

Mark-to Market OAHP Waiver Form

Form 2.15

TO: OAHP Preservation OFFICE, Attn. Debt Restructuring Specialist
FROM: PAE

Prior to incurring costs for restructuring activities that exceed the maximum amounts specified in the Asset Payment Authorization, the PAE must obtain written approval from the OAHP Preservation Office using this form.

PAE INFORMATION:

PAE NAME _____

PAE ADDRESS _____

PRA CONTRACT NUMBER _____

ASSET INFORMATION:

ASSET NAME _____

FHA PROJECT NUMBER: _____

ASSET DESIGNATIONS Full Debt Restructuring (F) Tier 1 Rent Restructuring Only (R1)
 Rent Comp. Review (C) Tier 2 Rent Restructuring Only (R2)

Special Circumstances

Waiver Request Type: Fee Time **Total Amount Requested:** _____
Extension Requested from _____ **through** _____

Describe (include PRA Provision(s)) : _____
(Example: Appraisal Cost -PRA 9.2.1 or due diligence time waiver - PRA 5.7.1.a)2))

Provide explanation below of the nature of the waiver and special circumstances that warrant a waiver. Attach copies of previously approved waivers for the PRA provision for which the waiver is now being requested.

For Fee Waivers:
Total Fee Approved to Date: _____
Additional Fee Requested: _____
PAE's Total Amount Requested: _____

OAHP Evaluation (check one): Approved
 Denied
 Approved as modified
 PAE to earn applicable incentive

Total Fee Approved to Date: _____
Additional Fee Requested: _____
Preservation Office Adjustment:* _____
Total Amount Approved by OAHP: _____

Time Waiver Granted by OAHP Through (date): _____

Requested by PAE: _____ **Date:** _____

Approved by OAHP PD: _____ **Date:** _____

Name of Authorized Official

Name of Authorized Official

Signature

Signature

For Fee Waivers in Excess of \$15,000:

PAE Coordination Manager initials _____ Date

Director of Preservation _____ Date

*Any disallowances must be explained in writing.