

# CRMC® Application for Recertification

The Certified Residential Management Company (CRMC®) designation is the highest honor NARPM® grants to its membership. It is awarded to those companies which achieve the highest levels of professionalism in the residential property management industry. The companies achieving this honor are the flagships of our organization. The audit and evaluation of the companies submitting the application for the CRMC® is critically important in maintaining the integrity of this designation.

As a CERTIFIED RESIDENTIAL MANAGEMENT COMPANY® (CRMC®), your firm is required to reaccredit at least every three (3) years. Through reaccreditation, CRMC® firms reaffirm their compliance with the NARPM® regulations, thus insuring the integrity of the CRMC® program.

Your firm has received this recertification for one or more of the following reasons:

• Your firm is scheduled for CRMC® reaccreditation at this time because it has been three (3) years since it received the accreditation or was last reaccredited.

• Your firm had an ownership change. If the change is more than 50 percent (50%), your firm must be reaccredited, even if it has been less than three years after receiving the accreditation or you were last reaccredited.

• The name of your firm has changed.

• A new MPM® is designated as the firm’s executive MPM®.

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| --- | --- |
| Firm Name:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Type of Ownership (Check one): | Corporation |  Partnership | LLC | Sole Proprietorship |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| DBA’s:  |  |  |  |  |

Designated MPM**®** Name:

Phone: E-mail:

List all locations (A branch office checklist must be completed for each branch location which is at the end of this application):

Are there employee/property managers who work out of their home? Yes No

Number of accounts under management:

Number of property managers in the firm:

 Number of property managers in your firm that are members of NARPM®:

List each with NARPM® Designations after each name:

**Please answer the following**. (*Use additional blank sheets, if necessary, identifying the Question prior to the continuation of your answer*). Please sign and date the attached sheet(s). Use additional sheets, if needed, and please date and sign each.

1. Have there been any significant management changes since certification or last renewal?

Yes No

 If yes, please identify and give the reason for the change

1. Has there been any change of ownership?

Yes No

 If yes, please identify how ownership changed more than 50%:

1. Have there been any felony convictions or license suspensions within your firm?

 Yes No

 If yes, please identify and explain.

1. Please comment on your past growth, plans for future growth, or maintaining the status quo since certification or last renewal
2. During your initial certification, you were checked on numerous and detailed specifics regarding your business. The following is a list of areas covered at that time. Please review this list and explain any major changes that have occurred and /or include documentation applicable to the change.
3. Outline Ongoing Training

Program:

Attach:

1. Office Policy & Procedure Manual: If you have modified your Office Policy and Procedures, please submit copy with changes highlighted, Otherwise, please attest that there have been no updates or changes to the Office Policy and Procedures manual since

Date:

Attach:

1. Employee Policies/Manual: If you have modified your Employee Policies/Manual please submit copy with changes highlighted, Otherwise, please attest that there have been no updates or changes to the Office Policies/Manual since

Date

Attach:

1. Fair Housing Procedures: Please signify the article and section numbers in the Office Policy and Procedures Manual that deal with Fair Housing

Procedures:

Attach:

1. Customer Dispute Resolution System: Please signify article and section numbers in the Office Policy and Procedures Manual that deal with Customer Dispute Resolution System:

 Attach:

1. Insurance: Include copies of declaration page(s)/documentation from management agreement showing the company maintains (check each that is covered by your company management agreement or list other documents that are included):

Attach:

* It is required that owner maintains property and liability coverage to acknowledge they are self-insured
* Requests for Owner to add firm as an additional insured on the property liability policy:

* Owner’s policy includes hold harmless clause in favor of firm
* Company Liability Insurance
* Auto Insurance for firm owned vehicles
* Non-owned auto coverage verification policy
* Workers Compensation
* Maintenance liability
1. Forms and Contracts: Outline any significant changes

h. Key Control System: Have you made any changes Yes \_\_\_\_\_ No \_\_\_\_\_

 If yes, please explain:

1. Outline Office Organization Structure:

Attach:

1. Rental Policies and Procedures: If you have modified your Rental Policy and Procedures, please submit with changes highlighted, Otherwise, please attest that there have been no updates or changes to the Office Policy and Procedures manual since (date):

Attach:

1. Accounting Procedures: If you have modified your Accounting Policy and Procedures, please submit with changes highlighted, Otherwise, please attest that there have been no updates or changes to the Office Policy and Procedures manual since (date).

Attach:

1. Filing and Documentation Systems: What procedures does your firm take to protect against Red Flag Law Violations

Attach:

If you have made any other significant changes since certification or renewal, please list these changes, the reasons these changes were made, and attach all pertinent documentation that will substantiate, or demonstrate, the reason why the changes were made:

**I attest that the above are true and complete statements of facts regarding my business.**

Printed Name of Submitting MPM®:

Signature

 Date

Recertification Fees can be paid on the website at: <http://www.narpm.org/internet-member-services/>

Or mailed to NARPM National at:

NARPM®

638 Independence Parkway, Suite 100, Chesapeake, VA 23320



# BRANCH OFFICE

*(complete only if applicable, one sheet for each location)*

1. Proper Office Organization/Documents/Computers

Adequate workstations for staff.

Voice mail/messaging system.

Telephone/communication/intercom system.

Client/customer greeting area.

Meeting/conference area for clients/customers.

Mail/information flow.

Organized company forms/contracts/support materials.

Organized office supplies.

Office equipment adequate and organized.

Secure key storage system. \*\*

Secure files for tenants/owners personal data. \*\*

Existence of secure, complete and organized files for all properties.\*\*

Documentation of all communications regarding properties.

Documentation for all property expenses and maintenance. \*\*

Efficient and organized filing system. May be paperless. \*\*

Personnel files in a secure location. \*\*

Neat, clean, orderly, and organized offices with professional appearance.

Staff workstations that are separate from client/customer meeting areas.

Storage and break areas.

Fair Housing Opportunity Poster displayed. \*\*

Adequate equipment relative to staff.

Word processing software.

Database software.

Company financial software.

Accounting software.

Computer security and regular back-up system. \*\*

Web site provides accurate information including contacts and vacancies.

1. Staffing and Supervision

Broker/manager reviews all documents and provides oversight.

If this does not apply than

At least one NARPM® Member at this location

Comments:

I attest that the above are true and complete statements of facts regarding my business.

Printed Name of Submitting MPM®:

Signature: Date

Date: