



## 2024 CONVENTION AWARD NOMINATION – UNIVERSAL ENTRY FORM

Name of Person Being Nominated for an Award: \_\_\_\_\_

Property Management Company Name: \_\_\_\_\_

Name of Property: \_\_\_\_\_

(Select Program): \_\_\_\_\_ LIHTC \_\_\_\_\_ HUD \_\_\_\_\_ USDA RD \_\_\_\_\_ Other: \_\_\_\_\_

Select Award Category:

- Site Manager of the Year
- Maintenance Personnel of the Year
- Management Company Staff Person of the Year
- Rookie of the Year (*Note: Rookie of the Year applies to Site Manager, Maintenance Personnel and Management Company Staff Person of the Year. Please mark the appropriate box on the application*)
- Government Housing Agency Staff Person of the Year (Select Agency):
- Housing Finance Commission  HUD  USDA/RD  CMS  Dept of Commerce  City
- Other Agency: \_\_\_\_\_
- Longevity Award for (Describe): \_\_\_\_\_
- Lifetime Achievement Award for (Describe): \_\_\_\_\_

Provide responses to the following:

1. Number of Units Managed: \_\_\_\_\_ How Long Has the Person Worked in the Industry? \_\_\_\_\_ Years
2. Photo – Please provide a photo of the nominee in digital form (jpg or gif). *The nomination may be submitted without a photo. However, if this nominee is selected as a finalist a photo is required*

Submitting this Nomination:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

RELATIONSHIP TO THE NOMINEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**AWARD APPLICATION:**

The completed application must accompany this nomination form.

NOTE: to be eligible for consideration, this form must be received no later than February 15, 2024.

Send to:

AHMA, PO Box 13454, Olympia, WA 98508 or email to [deannah@ahma-wa.org](mailto:deannah@ahma-wa.org)



## Management Company Staff Person of the Year Application

Name of Person Being Nominated for an Award: \_\_\_\_\_

Name of Property: \_\_\_\_\_

Is this nominee eligible as Rookie of the Year? (*specifically for staff with less than 3 years in the industry*)

Yes  No

Provide responses to the following:

1. How Long Has the Person Worked in the Industry? \_\_\_\_\_ Years

2. Please provide a significant accomplishment in the last 12 months.

\_\_\_\_\_  
3. Training – List AHMA In-Person trainings or webinars attended in 2023

\_\_\_\_\_  
4. Did the nominee attend the 2023 AHMA Convention? Yes  No

5. Please list all industry credentials the nominee holds. (i.e. CPO, SHCM, CGPM, other, etc)

### ENDORSEMENTS

This is where you can attach any additional information, special circumstances or testimonials of the nominee: \_\_\_\_\_

**Add additional pages if necessary.**