



Portland Housing Bureau

Asset and Property Management Plan

Risk Analysis and Compliance Team (RAC)

Version 2.0

Revised April 2023



Portland Housing Bureau

Tips for Completing the PHB Asset and Property Management Plan

- You can tab through the form as you complete it
- Most drop-down menus allow you to type your own text if the available options don't fit the needs of your project
- For fields asking you to enter a percentage, enter it in decimal form. For example, for 3% you must enter .03 and it will auto format to 3%
- The green 'submit' buttons allow you to attach the requested form to the PDF Asset and Property Management Plan document
 - Make sure the requested form is saved on your computer
 - Click the green "submit" button
 - Locate the form and click "open". Your form is now attached
- To confirm your form is attached
 - From the menu at the top of your screen, Choose View > Show/Hide > Navigation Panes > Attachments, and select Show Attachments
 - A panel will open on the left of your screen and any attachments can be viewed there
 - If you want to remove a form you've attached, simply select the form and click the trash can icon

For questions on the content of the form requests, please contact your PHB Finance Coordinator.

For feedback on form improvements or technical assistance, please send an email to assetmanagement@portlandoregon.gov and someone will get back to you as soon as possible.



Portland Housing Bureau

PHB ASSET AND PROPERTY MANAGEMENT PLAN

1. PROJECT INFORMATION

Submission Date: _____ Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Ownership Entity Type: _____ Ownership Name: _____

Owner Contact Person: _____ Phone#: _____

Email Address: _____

Borrower Name (If different from ownership name): _____

Borrower Contact Person: _____ Phone#: _____

Borrower Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Property Management Company: _____

PM Contact Name (for compliance contact): _____

Phone#: _____ Email Address: _____

PROJECT PHYSICAL DESCRIPTION

Year Built: _____ # of Buildings: _____ # of Stories: _____

Construction Type: _____

Choose Project Type: _____ PHB Construction Coordinator Name: _____

If Rehab, Redevelopment, Acquisition, or Preservation, please give a brief summary of the project plan:

Projected Start Date: _____ Estimated Completion Date: _____

Total # of Units: _____ Total # of Restricted Units: _____

Project Amenities:

- Bike Parking Community Space Party Room Green Space Onsite Parking
- On Bus/Max Line In-Unit Air Conditioning Community Kitchen Smart Locks
- Smart Thermostat WiFi Washer/Dryer In-Unit Balcony Dishwasher Fitness Center
- Pet Friendly OTHER _____

Does the Project have Commercial Space? Yes No If yes, What Kind? _____

Square Footage of Commercial Space: _____ Currently Leased? Yes No

If Yes, lease end date: _____ If No, Anticipated Initial Lease Term Length: _____

Is the Project on a Ground Lease? Yes No If Yes, Ground Owner Name: _____

If yes, submit lease for review.

2. FINANCING PLAN

PHB Finance Coordinator Name: _____

Senior Lender Name: _____

Construction Lender Name (If Different): _____

Senior Debt Amount: _____ Interest Rate: _____ Maturity Date: _____

Payments Required: Monthly/Amortizing Cash Flow Both None/Grant

Are any federal funds included in the financing? Yes No

If yes, please specify the federal funds source/program(s) _____

Please note, the following programs require a Violence Against Women Policy and Emergency Transfer Plan per the HUD VAWA Final Rule 2013 Reauthorization; Section 8 Housing Choice Program and Section 8 Tenant Based Vouchers, HOME Investment Partnerships Program, the National Housing Trust Fund, Section 202 Supportive Housing for the Elderly, Section 236 Rental Program, Section 811 Supportive Housing for People with Disabilities, Section 211(d) (3) Below Market Interest Rate Program, Housing Opportunities for Persons with AIDS, McKinney-Vento homeless programs and the Low Income Housing Tax Credit (LIHTC) and USDA Rural Housing program.

Does your project contain financing from any of the above listed programs? Yes No

If Yes, download each of the following form templates, update them with your project specific information, and submit each using the buttons below:

- **VAWA Appendix A:** Notice of Occupancy Rights Under the VAWA, form [HUD-5380](#)
- **VAWA Appendix B:** Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, form [HUD-5381](#)
- **VAWA Appendix C:** Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, form [HUD-5382](#)
- **VAWA Appendix D:** Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, form [HUD-5383](#)

What subsidies, if any, have been awarded to the project, e.g., PBS8, VASH etc.?

Submit a copy of the subsidy agreement or award letter.

Is the project being financed with the OHCS Low Income Housing Tax Credit (LIHTC)? Yes No

If yes, which? _____

Has the LP been set up? Yes No If yes, LP Name: _____

Anticipated Year 15 Exit: _____

What is the LIHTC ownership Structure? Please complete info for each of the following;

General Partner(s): _____

Limited Partner(s): _____

Special Partner(s) (if applicable): _____

Does the cash flow section of the Limited Partnership Agreement align with the cash flow section of the PHB Loan Agreement/Promissory Note? Yes No

Note that PHB calculates cash flow based on what is contained in the PHB documents if the LP differs

Attach the cash flow waterfall section of the LP Agreement for review.

What reserve accounts are required by PHB?

Initial funding date: _____ Initial funding amount: _____ Per Unit/Per Year: _____ Annual Esc %: _____

What reserve accounts are required by Senior Lender?

Initial funding date: _____ Initial funding amount: _____ Per Unit/Per Year: _____ Annual Esc %: _____

What reserve accounts are required by LP Agreement?

