

A6 - Property Management Questionnaire

Complete this table only if the organization manages properties and for ALL properties owned and/or managed by the organization.

Name of Organization:

	Properties Owned / Managed by the Applicant	
	HCR Oversight / Regulated	Non-HCR Regulated
Number of Units Managed		
Number of Units Owned		

Complete the table for all properties that are owned and / or managed by the applicant.

Property Address	Number of Bldgs	Name of Managing Organization	Amount of Program funds used to offset costs?	Where in the budget are these expenses listed?	Does HCR regulate or oversee this property?
	Number of Units				

Complete the table for all properties that are owned and / or managed by the applicant.

Property Address	Number of Bldgs	Name of Managing Organization	Amount of Program funds used to offset costs?	Where on budget are these expenses listed?	Does HCR regulate or oversee this property?
	Number of Units				