**Management and Occupancy Review - Agent Questionnaire**

**<<< HMO INSERT PROPERTY NAME >>>**

WHEDA is scheduled to perform a management review on the date(s) listed in the confirmation letter. In order to protect WHEDA staff, management staff, and residents from the COIVD-19 virus, a policy concerning protocol is listed on our website at [www.wheda.com/\_\_\_\_\_\_\_\_\_](http://www.wheda.com/_________). Please review this policy before the review. Following are some key areas:

* WHEDA Financed only: Submit a copy of the current Rent Roll upon receipt of the confirmation letter if not already sent.
* Distribute the Resident Questionnaires to the residents/units selected by WHEDA. Collect the forms by the day prior to the review date. If the unit selected is vacant, just mark vacant on the form.
* Review attached Health Verification Form
* Provide a clean room separate from property staff and residents.
* Agent minimum requirements: mask, frequent hand washing/sanitizing, 6-foot social distancing.
* WHEDA will only interact with a maximum of 2 agent staff members.

Date Resident Questionnaire was distributed to selected residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If all questionnaires were not returned, date(s) you followed up with the residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last annual unit inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of next scheduled unit inspection or plan for inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief summary of current inspection and maintenance policy

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**Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_