PROPOSAL FOR MANAGEMENT AGENT

For Approval of: _____Initial Agent or _____Change of Agent

This proposal is submitted as an application by the sponsor and management agent named below to provide management services for the project known as: ________________________________ and located at:

2. Residential units (complete for all that apply):
_________________________________________________________________

Part 1. PROJECT INFORMATION

1. HCD Contract or Loan Number: ________________
   Number: ______ Total _____ HCD _____ TCAC _____ Other Subsidy
   ______ Market Rate _____ Other Space (specify) ______________________
   Type: _____Multi-Family _____ Elderly _____ Special Needs _____ Other (specify)
   ________________________________________________________________
   3. Commercial space: ________________ square feet
   4. Other non-residential space: ________________ square feet (Office space, common area, community center, day-care center, special needs area, etc.) ________________________________________________________________

Part 2. PROPOSED MANAGEMENT AGENT INFORMATION

5. Name of Organization: ________________________________
   Mailing Address: ______________________________________
   Contact Person, Title: ________________________________
   Telephone, FAX Numbers: ________________________________
   Email: ________________________________________________

6. Type of Organization:
   A. ____ Corporation ____ Partnership ____ Sole Proprietor
   B. ____ For Profit ____ Nonprofit ____ Local Government
   C. ____ Other (specify) ____ LLC

7. For how many years and what types of rental housing or commercial space has the proposed agent managed?
   A. Subsidized Housing ______________________
   B. Private Rental Housing ______________________
   C. Commercial Space ______________________

Rev 2/24/06
8. By type of project, how many projects does the proposed agent currently have under management?

<table>
<thead>
<tr>
<th>Type of Project</th>
<th>Total #</th>
<th># Family</th>
<th># Elderly</th>
<th># Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidized Housing</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Private Rental Housing</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Commercial Property</td>
<td>______</td>
<td></td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

Description, as needed:

Part 3. REQUIRED DOCUMENTATION

Attach the following information to this Proposal for Management Agent. The sponsor must submit copies of the Proposal and other necessary documents to the Department. A fully complete package will facilitate timely approval by the Department.

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 properties currently and previously managed by the proposed agent, including the following information for each project:

   a. Project name and address
   b. Number and type (e.g., multi-family, special needs, elderly) of units
   c. Dates during which project was managed
   d. Types of financing, (i.e., conventional, public funds, low income tax credits or other). If other public funds are part of the project financing, specify which source and type of funding (i.e., federal, state, or local; loans, grants, bonds, other contributions).
   e. Other items as requested by the Department e.g.: names and address of owners and other governmental agencies/staff involved.

Part 4. CERTIFICATION

We certify that the information contained in this proposal is true and correct to the best of our knowledge and belief.

Project Sponsor: Proposed Management Agent:

____________________________________       ___________________________________
Name of Organization                 Name of Organization

____________________________________       ___________________________________
Signature of Authorized Representative Signature of Authorized Representative

_________________________     __________________________
Title                                                       Date   Title     Date