

# SUBSIDIZED HOUSING QUESTIONNAIRE

FOR 36 MONTHS:                      FROM 2013 TO 2015

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

Check Services & Utilities in Rent:      Heat ( )    A/C ( )      Gas ( )      Electricity ( )  
 Carpets ( )    Drapes ( )    Washer/Dryer ( )      Swimming Pool ( )      Party Room ( )  
 Tennis ( )    Parking ( )    Switchboard ( )      Security ( )

Rent Schedules:	# Units	2015 Base Mo. Rent	2015 Market Mo. Rent	2014 Base Mo. Rent	2014 Market Mo. Rent	2013 Base Mo. Rent	2013 Market Mo. Rent
Effic.							
1 Bedrm.							
2 Bedrm.							
2 Bedrm./den							
3 Bedrm.							
3 Bedrm./den							
Other (list)							

	# of Spaces	2015 Monthly Rent	2014 Monthly Rent	2013 Monthly Rent
Parking:				

**Income and Expense Information:** Please attach copies of the last three years audited profit and loss statements as filed with the regulatory agency.

**Financial / Sales Information:**

1. Are Low Income Housing Tax Credits applicable for this property?      Yes \_\_\_\_      No \_\_\_\_

If so, please provide a schedule showing the value of the remaining tax credit benefits.

2. Is there a current mortgage on this property?      Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the following data:

Name of mortgagee	_____
Mortgage amount	_____
Market interest rate	_____
Subsidized interest rate	_____
Original loan / value ratio	_____
Original equity investment (\$amt )	_____
Term of mortgage	_____
Date of first payment	_____
Monthly payment	_____
Regulatory limit on equity return	_____
Mortgage balance (if known)	_____ as of January 1, 2016

- 3. Current dollar amount in residual receipts / surplus cash account \_\_\_\_\_  
Interest rate \_\_\_\_\_
- 4. Current dollar amount in reserve for replacement account \_\_\_\_\_
- 5. Is there an annual trustee fee? If yes, enter amount \_\_\_\_\_
- 6. Is there an annual mortgage ins. premium? If yes, enter amount \_\_\_\_\_
- 7. Please provide: Date Purchased \_\_\_\_\_ Consideration \_\_\_\_\_

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Name of Signer

\_\_\_\_\_  
Phone Number