

**2016 WI-CARH AWARD NOMINATION
Universal Application Form for All Awards**

Name of Person/Property Being Nominated for an Award: _____

Name of Management Company (if applicable): _____

Property Name: _____

Property Address: _____

SELECT AWARD CATEGORY:

Site Manager of the Year

Limited Profit Non-Profit

Number of units managed: _____ Length of Employment: _____

Town Population: _____

Choose all of the financing that applies: LIHTC RD HOME HUD

Other: _____

Choose one of the following: Elderly Family Rental Assistance: _____ # of Units

****A minimum of one tenant testimonial is required. Please attach.**

Maintenance Person of the Year

Limited Profit Non-Profit

Number of units responsible for: _____ Length of Employment: _____

Average Number of Service Requests per Day: _____

Average Response Time to Service Requests: _____

Choose one of the following: Elderly Family

Choose all of the following duties/certifications that apply:

HVAC Plumbing Painting Grounds keeping/Mowing Other:

****A minimum of one tenant testimonial is required. Please attach.**

Property of the Year

Limited Profit Non-Profit

Number of Units: _____ Age of Property: _____

Choose one of the following: Elderly Family

Choose all of the financing that applies: LIHTC RD HOME HUD

Other: _____

****A minimum of two pictures of the property are required (digital or hard copy is acceptable). Please note that these pictures may be used by WI-CARH in announcing the award.**

