



# WI-CARH

Wisconsin Council for  
Affordable & Rural Housing

Post Office Box 258098, Madison, WI 53725 É608-437-2300 Éinfo@wicarh.org

## 2017 WI-CARH AWARD NOMINATION FORM (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 ONE 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.*

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**AWARD NARRATIVE:** (\*Use a separate sheet if necessary)

- **Site Manager of the Year & Maintenance Person of the Year Awards:** Please describe why this person deserves the award.
  - Provide **specific examples** of attributes that they share with others who have achieved excellence in their field (e.g., attributes relating to their attitude, character, commitment, passion, training, compliance, personality, community involvement, decision making, work ethic, accuracy, etc.).
  - Include any achievement awards earned and any times this person went above and beyond the call of duty.
- **Property of the Year Award:** Describe why this property deserves the award.
  - Explain any **unique features/programs for residents** (e.g., green sustainable, services provided for families or older adults, innovative approaches to financing, etc.).

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**PERSON SUBMITTING THIS NOMINATION:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: to be eligible for consideration, this form must be received no later than **October 2, 2017**.

Send to: **WI-CARH Post Office Box 258098, Madison, WI 53725 or email to [info@wicarh.org](mailto:info@wicarh.org)**