

AUTHORIZATION TO RELEASE COMPLIANCE STATUS INFORMATION

The below referenced management company is applying to become a certified management agent for the purpose of managing projects funded and/or monitored for compliance by the Wisconsin Housing and Economic Development Authority (WHEDA).

For management companies that manage fewer than 10 properties and/or have been managing with WHEDA for less than 8 years but operate in states other than Wisconsin, **it is the responsibility of the undersigned management company to do the following:**

1. Complete Section I and the return date (no later than 15 days following the application submittal or due date) in Section II (attaching additional documentation if necessary) and send the form to WHEDA with your Agent Certification application;
2. Send copies of the form to ALL pertinent agencies in the states that the management company has operated in before. This includes: HUD, state housing finance agencies, state human rights commissions (if applicable), and housing authorities.
3. Please have the requisite state agencies send the form to WHEDA Multifamily Compliance – 908 E Main Street - Suite 501, Madison WI 53703 or P.O. Box 1728, Madison WI 53701-1728. Or email wheda.am@wheda.com upon completion. **It is the responsibility of the undersigned management company to make sure these forms are sent out AND returned to WHEDA in a timely manner.**

Section I.

The undersigned hereby authorizes the agency named below to release to WHEDA information regarding any low-income housing development that the agency monitors and in which _____ has participated or is currently participating. The undersigned has worked as a management agent in the following states:

State Agency	Contact Name	Email

Management Company Name _____

Principal's Signature _____

Principal's Printed Name _____

Date _____



Section II

Please return Section I & II to WHEDA no later than asap. (Date to be completed by management company)

AGENCY RESPONSE TO REQUEST (to be completed by AGENCY ONLY)

Agency Name: _____ Contact: _____

Address: _____ Phone: _____

1. This agency has experience with this management company Yes No
(If answered No, it is not necessary to complete lines 2-4)

2. Notice(s) of violation have been issued in the past 36 months in the following categories:

	Corrected	Non-Corrected
<input type="checkbox"/> Major violations of health, safety and building codes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refusal to lease to Section 8 voucher holders	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Violation under the Fair Housing Act	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leasing to unqualified tenants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of proper documentation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General noncompliance with governing regulations	<input type="checkbox"/>	<input type="checkbox"/>

3. List properties that are currently out of compliance. Explain: _____

4. This management company has identified a pattern of noncompliance findings either corrected or non-corrected.

Explain: _____

5. This management company has been debarred and or suspended. Explain: _____

6. Additional information. Attach additional information as necessary. _____

This response represents this agency's evaluation of the Principal's compliance status as of _____

Prepared By Name

Title

Date

This documentation can be emailed to wheda.am@wheda.com. Subject Line to include: Management Agent Certification.

or mailed to:

WHEDA Multifamily Compliance – 908 E Main Street – Suite 501, Madison WI 53703

Your prompt response and any information you can share is greatly appreciated.