



## On-Site Staff Nomination Form 2017 AACO Honors

**Please check one of the following categories for this nominee:**

- Property Manager   
  Assistant On-Site Manager   
  Leasing Professional  
 Rookie Leasing Professional

Nominee's Name \_\_\_\_\_ Years in the Industry \_\_\_\_\_  
 Company \_\_\_\_\_ Years with Company \_\_\_\_\_  
 Number of Properties \_\_\_\_\_ Total Number of Units \_\_\_\_\_

Name of person making nomination \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

What was the average physical occupancy of their portfolio in 2016? \_\_\_\_\_  
 What was the average economic occupancy of their portfolio in 2016? \_\_\_\_\_  
 What was the average employee turnover rate in 2016? \_\_\_\_\_

On a scale from 1 to 5 (1 = Satisfactory; 2 = Average; 3 = Above Average; 4 = Very Well; 5 = Excellent) please rate your nominee on their performance for the following duties:

Adherence to budget numbers (expenses, income, etc.)	1	2	3	4	5
Lease-up track record (if applicable)	1	2	3	4	5

**Current Job Responsibilities and Performance for the Company and the Industry (6 points). Please provide examples.** Describe current job responsibilities and accomplishments over the last 12 months. Focus on specific goals, achievements, and performance levels. Include any company awards and contributions to present and past employers as well as specific contributions to the industry.

Please provide the above information in the form of a Letter of Recommendation. Return the Letter of Recommendation and completed Nomination form to [mlee@aacoonline.org](mailto:mlee@aacoonline.org) by **October 9, 2017**.

**Call AACO at 606-2226 if you have any questions**

**Professional Industry Designations (3 points). Designations must be in good standing.**

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|---|---------------------|
| <input type="checkbox"/> NALP - National Apt. Leasing Professional    | Year Received _____ |
| <input type="checkbox"/> CAM - Certified Apt. Manager                 | Year Received _____ |
| <input type="checkbox"/> CAMT - Certified Apt. Maintenance Technician | Year Received _____ |
| <input type="checkbox"/> CAPS - Certified Apt. Property Supervisor    | Year Received _____ |
| <input type="checkbox"/> CAS - Certified Apt. Supplier                | Year Received _____ |
| <input type="checkbox"/> ARM - Accredited Resident Manager            | Year Received _____ |
| <input type="checkbox"/> CPM - Certified Property Manager             | Year Received _____ |
| <input type="checkbox"/> Other Designation(s) _____                   | Year Received _____ |

**Other Organization or Community Involvement (1 point)**

Civic and religious groups; Charities; Fraternal and Service Organizations (list organization and the activity)

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