

FHA FORM NO. 2264-A
Rev. 9-70

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION
SUPPLEMENT TO PROJECT ANALYSIS
SECTION/TITLE

- FEASIBILITY
- CONDITIONAL
- FIRM

Name of Mortgagor _____ (Project No. _____)

Name of Project _____

Location of Project (Street, City and State) _____

TYPE OF MORTGAGOR			
<input type="checkbox"/> Private	<input type="checkbox"/> Profit	<input type="checkbox"/> Public	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Management Coop.	<input type="checkbox"/> Sales Coop.	<input type="checkbox"/> Investor-Sponsor	<input type="checkbox"/> Builder-Seller
TYPE OF PROJECT			
<input type="checkbox"/> Rental Housing	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> New Construction	<input type="checkbox"/> Non-Elevator
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Elevator
<input type="checkbox"/> Condominium	<input type="checkbox"/> Housing for the Elderly	<input type="checkbox"/> Redevelopment	
<input type="checkbox"/> Land Development	<input type="checkbox"/> Mobile Home Court	<input type="checkbox"/> Supplement Loan	

I - DETERMINATION OF MAXIMUM INSURABLE MORTGAGE			
CRITERIA	(COL. 1)	(COL. 2)	(COL. 3)
1. MORTGAGE OR LOAN AMOUNT REQUESTED IN APPLICATION-----			\$ _____
2. STATUTORY DOLLAR LIMIT-----			\$ _____
3. AMOUNT BASED ON VALUE OR REPLACEMENT COST:-----			
a. Value (Replcm. Cost) in Fee Simple \$ _____ x _____ %		\$ _____	
b. Value of Leased Fee \$ _____ x _____ %		\$ _____	
c. Unpaid Balance of Special Assessment-----		\$ _____	
d. Total Item b Plus Item c-----		\$ _____	
e. Item a Minus Item d-----		\$ _____	
4. AMOUNT BASED ON LIMITATIONS PER FAMILY UNIT:-----			
a. Number of <u>one</u> Bedroom Units-----	x \$ _____	\$ _____	
Number of <u>one</u> Bedroom Units-----	x \$ _____	\$ _____	
Number of <u>one</u> Bedroom Units-----	x \$ _____	\$ _____	
Number of <u>one</u> or more Bedroom Units-----	x \$ _____	\$ _____	
b. Cost not Attributable to Dwelling Use-----	\$ _____ x _____ %	\$ _____	
c. Item a Plus Item b-----		\$ _____	
d. Total Number of Spaces _____ x \$ _____		\$ _____	
e. Sum Value of Leased Fee and Unpaid Balance of Special Assessment(s)		\$ _____	
f. Item c or Item d whichever is applicable - minus Item e-----		\$ _____	
5. AMOUNT BASED ON DEBT SERVICE RATIO:-----			
a. Mortgage Interest Rate-----	_____ %		
b. Mortgage Insurance Premium Rate-----	_____ %		
c. Initial Commit Rate-----	_____ %		
d. Sum of Above Rates-----	_____ %		
e. Net Income-----	\$ _____ x _____ %	\$ _____	
f. Annual Ground Rent \$ _____ + Annual Spec. Ass't. \$ _____		\$ _____	
g. Item e Minus Item f-----		\$ _____	
h. Item g Divided by Item d-----		\$ _____	
6. AMOUNT BASED ON ESTIMATED COST OF REHABILITATION PLUS:-----			
(i) "As Is" Value, or (ii) Acquisition Cost, or (iii) Existing Mortgage Indebtedness Against Property Before Rehabilitation:			
a. Estimated Cost of New On-Site Improvements-----	\$ _____		
b. Estimated Cost of New Off-Site Construction-----	\$ _____		
c. Total Carrying Charges, Financing and Contingency Reserve-----	\$ _____		
d. Total Legal, Organization and Consultants Fee, if any-----	\$ _____		
e. Sum of Item a through Item d-----	\$ _____		
f. "As Is" Value of Prop. Before Rehab. \$ _____ x _____ %		\$ _____	
g. Existing Mortgage Indebtedness (Property Owned) or Purchase Price of Property (To be Acquired)-----	\$ _____		
h. Item e Plus Item f or Item g, whichever is lesser-----	\$ _____		
i. Item h x _____ %-----	\$ _____		
7. AMOUNT BASED ON MORTGAGOR'S TOTAL COST OF ACQUISITION:-----			
a. Purchase Price of Project-----	\$ _____		
b. Repairs and Improvements, if any-----	\$ _____		
c. Total Carrying Charges, Financing, Legal and Organization-----	\$ _____		
d. Sum of Item a through Item c-----	\$ _____		
e. Item d x _____ %-----	\$ _____		

