McDonough Homes</b>	Project Address: <b>1544 Timberlake Rd, St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

	A	C	TCD	
<b>A. General Appearance and Security</b>				Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Reg Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <span style="float: right;"><u>90</u> Overall Score:</span>  To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

Refer to attached MOR Findings Report for specifics


Name and Title of Person Preparing this Report: (Please type or print):



Signature: Julie LaSota, Resolution Specialist

Date: 9/28/20

Name and Title of Person Approving this Report: (Please type or print):



Signature: Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov

Date: 9/29/20

**NOTE:** If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only. form HUD-9834 (06/2016)  
Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2

# 800247993\_9834 Summary\_McDonough

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each "C" item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
—	See attached	—
—		—
—		—
—		—
—		—
—		—
—		—
—		—
—		—

# 800248727\_9834 Summary\_Hamline Front Seal

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

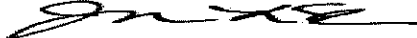
### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248727</b>	Contract Number: <b>MN46RD00003</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Hamline Front Seal</b>	Project Address: <b>777 Hamline Ave N, St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
B. Follow-up and Monitoring of Project Inspections	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>65</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C. Maintenance and Standard Operating Procedures	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac Ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
D. Financial Management/Procurement	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>65</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
E. Leasing and Occupancy	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F. Tenant/Management Relations	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>65</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
G. General Management Practices	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <u>90</u> Overall Score: To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

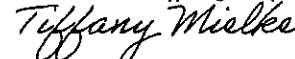
Name and Title of Person Preparing this Report: (Please type or print):



Signature: Julie LaSota, Resolution Specialist

Date: 9/28/20

Name and Title of Person Approving this Report: (Please type or print):



Signature: Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov

Date: 9/28/20

**NOTE:** If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.  
 form HUD-9834 (06/2016)  
 Ref. HUD Handbook 4350.1, REV-1  
 and HUD Handbook 4566.2

# 800248727\_9834 Summary\_Hamline Front Seal

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
—	See Attached	—
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# 800248728\_9834 Summary\_Edgerton Iowa Wilson

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

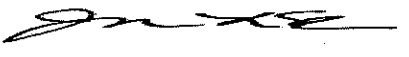
### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248728</b>	Contract Number: <b>MN46RD00004</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Edgerton Iowa Wilson</b>	Project Address: <b>1000 Edgerton St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>76</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Refer to attached MOR Findings Report for Specifics.
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input type="checkbox"/>		
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Rating: <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <u>90</u> Overall Score:				
To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

Name and Title of Person Preparing this Report: (Please type or print):



Signature: **Julie LaSota, Resolution Specialist**

Date: 9.28.20

Name and Title of Person Approving this Report: (Please type or print):

Signature: **Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov**

Date: \_\_\_\_\_

**NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.**  
form HUD-9834 (06/2016)  
Ref. HUD Handbook 4350.1, REV-1  
and HUD Handbook 4566.2

# 800248728\_9834 Summary\_Edgeron Iowa Wilson

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each "C" item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- o The condition describes the problem or deficiency
- o The criteria cites the statutory, regulatory or administrative requirements that were not met
- o The cause explains why the condition occurred
- o The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
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# 800248729\_9834 Desk Review\_Roosevelt Homes

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

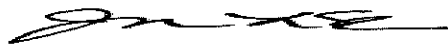
### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248729</b>	Contract Number: <b>MN46RD00005</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Roosevelt Homes</b>	Project Address: <b>1575 Ames Ave., St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

	A	C	TCD	
<b>A. General Appearance and Security</b>				Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <u>90</u> Overall Score: To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

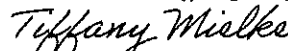
Name and Title of Person Preparing this Report: (Please type or print):



Signature: **Julie LaSota, Resolution Specialist**

Date: 9.28.20

Name and Title of Person Approving this Report: (Please type or print):



Signature: **Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov**

Date: 9/29/20

**NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.**  
 form HUD-9834 (06/2016)  
 Ref. HUD Handbook 4350.1, REV-1  
 and HUD Handbook 4566.2

# 800248729\_9834 Desk Review\_Roosevelt Homes

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each "C" item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
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# 800248730\_9834 Summary\_Mt Airy Valley

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

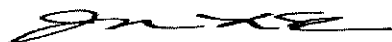
### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248730</b>	Contract Number: <b>MN46RD00006</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Mt. Airy Valley</b>	Project Address: <b>200 Arch St., St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	Refer to attached MOR Findings Report for Specifics.
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <span style="float: right;"><u>90</u> Overall Score:</span>				
<p>To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.</p>				

Name and Title of Person Preparing this Report: (Please type or print):



Signature: Julie LaSota, Resolution Specialist

Date: 9.28.20

Name and Title of Person Approving this Report: (Please type or print):



Signature: Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov

Date: 9/29/20

**NOTE:** If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only. Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2

# 800248730\_9834 Summary\_Mt Airy Valley

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
—	See attached	—
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# 800248731\_9834Summary\_Exchange Wabasha

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

### Summary


Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248731</b>	Contract Number: <b>MN46RD00007</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Exchange/Wabasha</b>	Project Address: <b>545 Wabasha St N., St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Heid <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days (MOs)	
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Overall Rating: <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <u>90</u> Overall Score:				
To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

Refer to attached MOR Findings Report for Specifics.