Initial funding date: _____ Initial funding amount: _____ Per Unit/Per Year: _____ Annual Esc %: _____

Does the Project have Metro Bond funds included in financing? Yes No

If no, **skip to next page.**

If yes, note and calendar the following Metro Bond Compliance Requirements:

Within 90-days of the Temporary Certificate of Occupancy (TCO) Metro requires that you submit the following to PHB:

1. Final Resident Services Plan (as applicable) – If your project does include Resident Services, a Final Resident Services plan is required.

Please review and respond with the final version of the Resident Services Plan no later than 75 days from TCO to allow time for PHB to review your final documents before submitting to Metro.

Also, **within 90-days of the Project reaching 95% occupancy**, the following documents must be submitted to PHB:

1. Affirmative Marketing and Rental Applications Outcomes Report
2. Final [Affirmative Fair Housing Marketing Plan](#) – While PHB may have previously approved an AFHMP, an updated plan must be submitted which will include the following information:
 - a. Date of Initial Occupancy
 - b. Date advertising began
 - c. Worksheet 1 – Project's Residents and Project's Applicants columns – These cannot be completed until lease-up is well underway. We recommend working to complete this info while the Project leases up and this data is being collected
 - d. Worksheet 3 – Update if needed
 - e. Review the entire document fully for any additional updates needed, and re-sign and date

To complete these two items, you should begin collecting the required demographic information as lease-up begins. Please review the required forms immediately to ensure you are collecting the necessary information and can submit to PHB for Metro within 90-days of the Project reaching 95% occupancy.

For Metro Bond Reporting, you do not need to submit anything now. You will receive a Metro Bond Compliance Requirements Letter from PHB when your project has received its Temporary Certificate of Occupancy (TCO) detailing your requirements and reporting deadlines.

3. RELOCATION (Complete if Relocation Is Expected)

Will current tenants need to be relocated to accommodate Acquisition, Rehab, Redevelopment, or New Construction?

Please note, the following HUD programs require use of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA): CDBG HUD Administered, Urban Development Action Grants, Section 108 Loan Guarantees, Economic Development Initiative, State CDBG, HOME, HOPWA, ESG. This is not a comprehensive list of all federal programs requiring use of the URA. For the full list please see [HUD Handbook 1378 paragraph 1-3 on pages 1-2 and 1-3](#).

Does your project contain financing from any of the above listed programs? Yes No

If No, but a relocation is planned, **submit your relocation plan for review**.

If Yes, complete the following:

- Please enter the specific dates of the planned relocation _____
- Is this a project acquisition? Yes No If yes, you must provide the seller with the [Voluntary Acquisition Sales Language](#) updated for your project and on your organization's letterhead.
Was this Completed? Yes No *If no, a PHB Program Coordinator will contact you.*

Has a relocation consultant been hired to write the relocation plan and implement relocation activities?

Yes No

If No, is this planned? Please provide details: _____

If Yes, please provide:

- Relocation Provider Company Name: _____
- Relocation Consultant Name: _____
- Relocation Consultant Contact Info: _____
- Relocation Plan Anticipated Completion Date: _____
- **If relocation plan is complete, submit plan for review:**

4. PROPERTY MANAGEMENT

Property Management Entity: _____ **Submit PMA for Review** (Final or Draft Accepted):

All Property Management Agreements should include clear roles/responsibilities for PHB annual compliance reporting requirements

Is there an on-site property management office? Yes No

What is the process for on-going evaluation of the performance of the property manager?

Complete and **submit a copy** of the appropriate PHB Property Management Agreement Checklist shown below.

- [HOME Checklist](#) – For HOME funded Projects only
- [NON-HOME Checklist](#) – For all other Projects

Is there a designated manager unit in the project? Yes No

If yes, is the unit restricted or unrestricted per the PHB Regulatory Agreement?

5. MARKETING AND OUTREACH

Submit a copy of the Project's/ Organization's Fair Housing Policy (For an example of a Fair Housing Policy, see Section 2-1.B of Home Forward's [Admission & Continued Occupancy Policy](#))

Submit a copy of the Project's [Affirmative Fair Housing Marketing Plan](#)

6. RESIDENT SELECTION

Is a waiting list required? Yes _____ No _____

If yes, by what Program(s)? _____

What is the applied income-to rent ratio (PHB recommends a maximum of 1.5:1, although the Project can accept those with a greater rent burden)? _____

7. LEASE

PHB expects that all current and applicable landlord/tenant laws and city Ordinances are followed in Project leasing.

Submit a copy of the tenant lease. If project is HOME funded, make sure to include the [HOME Lease Addendum](#).

8. OTHER REQUIRED DOCS

A completed rent schedule is required for PHB review and approval at least 90-days prior to project completion. Is the rent schedule complete? Yes _____ No _____

- If yes, **please submit**.
- If no, when the project receives TCO, PHB will reach out to your organization for the rent schedule.

*Which utility allowance method will the property utilize? _____

**HOME funded and Project Based Rental assistance projects are subject to federal rules and may require a waiver from HUD to use other UA methods.*

Will the project pay utility costs for the residents? Yes _____ No _____ If yes, which ones? _____

What utility costs are residents responsible to pay? _____

9. RESIDENT SERVICES PLAN

If PHB has allowed a Resident Service Fee as an expense in the Proforma, you are required to **submit a resident service plan**.

10. REVIEW

Who is responsible for initial compliance document submissions e.g., items required by this document?

Name: _____ Title: _____ Organization: _____

Email: _____ Phone: _____

Plan Completed & Submitted by:

Name: _____ Title: _____ Org: _____ Date: _____

PHB Approved by RAC Coordinator:

Approval Date: