

FLYNN MANAGEMENT CORPORATION
SITE MANAGER AGREEMENT- USDA RD PROPERTY

Employee Name: _____

Property Name: _____ City: _____ State: _____

Flynn Management Corporation (FMC), acting as the Agent for the above-named property hereby agrees to hire the employee named above as the Site Manager. The above-named does hereby accept appointment on the terms and conditions below.

SITE MANAGER DUTIES

A. HOURS

The Site Manager shall be in the property office or on the property grounds at all times during assigned office hours.

B. GENERAL DUTIES AND RESPONSIBILITIES

1. Project Office

- a. Establish project office.
- b. Set up and maintain files in strict accordance with Plan-o-Gram.
- c. Set up and maintain all required office equipment (answering machine, copy machine, fax, telephone, typewriter, etc.) in working order at all times.
- d. Maintain adequate supply of all required forms and supplies.
- e. Post and maintain all required posters, notices, and signs.
- f. Read and become familiar with all appropriate manuals, regulations and procedures including:
 - 1. USDA-RD 3560
 - 2. FMC Procedure Manual(s)
 - 3. FMC Forms Manual
 - 4. FMC Employee Handbook
 - 5. FMC Employment Procedures and Forms Manual
 - 6. Fair Housing Regulations
 - 7. State Landlord/Tenant Laws
 - 8. Tax Credit Regulations (if appropriate)
 - 9. Grace Hill Training
- g. Maintain and control project keys in accordance with FMC Procedure Manual.

2. Leasing

- a. Market property with the occupancy of vacant apartments by eligible residents as the first and foremost priority.
- b. Respond to inquiries from prospective residents.
- c. Maintain project inquiry list.
- d. Maintain project waiting list.
- e. Help prospective residents complete Application and obtain all required forms and documentation.
- f. Process in a timely and accurate manner all required documentation to resident files during the move-in, recertification, and move-out procedure.

3. Rent Collection

- a. Collect and deposit rents daily.
- b. Aggressively pursue delinquent accounts and issue all notices in a timely fashion.
- c. Maintain and post resident ledgers and CRJs.
- d. Never accept cash.

4. Recertifications

- a. Issue 90-60-30 day notices when due.
- b. Obtain all required recertification documents from residents.
- c. The Site Manager is responsible for the timely and accurate processing of Tenant Certifications (TC). If, because of the Site Manager's failure to comply, any Tenant Certification is not received when due at its designated USDA-RD District Office, the Site Manager may be held financially responsible for any penalties the property may incur from USDA-RD.

5. Notices and Reports

- a. Issue all required notices to residents in a timely fashion, including:
 - 1. Delinquency Notices
 - 2. Recertification Notices
 - 3. Disturbance Notices
 - 4. Lease Violation Notices
 - 5. Lease Termination
 - 6. Security Deposit Claims
- b. Submit all reports when due.

6. Property Supervision

- a. Continually inspect property, including daily walking of the grounds, recording deficiencies, and taking necessary action, within budgetary allocations.
- b. Respond to emergency calls and disturbances on a 24-hour basis.
- c. Immediately report accidents and emergency situations to Supervisor and Home Office by preparing and filing the proper reports.
- d. Supervise and inspect work of anyone working on property, including staff maintenance personnel and vendors.
- e. Establish schedules and assign personnel for routine maintenance and emergency coverage.
- f. Maintain property Maintenance Log book.
- g. Ensure that all maintenance requests are addressed on an immediate one-call basis, if possible, and that residents are notified if parts must be ordered causing a delay.
- h. Obtain competitive bids for work on property.
- i. Maintain project inventory list of all assets.
- j. Establish and maintain a sprinkling schedule to ensure adequate, but not excessive, watering of all landscaped areas.

7. Accounting

- a. Emburse Credit Card
- b. Process all bills in a timely fashion.
- c. Operate property within approved USDA-RD Budget 3560-7.
- d. Obtain all required forms from vendors (including W-9, insurance, licenses, etc.).
- e. Adhere to all accounting procedures, including, but not limited to:
 - 1. Use of account numbers
 - 2. Purchasing limits
 - 3. Vendor requirements
 - 4. Accounts payable process
 - 5. Rent roll, summary, and recap reports
 - 6. Other monthly reports
 - 7. Special accounting items

8. General

- a. Attend all required company meetings and training sessions.
- b. If living on site, complete all required documents as a condition of employment.
- c. **TO CONSISTENTLY ABIDE BY AND ADHERE TO THE FEDERAL FAIR HOUSING LAWS.**

C. OUTSIDE EMPLOYMENT

The Site Manager shall not have any other employment unless authorized in advance, in writing, by the President of Flynn Management Corporation.

D. MOBILE PHONE

As a condition of employment, each Site Manager is required to have a mobile phone in his/her possession immediately upon hire. The monthly charges are the expense of the Site Manager. No personal phone calls are to be made on the property's business phone.

This Agreement may be terminated by either party. Any Site Manager who knowingly disobeys policies, procedures, and instructions from FMC or USDA-RD, does not perform services outlines, or herein, commits an illegal act, whether intentional or otherwise, causes the property to lose financially, or allows the property to become below standard will immediately be relieved of their position and must immediately remove themselves from the office and surrender all project keys.

SITE MANAGER:

Print Name: _____

Signature: _____ Date: _____

**FLYNN MANAGEMENT CORPORATION
INTERNET AND E-MAIL USE POLICY**

1. **Business purposes only.** Flynn Management Corporation (FMC) provides its staff with Internet and e-mail access in order to assist and enhance the company’s business efforts. Employees may use the Internet and e-mail for company business purposes only. Use for other purposes is not permitted.
2. **Ownership and monitoring of use.** The hardware and software associated with the Internet and e-mail systems are company property, as are any messages sent or received or records stored by these systems. FMC reserves the right to monitor the content of messages sent and received by employees and to review records of Web sites visited by employees. Employees have no expectation of, or right to, privacy in their use of the Internet or e-mail systems at FMC.
3. **Forbidden uses.** Employees may not use the Internet or e-mail systems for personal business purposes; to solicit funds or support for any commercial, political, religious, or charitable cause; or to express their views on these or other subjects.
4. **No offensive messages.** Employees may not transmit or receive any messages or images that are derogatory, obscene, sexually explicit, or offensive to anyone based on their gender, age, race, religion, ethnic background, or national origin. Also, employees may not view such messages on Web sites.
5. **Confidential information.** Employees may not use the Internet or e-mail to transmit confidential information about the Company, its employees, residents, or business activities.
6. **Unauthorized viewing of other employees’ Internet and e-mail use.** Employees may not view messages sent or received, or records of Web sites visited by other employees, unless authorized by the Company.
7. **Content of e-mail messages.** E-mail is a substitute for written, not oral, communication. When writing e-mail messages, employees must use the same tone and formalities used for writing formal business letters. The “subject” line of the message should contain the same information as the “regarding” line of a letter, and the salutation should be the same as that of a letter.
8. **Enforcement.** Employees who violate any part or parts of this policy will be subject to disciplinary action, up to and including dismissal.

INTERNET AND E-MAIL USE POLICY AGREEMENT

As an employee of Flynn Management Corporation:

1. I acknowledge that I have read and understand the company’s Internet and E-mail Use Policy. I agree to abide by this policy.
2. I acknowledge that I have no right to privacy in the Internet or e-mail messages or images that I send or receive or the records of Web sites that I visit on the company’s Internet system. I acknowledge the company’s right to inspect any and all messages or images that I send or receive via the Internet or e-mail and to monitor records of Web sites that I have visited.
3. I understand that adherence to the Internet and E-mail Use Policy is a condition of my employment, and that I may face disciplinary action for violating it. This disciplinary action may include dismissal.

Employee’s Signature _____

Date _____

Print Name _____

Property _____

Safe Driving Policy

Flynn Management recognizes that employees use their own vehicles to complete business activities for work purposes. While operating your vehicle, your safety is our first concern. In light of changing State laws, we have implemented a safe driving policy.

1. You are responsible for maintaining your automobile in a proper and safe condition.
2. You will not use your cell phone (even hands-free) for any reason while your vehicle is engaged in the drive position.
3. You will maintain automobile insurance with at least the minimum limits required by State law. Proof of current automobile insurance must be on file in the Corporate Office.
4. When operating your vehicle, you will utilize proper restraints, such as a seat belt, as is required by State law.
5. You will not operate your vehicle for work purposes while under the influence of alcohol or any other substance that impairs your ability to operate your vehicle safely.

By signing below you acknowledge the above requirements and agree to abide by them as a condition of employment.

By: _____

Date: _____

Printed Name: _____

Flynn Management Corp is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

We value you not only as an employee but also as a human being critical to the success of your family, the local community, and Flynn Management Corp.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be immediately reported to the supervisor on duty.

A key factor in implementing this policy will be the strict compliance to all applicable federal, state, local, and Flynn Management Corp. policies and procedures. Failure to comply with these policies may result in disciplinary actions.

Respecting this, Flynn Management Corp. will make every reasonable effort to provide a safe and healthful workplace that is free from any recognized or known potential hazards. Additionally, Flynn Management Corp. subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
2. Safety and Health controls are a major part of our work every day.
3. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Flynn Management Corp. in higher regard with customers, and increases productivity. This is why Flynn Management Corp. will comply with all safety and health regulations which apply to the course and scope of operations.
4. Management is responsible for providing the safest possible workplace for Employees. Consequently, management of Flynn Management Corp. is committed to allocating and providing all of the resources needed to promote and effectively implement this safety policy.
5. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries. Management will establish lines of communication to solicit and receive comments, information, suggestions, and assistance from employees where safety and health are concerned.
6. Management and supervisors of Flynn Management will set an exemplary example with good attitudes and strong commitment to safety and health in the workplace. Toward this end, management must monitor the company's safety and health performance, working environment, and conditions to ensure that program objectives are achieved.
7. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business. Everyone's goal must be to constantly improve safety awareness and to prevent accidents and injuries.

Everyone at Flynn Management must be involved and committed to safety. This must be a team effort. Together, we can prevent accidents and injuries and keep each other safe and healthy in the work that provides our livelihood.

By signing this document, I confirm the receipt of Flynn Management Corp.'s employee safety handbook. I have read and understood all policies, programs, and actions as described, and agree to comply with these set policies.

Employee Signature

Date

SUBJECT	Date
STANDARD OPERATING PROCEDURES MANUAL RECEIPT Book 1 of 2	01/07

ACKNOWLEDGEMENT

Contained within is the Procedure Manual for Flynn Management Corporation. You are entrusted with the security of this manual. This manual should never leave your office unless approved by your supervisor.

Because of the high cost and security of our Procedure Manual, there will be a \$500.00 charge, payable by you, in the event this manual is ever lost or not returned upon demand.

COPY NUMBER _____ DATE: _____

PROPERTY NAME(s): _____

SITE MANAGER'S SIGNATURE _____

PRINTED NAME: _____

SUBJECT	Date
STANDARD OPERATING PROCEDURES MANUAL RECEIPT Book 2 of 2	04/2019

ACKNOWLEDGEMENT

Contained within is the Procedure Manual for Flynn Management Corporation. You are entrusted with the security of this manual. This manual should never leave your office unless approved by your supervisor.

Because of the high cost and security of our Procedure Manual, there will be a \$500.00 charge, payable by you, in the event this manual is ever lost or not returned upon demand.

COPY NUMBER _____ DATE _____

PROPERTY NAME(s) _____

SITE MANAGER'S SIGNATURE _____

PRINTED NAME _____

MASTER FORMS MANUAL ACKNOWLEDGEMENT

MANUAL No. _____

Contained here within is the Master Forms Manual for Flynn Management Corporation. You are entrusted with the security of this manual. This manual should never leave your office, unless approved by your supervisor.

Because of the high cost and security of our Master Forms Manual, there will be a \$500.00 charge, payable by you, in the event this manual is lost or not returned upon demand.

DATE _____

PROPERTY NAME(s) _____

SITE MANAGER'S SIGNATURE _____

PRINTED NAME _____

USDA-RD MANAGEMENT HANDBOOK
ACKNOWLEDGEMENT

This acknowledges receipt of the USDA-RD Asset Management Handbook and USDA-RD 3560. You are entrusted with the security of this manual. This manual should never leave your office unless approved by your supervisor.

Employee Signature

Date

**EMPLOYEE ACKNOWLEDGEMENT FORM
EMPLOYEE HANDBOOK**

COPY No. _____

The employee handbook describes important information about Flynn Management Corporation (FMC), and I understand that I should consult the President regarding any questions not answered in the handbook. I have entered into my employment relationship with FMC voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or FMC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to FMC’s policy of employment at will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President of FMC has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE’S NAME (printed): _____

EMPLOYEE’S SIGNATURE: _____

DATE: _____

FLYNN MANAGEMENT CORPORATION

INITIAL PAYCHECK CHECKLIST

Employee Name _____

Property Name _____

The following documents have been completed (Please check all that apply, N/A if not applicable):

All Employees

- _____ 1. Signed Offer of Employment Letter (V-5)
- _____ 2. Verification of Commencement of Employment (V-19)
- _____ 3. I-9 Form
- _____ 4. W-4 Federal
- _____ 5. G-4 Georgia (Georgia employees only)
- _____ 6. Copy of Social Security Card for employee
- _____ 7. Copy of Employee's Driver's License
- _____ 8. Copy of Auto Insurance Card
- _____ 9. Safe Driving Policy (V-36)
- _____ 10. FMC Safety Manual (V-41)
- _____ 11. Employee Handbook Manual Receipt (V-16)
- _____ 12. Internet and E-Mail Use Policy (V-27)
- _____ 13. Employee Internal Setup Checklist (V-37)

Site Managers

- _____ 14. Position Agreement (V-6)
- _____ 15. Corporate Credit Card Procedure
- _____ 16. Employment Procedures Manual Receipt (V-22a)
- _____ 17. Conventional Procedures Manual Receipt (V-13c)
- _____ 18. Rural Development (RD) Procedures Manual Receipt (V-13r)
- _____ 19. Standard Operating Procedure Manual Receipts (V-14a & b)
- _____ 20. Forms Manual Receipt (V-15)
- _____ 21. USDA-RD 3560 Receipt (V-15b)

Maintenance

- _____ 22. Maintenance Person Agreement (V-7)

If living on site:

- _____ 23. Employee Lease (L-9)
- _____ 24. Security Deposit Agreement (L-10)
- _____ 25. Employee Addendum to Lease (V-12)
- _____ 26. Employee Utility Addendum (V-13)
- _____ 27. Tenant Certification 3560-8 (C-1)

It is understood that all documents must be completed to their fullest extent and promptly emailed to HR@Flynnmanagement.com. **NO PAYCHECKS WILL BE DISTRIBUTED IF THESE DOCUMENTS ARE NOT FULLY COMPLETED.**

DM Signature _____

Date _____

VERIFICATION OF COMMENCEMENT OF EMPLOYMENT

Employee Name: _____
Property Name: _____
Location: _____

This will verify that the above-named employee commenced employment on (date) _____
_____ at _____ AM/PM.

Check One:

This will verify that this employee is either:

- A. Not living on site.
- or -
- B. Is living on site and I have personally verified that all utilities are in the employee's name as of (date) _____.
- C. The required security deposit of \$ _____ was deposited on (date) _____.

(Note: An employee may **not** move in until all utilities have been placed in the employee's name and the required security deposit has been paid.)

The following documents are attached:

<u>Yes</u>	<u>No</u>	
_____	_____	Move-in Inspection (L-11) (if living on site)
_____	_____	Copy of Batch Report (Yardi) or Bank Deposit (Real Page) for Security Deposit (if living on site)
_____	_____	Copy of Check for Security Deposit (if living on site)
_____	_____	Corporate Credit Card (A-6b)

*******EMAIL TO HR@Flynnmanagement.com*******

DM Signature _____ Date _____

Dear

Congratulations on joining the Flynn Management Corporation team!

Our records indicate the following:

Property Name: _____

Start Date: _____

Pay Rate: \$ _____ per _____

Our payroll is issued bi-weekly every other Friday with cut-off being the previous Saturday. Your first paycheck is scheduled for _____ and is estimated to be in the gross amount of \$ _____. This reflects pay for the time worked beginning _____.

If you have any questions about your first paycheck, please send an email to HR@Flynnmanagement.com.

Sincerely,

FLYNN MANAGEMENT CORPORATION

Employee Internal Setup Checklist

Employee	_____	Location	_____
Position	_____	Hire/Term	_____
Start Date	_____	End Date	_____

HR

Paycor

On/offboarded	_____	Schedule	_____
Work Hr Settings	_____	Mobile Invitation	_____
Badge No#	_____	Grace-Hill	_____
Navigator	_____	Schedule List	_____
Ansafon List	_____	Voyager Login	_____
Keys	_____	Mgr Name Plaque	_____
Emburse Credit Card	_____	Maint - Order Shirts & Hats	_____

Accounting

Emburse Visa	_____	Lowes CC	_____
HD Supply	_____	Home Depot CC	_____
Other	_____	Access to Voyager Purchase Orders	_____

Conventional Apartments - Tom

Real Page Leasing & Rents	_____	Real Page Learning Login	_____
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IT (Clearwater Office Only) - Kevin

Email	_____	Door Fob	_____
ScanDocs	_____	DocuPhase	_____
Printer	_____	Phone Speed/Direct Dial	_____
Date Completed:	_____	By:	_____

USDA-RURAL HOUSING SERVICE
TENANT CERTIFICATION

1. Effective Date

Initial Certification Certification Expired & Eviction in Process
 Recertification Designate 60 Day Absence
 Modify Certification End 60 Day Absence
 Cotenant to Tenant Tenant Transfer
 Assign/Remove RA
 Vacate a Unit

PART I-PROJECT AND UNIT IDENTIFICATION

2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number
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WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

PART II-TENANT HOUSEHOLD INFORMATION

6. Tenant Subsidy Code (enter code)

0 - No Deep Tenant Subsidy
 1 - Rental Assistance (RA)
 2 - Project Based Section 8
 4 - Other Public RA
 5 - Private RA
 6 - HUD Voucher
 7 - Other Types at Basic Rent
 Other Subsidy Indicator (leave blank if none, P-Partial or F-Full)

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and Servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

Round all monetary figures up to the nearest dollar at .50 and above.

7. Social Security No.	8. Household Member Name (Last, First and Middle Initial)	9. Sex	10. Date of Birth MM DD YY	11. Race	12. Ethnicity	12a. Race Determination Code

13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older
 (Complete this only when household member is not the Tenant or a Co-Tenant)
 Total (Line 13)

14. Elderly, Disabled or Handicapped
 (Complete this only when household member is a Tenant or Co-Tenant)
 Elderly Status
 (Check below when coded above)

- Choices for Race are:
 1 - American Indian or Alaskan Native
 2 - Asian
 3 - Black or African American
 4 - Native Hawaiian or Pacific Islander
 5 - White
- Choices for Ethnicity are:
 a - Hispanic/Latino
 b - Non-Hispanic Latino

8a. Number of Foster Children (if any)

Other Subsidy Amount (For Partial) \$

Choices for Race Det. Code:
 C - Customer Provided
 E - Employee Observed

PART III- ASSET INCOME

15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16) \$

16. Imputed Income from Assets (Bank Passbook Savings Rate (*) x Line 15.) \$

17. Income from Assets \$

PART IV- INCOME CALCULATIONS

18. Income

a. Wages, Salaries, etc. \$

b. Soc. Sec., Pensions, etc. \$

c. Assistance \$

d. Income Contributed by Assets (Greater of Line 16 or Line 17) \$

e. Other \$

f. Annual Income \$

g. Household Has Exempt Income

19. Adjustments to Income

a. \$480 x total of Line 13 \$

b. \$400 if elderly status \$

c. Medical exceeding 3% of Line 18f. (if elderly, handicapped or disabled) \$

d. Child Care \$

e. Total Adjustments \$

20. Adjusted Annual Income (Line 18f. minus Line, 19.c.) \$

PART V-INCOME LEVELS

21. Number of Household Members

22. Current Eligibility Income Level (Enter Code)

23. Date of Initial Project Entry

24. Eligibility Income Level at Initial Project Entry (Enter Code)

PART VI- CERTIFICATION BY TENANT

I certify and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided in this tenant certification, I will reimburse the Agency for the unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act to recover on the Federal debt directly from me. In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I authorize the Agency to release information collected in this tenant certification to appropriate Agencies for income recertification purpose.

a. Date: <input type="text" value="MM DD YY"/>	b. Tenant Signature
c. Date: <input type="text" value="MM DD YY"/>	d. Co-Tenant Signature

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0189. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PART VII - PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income (Line 20 ÷ 12)	a. \$		x .30		= b. \$	0
26. Monthly Income (Line 18.f. ÷ 12)	a. \$	0	x .10		= b. \$	0
				27. Designated Monthly Welfare Shelter Payment	\$	
				28. Highest of Line 25.b., Line 26.b., or Line 27,		0
29. Gross Basic Rent				30. Gross Note Rate Rent		
a. Basic Rent	\$			a. Note Rate Rent	\$	
b. Utility Allowance	\$			b. Utility Allowance	\$	
c. (Line 29.a. + Line 29.b.)	\$	0		c. (Line 30.a. + Line 30.b.)	\$	0

PART VII DETERMINING GROSS TENANT CONTRIBUTION (GTC)

Decision: (check- one)

- A. If tenant receives rental assistance (RA) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29. c. , go to Decision B since this Tenant will not receive RA..
- B. If tenant does *not* receive RA and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29. c. , (but not to exceed Line 30.c.) on Line 31 below.
- C. If tenant does *not* receive RA and this project is a Plan I , Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

1. Enter Line 30.c.	\$	
2. Add Plan I Surcharge (if any)	\$	
3. Total (enter on Line 31)	\$	

PART IX-DETERMINING NET TENANT CONTRIBUTION (NTC)

31. GTC (From PART VIII)	\$	
32. Utility Allowance (Line 29.b. or Line 30.b.)	\$	
33. Final NTC (Line 31 minus Line 32)	\$	

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

PART X - CERTIFICATION BY BORROWER

I certify that the information on this form has been verified as required by federal law and the tenant household

is eligible to live in the unit, or has been granted ineligible occupancy by RHS.

a. Date Signed

MM DD YY

b. Signature of Borrower or Borrower's Representative

INSPECTION ACCEPTANCE

Property Name: _____ Resident's Name: _____
 Property Address: _____ Resident's Address: _____

LOCATION OF DAMAGE	MOVE-IN INSPECTION APT. # _____ DATE: _____ <small>Resident accepts responsibility for the condition of above-referenced apartment "AS-IS" with exceptions listed below. This form is made a part of the Lease Agreement for said apartment.</small>	MOVE-OUT INSPECTION APT. # _____ DATE: _____ <small>Inspection to determine extent and <u>estimated</u> charges for any damages, beyond normal wear and tear, to be assessed by Landlord against resident.</small>
Living - Dining	<input type="checkbox"/> OK	\$ _____
Kitchen	<input type="checkbox"/> OK	\$ _____
Halls	<input type="checkbox"/> OK	\$ _____
Bedrooms	<input type="checkbox"/> OK	\$ _____
Bathrooms	<input type="checkbox"/> OK	\$ _____
Outside	<input type="checkbox"/> OK	\$ _____
Other Comments		\$ _____
	<input type="checkbox"/> Apartment Keys Delivered to Resident <input type="checkbox"/> Mailbox Keys Delivered to Resident <input type="checkbox"/> Fire Extinguisher (Charged) <input type="checkbox"/> Smoke Detector Operational (Checked with Resident Present)	<input type="checkbox"/> Apartment Keys Returned <input type="checkbox"/> Mailbox Keys Returned
MOVE-OUT INSTRUCTIONS <small>Move-Out: White to M/O File Yellow to Resident</small>	Move-In Inspection results delivered to Resident prior to occupancy. _____ Date Managing Agent's Signature	Resident acknowledges receipt of foregoing Move-Out Inspection results and accepts Move-Out Inspection report and <u>estimated</u> costs. _____ Date Resident's Signature
	Resident acknowledges: Receipt of foregoing Move-In Inspection results prior to occupancy, right to inspect prior to taking occupancy, and accepts Move-In Inspection report and apartment "AS IS". _____ Date Resident's Signature	_____ Forwarding Address _____ Date Managing Agent's Signature

Resident has received, and understands, the Move-Out Cost Schedule on the back of this form.

NOTE TO RESIDENT: Georgia Law requires that you acknowledge correctness of the Move-In and Move-Out inspection reports by signing same; or, if you disagree, by filing a properly signed written statement of dissent setting forth specifically those items with which you disagree.

