

Management Spreadsheet

Property Information:

Property Name: _____	Management Co: _____
Property Address: _____	Mgmt Address: _____
City, State, Zip: _____	City, State, Zip: _____
Manager's Name: _____	Contact Name: _____
Property Phone: _____	Contact Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Other (Contractor or Maintenance): _____	Owner's Organization: _____
Address: _____	Owner's Address: _____
City, State, Zip: _____	City, State, Zip: _____
Name: _____	Director's Name: _____
Phone: _____	Director's Phone: _____
Fax: _____	Director's Fax: _____
Email: _____	Director's Email: _____

Total Buildings:____ Total Units:____ Year Built ____ Vacant Unit Numbers:____

Please list any offline (uninhabitable) buildings or units by number:_____

Is the property a scattered site (drive from one site to next)? ____Yes ____No

Square feet of driveways and parking areas:_____ Square feet of sidewalks:_____

ADA/504 Unit Numbers (Full – not “reasonable accommodation”): _____

Please have current certificates of Inspections available for the inspector to examine for the following items if they are present at the site:

1. Boilers 2. Sprinklers (5-Year) 3. Fire Alarm (Annual) 4. Elevator 5. Lead Based Paint* 6. Form 92458 HAP Low Rent Schedule (for Section 8 only properties)

*Required for properties constructed prior to 1978