

PHA FORM NO. 2264-A
Rev. 9/76

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

Private Profit Public Non-Profit State or Federal Instrumentality, etc.

Management Coop. Sales Coop. Investor-Sponsor Builder-Seller Limited Distribution

TYPE OF PROJECT

Rental Housing Nursing Home New Construction Non-Elevator

Cooperative Intermediate Care Facility Rehabilitation Elevator

Condominium Housing for the Elderly Redevelopment _____

Land Development Mobile Home Court 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>22</u> Bedroom Units ----- x \$ _____ = \$ _____			
Number of <u>322</u> Bedroom Units ----- x \$ _____ = \$ _____			
Number of <u>1222</u> Bedroom Units ----- x \$ _____ = \$ _____			
Number of <u>12222</u> Bedroom Units ----- x \$ _____ = \$ _____			
Number of <u>122222</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 Carrot Rate ----- %		\$ _____	
d. Sum of Above Rates ----- %		\$ _____	
e. Net Income ----- \$ _____ x _____ %		\$ _____	
f. Annual Ground Rent \$ _____ + Annual Spec. Ass'm'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, <u>22</u> (ii) Acquisition Cost, <u>22</u> (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 Consultant 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) <u>22</u> Purchase Price of Property (To be Acquired) -----		\$ _____	
h. Item e Plus Item f <u>22</u> 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 _____ % -----		\$ _____	

CRITERIA	(COL. 1)	(COL. 2)	(COL. 3)
8. AMOUNT BASED ON SUM OF UNIT MORTGAGE AMOUNTS -----			\$ _____
9. AMOUNT BASED ON ESTIMATED COST TO MORTGAGOR:			
a. Total Estimated Cost (Exclusion of Site and Required Construction Off the Site) -----	\$ _____		
b. Purchase Price of Site -----	\$ _____		
c. Total Cost of Clearing Site, if any -----	\$ _____		
d. Expense of Relocating Occupants, if any -----	\$ _____		
e. Cost of Off-Site Construction, if any -----	\$ _____		
f. Sum of Item a through Item e -----	\$ _____	\$ _____	
g. Item f x _____ % -----	\$ _____		\$ _____

MAXIMUM INSURABLE MORTGAGE (Lowest of the Foregoing Criteria) ----- \$ _____

II - TOTAL REQUIREMENTS FOR SETTLEMENT

PART A -	PART B -
1. Development Cost -----	1. FEES NOT TO BE PAID IN CASH:
2. Land Indebtedness (or Cash Required for Land Acquisition) -----	a. BSFRA -----
3. Subtotal (Line 1 + 2) -----	b. Architect (Design) -----
4. Mortgage Amount -----	c. Builder's Profit -----
5. Fees not to be Paid in Cash -----	d. Other -----
6. Line 4 + Line 5 -----	TOTAL TO PART A, LINE 5 -----
7. Cash Investment Required (Line 3 minus Line 6) -----	2. COMMITMENT, MKTG., FEES & DISCOUNTS:
8. Initial Operating Deficit -----	a. Fees: GNMA -----
9. Commitment, Marketing Fees, Discount(s) -----	FNMA -----
10. Working Capital -----	Other -----
11. Off-Site Construction Costs -----	b. Discount(s) Perm. Loan -----
12. TOTAL ESTIMATED CASH REQUIREMENT (Lines 7+8+9+10+11) --	Constr. Loan -----
	TOTAL TO PART A, LINE 9 -----
	3. WORKING CAPITAL:
	a. Working Capital -----
	b. Gross Rent During Construction -----
	c. N/E items not included in Mortgage -----
	TOTAL TO PART A, LINE 10 -----

FRONT MONEY ESCROW, IF ANY, DETERMINED BY SUBTRACTING LINE 6 AMOUNT FROM LINE 1 AMOUNT. \$ _____

III - SOURCE OF FUNDS TO MEET CASH REQUIREMENTS

SOURCE:	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AVAILABLE CASH FOR PROJECT -----	\$ _____

IV - RECOMMENDATIONS, REQUIREMENTS AND REMARKS

RECOMMEND APPROVAL - SUBJECT TO CONDITIONS STATED BELOW, IF ANY

RECOMMEND REJECTION FOR REASONS STATED BELOW:

Remarks: _____

Date _____ (Signed) _____ Processor, Technician or Examiner

Date _____ Approved Rejected (Signed) _____ Chief Deputy Chief "Finance & Mortgage Credit" or "Mortgage Credit" Section