



# Schedule of Projects

(Section 202 and Section 811 Program)

**Public reporting burden** for this collection of information is estimated to average 2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 2835(b) of the Housing and Economic Recovery Act of 2008 and The Frank Melville Supportive Housing Investment Act of 2010 (SHIA) directs the Department to delegate the review and processing of Section 202 Supportive Housing for the Elderly and certain Section 811 Supportive Housing for Persons with Disabilities projects to selected State or local housing agencies. This information is necessary to assist HUD in determining an applicant's eligibility and capacity to underwrite grant applications. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

**To:** \_\_\_\_\_  
*Delegated Processing Agency*

**From:** \_\_\_\_\_  
*Regional Center Director with Jurisdiction*

**Sponsor's Name:** \_\_\_\_\_  
**Sponsor's Address:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Project Address:** \_\_\_\_\_  
**Project Number:** \_\_\_\_\_  
**Capital Advance Amount:** \_\_\_\_\_  
**PRAC Number:** \_\_\_\_\_  
**PRAC Amount:** \_\_\_\_\_

**Owner Type:**  
\_\_\_\_\_ Nonprofit  
\_\_\_\_\_ Limited Partnership

**Production Method:**  
\_\_\_\_\_ New Construction  
\_\_\_\_\_ Rehabilitation  
\_\_\_\_\_ Acquisition with or without repairs

**Building Type** \_\_\_\_\_  
\_\_\_\_\_ Elevator  
\_\_\_\_\_ Non-Elevator

Total Buildings in Project \_\_\_\_\_

Year Built  
Number of PRAC Assisted Units  
Number of Non-PRAC Assisted Units  
Total Number of Units in the Project  
Unit Type (# of bedrooms)  
Units Efficiency  
Units One Bedroom  
Units Two Bedroom  
Non-revenue Units  
**Total**

Additional Financing  
\_\_\_\_ Tax Exempt Bonds  
\_\_\_\_ Tax Credits  
    \_\_\_\_ 4 Percent Low Income    \_\_\_\_ 9 Percent Low Income  
    \_\_\_\_ Historic Preservation    \_\_\_\_ New Market  
\_\_\_\_ Federal Loans  
\_\_\_\_ Federal Grants  
\_\_\_\_ State Loans  
\_\_\_\_ State Grants  
\_\_\_\_ Local Loans  
\_\_\_\_ Local Grants  
\_\_\_\_ HOME Funds  
\_\_\_\_ Loan from Federal Home Loan Bank  
\_\_\_\_ Other with remarks

Remarks \_\_\_\_\_  
\_\_\_\_\_

Authorized Signatory for HUD \_\_\_\_\_ Date

Accept the Assignment    \_\_\_\_ Yes    \_\_\_\_ No.  
    \_\_\_\_ Level I    \_\_\_\_ Level II

Authorized Signatory for the DPA \_\_\_\_\_ Date