

## California Housing Finance Agency Management Agent Review Form

Name of Firm:	
Street Address:	
City, ZIP Code:	
County:	State:
Office Phone:	Cell:
E-mail Address:	
Year Founded:	Year Property Mgmt. Activities Started:
Names and Titles of Principals:	

### Corporate Office

Street Address:	
City, ZIP Code:	
County:	State:
Office Phone:	Cell:
E-mail Address:	

Does your firm provide any of the following services?

<input type="checkbox"/> Real estate sales / brokerage	<input type="checkbox"/> Mortgage banking	<input type="checkbox"/> Real estate development
<input type="checkbox"/> Insurance	<input type="checkbox"/> Market analysis	<input type="checkbox"/> Feasibility studies
<input type="checkbox"/> Other (please specify):		

**Additional Information**

Number of Employees:	Number of Executives:
Type of Firm: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (please specify):	
Please submit a copy of your California real estate / broker's license: <input type="checkbox"/> Attached	
Has any of your licenses, certificates or accreditations ever been restricted or suspended in any way, or has any been terminated?  <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide details):	
How many clients do you currently represent?	
What type of properties do you manage? <input type="checkbox"/> 236 <input type="checkbox"/> 221(d) <input type="checkbox"/> Section 8 <input type="checkbox"/> CalHFA <input type="checkbox"/> Market rate <input type="checkbox"/> Tax credit <input type="checkbox"/> Special needs <input type="checkbox"/> Other govt. projects (please specify):	
How many of the developments that your firm has managed have ever experienced a default?  (If any, provide details, including project name and circumstances surrounding each default, its cure, workout and mortgage modification agreements, assignments, foreclosures, and any other pertinent information. Use extra sheets if necessary.)	
How many property management contracts held by your firm over the past five years have been terminated prior to their expiration date?  (If any, please provide the names and addresses of these developments as well as the reasons and circumstances surrounding each termination.)	

How many property management contracts held by your firm over the past five years were not renewed upon expiration?

(If any, please provide the names and addresses of these developments as well as the reasons and circumstances surrounding each non-renewal.)

Has your firm or personnel staff ever been involved in a government judicial action concerning a violation of fair housing laws?

No  Yes (if yes, please describe):

Does your firm have a surety bond?  No  Yes

If no, is it eligible for one?  No  Yes

If yes, what is the amount of bond? And name of bonding company?

Does your firm carry at its expense any other insurance for protection of owner's interest?

No  Yes (if yes, please provide details):

### References

Bank:	Phone:
Professional:	Phone:
Client:	Phone:
Contact person for Operations:	Phone:

The undersigned here certifies that the information set forth in this document and in any attachment in support thereof is true, correct, and complete to the best of his or her knowledge and belief.

Name:	Signature:
-------	------------

IN WITNESS WHEREOF, the firm has caused this document to be duly executed and name this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.