

## Management Entity Profile

This Management Entity Profile requests you to provide information on the Management Entity's organization and how it operates. This profile does NOT ask for information on the operation of individual developments. Independent Fee and Identity-of-Interest Management Entities must provide ALL information requested. Attach additional pages if necessary.

**1.a. Name of Management Entity**

**c. Management Type** (check appropriate type)

- Identity-of Interest  
 Independent Fee Manager  
 Project Administrator

**b. Employer Identification Number (EIN)**

**d. Organization Type** (check appropriate type)

- Corporation  
 Partnership  
 Sole Proprietorship  
 Other (specify)

**2. Names, Address, Telephone Number, FAX Number and Titles of the Management Entity's Principals** (e.g., all known principals & affiliates [people,business & organizations] proposing to participate in the development.)

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**3. Mailing address(es), Telephone Number(s) and FAX Number(s) of the Entity's home and branch office(s) involved in Wisconsin multifamily property management.** (Specify the geographic area covered by each office.)

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**4. Percent of Entity's business involving the management of:**

- a. Conventional Residential Multifamily \_\_\_\_\_ %  
b. Federally Subsidized \_\_\_\_\_ %  
c. Commercial office space \_\_\_\_\_ %  
d. Commercial retail space \_\_\_\_\_ %  
e. Other \_\_\_\_\_ %

**5. Number of projects and units the Entity currently manages:** Attach a list which provides the property name, location, type of property, number of units, client, client's address & phone number, lender, lender's address-phone number and contact person, amount of mortgage, term of mortgage, conditions of mortgage. See exhibit A.

**6. Percent of projects in 5. in the following categories:**

- a. Elderly \_\_\_\_\_%
- b. Family \_\_\_\_\_%
- c. Non-Profit of Coop \_\_\_\_\_%
- d. Transitional Neighborhood \_\_\_\_\_%
- e. Suburban Area \_\_\_\_\_%
- f. Rural Area \_\_\_\_\_%
- g. Other \_\_\_\_\_%

**7. Indicate where the following activities are administered.**

(C=Central office, R=Regional office, P=Project site)

- \_\_\_\_\_ Bookkeeping                      \_\_\_\_\_ Leasing
- \_\_\_\_\_ Certifications/Recertification    \_\_\_\_\_ Maintenance
- \_\_\_\_\_ Purchasing

**8. Identify any relevant licenses, professional accreditation, designations, certificates currently held by the Entity and/or its officers and employees. Brokers License # (current). Specify (e.g., John Smith, CPM)**

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**9.a. List companies which regularly supply goods or services to your projects and have an Identity-of-Interest with the project owner(s), or Management Entity Principals or Affiliates as listed in item 2. Be specific as to the goods or services provided and to which projects (if any) these are provided. (See Management Handbook for definitions of Identity of Interest)**

**b. Identify any Identity-of-Interest companies which function as "pass-throughs". (i.e., does the Identity-of-Interest company purchase goods from one party and pass those goods through to the project. For each such pass-through arrangement, identify: 1) Name of the company involved; 2) Explain the Identity-of-Interest company's compensation; and 3) Explain the material advantage of the relationship to the project, as opposed to an arms length purchase.**

**10.a. How often do Entity executives or supervisors visit the projects?**

**10.b. Specify who (by position title) conducts the on-site visits or reviews.**

11. For a period of 7 years prior to the date of this Profile, has the Entity or any of its Principals been a party to: If yes, please explain. Attach additional pages if necessary.

a. A default of any mortgage?  Yes  No

b. Any foreclosures?  Yes  No

c. Mortgage relief or workouts?  Yes  No

d. Convicted or presently subject to a complaint, indictment or information charging a felony?  
 Yes  No

e. Cancelled management contract by an owner?  Yes  No

**CERTIFICATION:** The undersigned hereby certifies that the Statements and information contained in this profile are true and correct.

**Signed by the Management Entity Principal (Authorized Signator)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

## **Exhibit A**

Property Name:

Location:

Type of Property

Number of Units:

Client: (Name, address & phone number)

Lender: (Name, address, phone number and contact person)

Amount of Mortgage:

Term of Mortgage:

Conditions of Mortgage: