

Ralph M. Perrey, Executive Director



Certified Property Management Program Application
Revised, 2019

Name of Management Entity: _____

President or General Partner: _____

Chief Financial Officer or equivalent: _____

Chief Operating Officer or equivalent: _____

All other Officers, Directors, Principals or Partners: _____

Street Address of Management Entity: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Email Contact: _____

Website Address: _____

CPM Application Contact's Name & Email: _____

1. Indicate the organizational structure of the management entity:

Limited Liability Company

Limited Partnership

Sole Proprietorship

General Partnership

Corporation

Other (specify)

2. Is the management entity organized, existing, and in good standing in Tennessee:

Yes

No

If NO, is the management entity organized, existing and in good standing in another state and authorized to do business in Tennessee: Yes No

If YES, attach a copy of a certificate of existence from the Secretary of State of the state in which the management entity is organized and existing dated no more than thirty (30) days prior to the date of this application and a certificate of authority to do business in Tennessee from the Tennessee Secretary of State's office dated no more than thirty (30) days prior to the date of this application.



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3. List all property management firms that the above officers, directors, principals, partners, and/or owners have and/or have had an ownership interest or management role in during the past 5 years.
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4. List all industry related professional organizations of which the management entity is a member or of which individuals who are officers, directors, partners, owners or employees of the management entity are members:
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5. Please list all activities of all listed industry related professional organizations individuals who are officers, directors, partners, owners or employees of the management entity attended in the last twelve months:
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6. Does the management entity provide annual compliance training for its regional and site staff for all multi-family properties managed in Tennessee?

Yes No

If NO, please explain:

7. Does the management entity currently manage Housing Credit properties in Tennessee or elsewhere:

Yes No

If YES, answer the following questions:

- a. Have there been any uncorrected 8823s that have not been resolved?

Yes No

- b. Have there been any patterns of corrected 8823s?

Yes No

If YES to either of these, please explain.



8. Is the management entity currently, or has it been within the past 5 years, involved in litigation with the exception of routine resident occupancy matters?
 Yes No

If YES, please indicate State in which litigation occurred and describe the litigation:

9. Is or has the management entity or any of its present officers, directors, partners, owners or employees ever been involved in any federal, state or local dispute or judicial action concerning a violation of federal, state or local Fair Housing laws?
 Yes No

If YES, please provide details:

10. Does the management entity have a Policy and Procedures Manual for each property, including Housing Credit properties, that covers all aspects of the management of the property?
 Yes No

THDA reserves the right to review all Policies and Procedures Manuals during the course of periodic visits to Housing Credit Properties or the management entity's office.

11. Does the management entity use TNHousingSearch.org to market their properties?
 Yes No

12. The following must be included as part of this Application:

- a. An organizational chart of the management entity showing all officers, directors and key management personnel.
- b. A brief resume of all key management personnel, including years of experience, educational background, and any currently active professional designations such as the HCCP, SHCM, and CPM designations.
- c. The number of years that the management entity has managed multifamily communities and a list of all multifamily communities, including Housing Credit properties, currently managed by the management entity, including name, address, number of units, and type of property (e.g. conventional, assisted, housing credits). Please place an * next to all properties that received funding under the ARRA legislation (TCAP and Section 1602).



I CERTIFY THAT I AM DULY AUTHORIZED BY THE MANAGEMENT ENTITY REFERENCED IN THIS APPLICATION TO SUBMIT THIS APPLICATION ON ITS BEHALF AND TO PROVIDE THE FOLLOWING CERTIFICATIONS TO THDA IN FURTHERANCE OF THIS APPLICATION.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND COMPLETE. I UNDERSTAND THAT I AM PROVIDING INFORMATION OF SUBSTANCE FOR THE PURPOSE OF INFLUENCING THDA TO ALLOW THE MANAGEMENT ENTITY REFERENCED IN THIS APPLICATION TO PARTICIPATE IN THDA'S CERTIFIED PROPERTY MANAGEMENT PROGRAM.

I FURTHER ACKNOWLEDGE THAT COMPLIANCE WITH THE THDA CERTIFIED PROPERTY MANAGEMENT PROCESS AND CERTIFICATION BY THDA DOES NOT CONSTITUTE COMPLIANCE WITH OR LICENSING UNDER THE TENNESSEE REAL ESTATE BROKER LICENSING ACT AT TENNESSEE CODE ANNOTATED SECTION 62-13-101 ET SEQ. I UNDERSTAND THAT I HAVE AN INDEPENDENT OBLIGATION TO DETERMINE THE APPLICABILITY OF THE LICENSING REQUIREMENTS OF THE TENNESSEE REAL ESTATE BROKER LICENSING ACT AND THE TENNESSEE REAL ESTATE COMMISSION TO ME AND TO THE MANAGEMENT ENTITY REFERENCED IN THIS APPLICATION.

Signature

Print or Type Name

Title

Date



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