Utilizing this form will ensure program compliance and aid in Departmental review but is not mandatory. You may give the same information in some other format.

## PROPOSAL FOR MANAGEMENT AGENT

		For Approval of:	Initial Agen	t orCh	ange of Agent				
		mitted as an applications for the project know							
2.	Residential units (complete for all that apply):								
Part		INFORMATION							
1.	HCD Contra Number:	ct or Loan Number: Total Market Ra							
	Type:	Multi-Family _	Elderly \$	Special Needs	s Other (spec	cify)			
3.	Commercial	space:	square	e feet					
4.	Other non-residential space:square feet (Office space, common area, community center, day-care center, special needs area, etc.)								
<u>Part</u>	2. PROPOSEI	MANAGEMENT AG	ENT INFORMATI	ON					
5.	Name of Org	Name of Organization:							
	Mailing Address:								
	Contact Pers	son, Title:							
	Telephone, FAX Numbers:								
	Email:								
6.	Type of Orga A B C	anization: Corporation For Profit Other (specify)	Partne Nonpro LLC		Sole Proprietor Local Governme	nt			
7.	For how ma managed?	ny years and what ty	pes of rental hou	sing or comr	nercial space has	the proposed ager			
	A. B. C.	Subsidized Housing Private Rental Hous Commercial Space	sing						

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8.	By type of project, how many	projects does Total #	the proposed a	gent currently ha	ave under management? <u>#Other</u>				
	Subsidized Housing Private Rental Housing Commercial Property								
	Description, as needed:								
Part 3	. REQUIRED DOCUMEN	<u> FATION</u>							
copies		necessary do	ocuments to the		The sponsor must submit  A fully complete package				
9.	A statement from the sponsor describing the sponsor's advertising, selection process and basis for recommendation of the proposed agent.								
10.	A copy of the proposed agent's real estate broker's license or statement of reason for exemption.								
11.	A copy of the Management Corporation's certificate of status and statement of officers (if applicable).								
12.	A list of the rental proper including the following is	ed by the proposed agent,							
<ul> <li>a. Project name and address</li> <li>b. Number and type (e.g., multi-family, special needs, elderly) of units</li> <li>c. Dates during which project was managed</li> <li>d. Types of financing, (i.e., conventional, public funds, low income tax credits or other public funds are part of the project financing, specify which source and type of fu federal, state, or local; loans, grants, bonds, other contributions).</li> <li>e. Other items as requested by the Department e.g.: names and address of owners governmental agencies/staff involved.</li> </ul>									
<u> Part 4.</u>	<u>CERTIFICATION</u>								
We cer belief.	tify that the information cont	ained in this pr	oposal is true a	and correct to the	he best of our knowledge and				
Project	Sponsor:		Propo	Proposed Management Agent:					
Name of Organization				Name of Organization					
Signatu	ure of Authorized Representa	tive	Signa	ture of Authoriz	ed Representative				

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Date

Title

Date

Title