MOVE-OUT COST SCHEDULE

Cleaning and Repair Charges

If, prior to moving out, you do not clean the items listed below and leave them in satisfactory working order, the following charges will be deducted from your security deposit or owed to the landlord (owner) if your security deposit is insufficient to cover the charges. You will be charged the listed amount for each instance in which a listed item must be cleaned or repaired. The prices given for the items listed below are average prices only. If landlord (owner) incurs a higher cost for cleaning or repairing an item, you will be responsible for paying the higher cost.

Please note: This is not an all-inclusive list; you can be charged for cleaning or repairing items that are not on the list.

<u>Kitchen Cleaning</u>		<u>Bathroom Cleaning</u>		<u>Miscellaneous</u>	
Oven	30.00	Toilet(s)	10.00 ea	Window Coverings (drapes, blinds)	50.00
Drip Pans	5.00 ea	Tub/Shower(s)	20.00 ea	Carpet Cleaning	100.00
Stove and Vent-A-Hood	10.00	Sinks/Countertops/Cabinets	35.00	Carpet Repairs	100.00
Refrigerator/Freezer	40.00	Vinyl Floor	25.00	Trash Removal	20.00
Dishwasher	10.00			Wallpaper Removal	150.00
Cabinets and Countertops	30.00			Painting	250.00
Pantry	20.00			Vinyl Floors	25.00 ea
Vinyl Floor	25.00			Holes in Wall	75.00 ea

Replacement Charges

If any items are missing or damaged to the point that they must be replaced, you will be charged for the current cost of the item, plus labor and service charges. A representative list of replacement charges is provided below. These are average prices. If landlord (owner) incurs a higher cost for replacing an item, you will be responsible for paying the higher cost.

Please note: This is not an all-inclusive list; you can be charged for the replacement of items that are not on the list.

Window Glass	150.00	Fire Extinguisher (5 lb size)	55.00	Doors	100.00
Window Screens	35.00	Ice Trays	3.00 ea	Light Fixtures	50.00
Screen Door	125.00	Crisper Covers	15.00	Light Bulbs	1.00
Mailbox Keys (lost or not returned)	25.00	Refrigerator Shelves	30.00	Countertops	250.00
Door Keys (lost or not returned)	35.00	Disposal	65.00	Mini Blinds	150.00
		Mirrors (Bath)	60.00	Sink	75.00

This form is made part of the "Lease Agreement" as referenced in Section 29 of the "Lease Agreement". Resident acknowledges receipt of form.

Resident's Signature

Date

**FLYNN MANAGEMENT CORPORATION
EMPLOYEE ADDENDUM TO LEASE**

Employee Name

Property Name

- A. Upon discontinuance of employment of the resident by Flynn Management Corporation, the **lease shall terminate** and the resident shall have a seven (7) day rent free period to vacate the apartment.
- B. If you fail to vacate at the end of the seven day period, Flynn Management Corporation will begin eviction proceedings in accordance with state law.
 - 1. If you are living in a USDA-RD unit: You will be responsible for double the note rate rent as reflected in the USDA-Rural Development approved budget applicable at your termination date for all time you occupy the unit after termination.
 - 2. If you are living in a conventionally finance unit: You will be responsible for double the full market rate for all time you occupy the unit after termination.
- C. Flynn Management Corporation is specifically authorized to withhold payment of any final amounts due the resident as a result of their employment with Flynn Management Corporation and/or the project until the apartment has been surrendered in the same condition in which the apartment existed at the commencement of the lease, ordinary wear and tear excepted.
- D. Under no circumstances will the resident look towards Flynn Management Corporation or the project to be liable for moving expenses as a result of this lease and this addendum.
- E. Should there be any conflicting language in the lease and this Addendum, the terms of this Addendum shall apply.

RESIDENT OR RESIDENTS

FLYNN MANAGEMENT CORPORATION

Resident Signature

By _____

Date

Date

Resident Signature

Date

**FLYNN MANAGEMENT CORPORATION
EMPLOYEE UTILITY ADDENDUM**

Employee Name

Property Name

Apt. Number

I hereby acknowledge that I have placed all utilities for my apartment in my name and that I am fully responsible for payment of all utility bills for my apartment. I also acknowledge that all deposits have been paid in full by me.

<u>Utility Company</u>	<u>Date Deposit Paid</u>
Power _____	_____
Water _____	_____
Sewer _____	_____
Cable TV _____	_____

RESIDENT OR RESIDENTS:

_____ Date: _____

_____ Date: _____