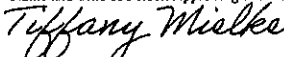
Name and Title of Person Preparing this Report: (Please type or print):



Signature: **Julie LaSota, Resolution Specialist**

Date: 9.28.20

Name and Title of Person Approving this Report: (Please type or print):



Signature: **Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov**

Date: 9/29/20

**NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only. form HUD-9834 (06/2016) Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2**

# 800248731\_9834Summary\_Exchange Wabasha

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

### Summary

#### SUMMARY REPORT – FINDINGS

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
—	See attached	—
—		—
—		—
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# 800248731\_9834 Summary\_Ravoux, Central, Neill

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248732</b>	Contract Number: <b>MN46RD00008</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Ravoux Central Neill</b>	Project Address: <b>554 Central Ave W., St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
B. Follow-up and Monitoring of Project Inspections	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C. Maintenance and Standard Operating Procedures	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
D. Financial Management/Procurement	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
E. Leasing and Occupancy	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days (MOs)	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days (MOs)	
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F. Tenant/Management Relations	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
G. General Management Practices	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <span style="float: right;"><u>90</u> Overall Score:</span>  To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.				

Refer to attached MOR Findings Report for Specifics

Name and Title of Person Preparing this Report: (Please type or print):

Julie LaSota

Signature: Julie LaSota, Resolution Specialist

Date: 9.28.20

Name and Title of Person Approving this Report: (Please type or print):

Tiffany Mielke

Signature: Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov

Date: 9/29/20

**NOTE:** If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only. form HUD-9834 (06/2016)  
Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2

# 800248731\_9834 Summary\_Ravoux, Central, Neill

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing -- Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

### Summary

#### SUMMARY REPORT – FINDINGS

For each "C" item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- o The condition describes the problem or deficiency
- o The criteria cites the statutory, regulatory or administrative requirements that were not met
- o The cause explains why the condition occurred
- o The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
---	See attached	---
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# 800248733\_9834 Summary\_Dunedin Montreal Cleveland

## Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

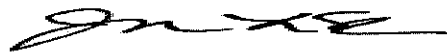
### Summary

Date of On-Site Review: <b>2.13.2023</b>	Date of Report: <b>9.28.2023</b>	Project Number: <b>800248733</b>	Contract Number: <b>MN46RD00009</b>
Section of the Act: <b>8 (RAD)</b>	Name of Owner: <b>St. Paul PHA</b>	Project Name: <b>Dunedin Montreal Cleveland</b>	Project Address: <b>469 Ada St., St., St. Paul</b>
Loan Status: <input type="checkbox"/> Insured <input type="checkbox"/> HUD-Field <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	Contract Administrator: <input checked="" type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	Type of Subsidy: <input checked="" type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	Type of Housing: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	
1. General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Enter a score between 1 and 100 for the General Appearance and Security Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
2. Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. Follow-up and Monitoring of Project Inspections</b>	A	C	TCD	Enter a score between 1 and 100 for the Follow-up and Monitoring of Project Inspections Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>C. Maintenance and Standard Operating Procedures</b>	A	C	TCD	Enter a score between 1 and 100 for the Maintenance and Standard Operating Procedures Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
5. Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Vacancy and Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spec Cl Vac ongoing	
7. Energy Conservation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>D. Financial Management/Procurement</b>	A	C	TCD	Enter a score between 1 and 100 for the Financial Management/Procurement Rating. If this Section was not reviewed, enter 0. <u>95</u> is 25% of the overall score. This category is rated
8. Budget Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Cash Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>E. Leasing and Occupancy</b>	A	C	TCD	Enter a score between 1 and 100 for the Leasing and Occupancy Rating. If this Section was not reviewed, enter 0. <u>75</u> is 25% of the overall score. This category is rated
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
15. Leases and Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Enterprise Income Verification (EIV) System Access and Security Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Compliance with Using EIV Data and Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	
19. Tenant Rental Assistance Certification Systems (TRACS) Monitoring and Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Refer to attached MOR Findings Summary for specific
20. TRACS Security Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Tenant File Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Immediately (Mills)	
22. Summary of Tenant File Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>F. Tenant/Management Relations</b>	A	C	TCD	Enter a score between 1 and 100 for the Tenant Services Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
23. Tenant Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Provision of Tenant Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>G. General Management Practices</b>	A	C	TCD	General Management Practices Rating. If this Section was not reviewed, enter 0. <u>95</u> is 10% of the overall score. This category is rated
25. General Management Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Owner/Agent Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Staffing and Personnel Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Overall Rating:</b> <input checked="" type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <span style="float: right;"><u>90</u> Overall Score:</span>				
<p>To calculate an overall score: Multiply the derived performance value by the assigned percentage of the overall rating for each category. Once all tested categories have been calculated based on the performance indicator and performance indicator values, the total calculated points is divided by the total percentage of overall rating and rounded to the nearest whole number. For convenience, a utility is included with this form which will perform all of the necessary calculations.</p>				

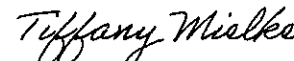
Name and Title of Person Preparing this Report: (Please type or print):



Signature: **Julie LaSota, Resolution Specialist**

Date: 9.28.23

Name and Title of Person Approving this Report: (Please type or print):



Signature: **Tiffany Mielke, Chief, Asset Resolution Branch, Tiffany.L.Mielke@hud.gov**

Date: 9/29/23

**NOTE:** If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only. Ref. HUD Handbook 4350.1, REV-1 and HUD Handbook 4566.2

# 800248733\_9834 Summary\_Dunedin Montreal Cleveland

**Management Review for  
Multifamily Housing Projects**

U.S. Department of Housing and Urban Development  
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Summary**

**SUMMARY REPORT – FINDINGS**

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
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- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date
—	See attached	—
—		—
—		—
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—		—
—		—
—		—
—		—
—		—