APPENDIX 11

PROPOSED DATA ELEMENTS
SECTION 542(C)
(Risk Sharing Program)
Subject to Revision

HOUSING FINANCE AGENCY INFORMATION

THIS INFORMATION WILL BE PUT INTO THE SYSTEM BY FO STAFF BASED ON INFORMATION RECEIVED FROM HFAs AT REQUEST FOR HUD-RETAINED REVIEW

PROJECT SPECIFIC INFORMATION

(FO input)
HFA
HFA "Pick One" screen pops up

HUD Regional Office
HUD Office Jurisdiction

Designated HUD Field Office
The HUD Field Office within States under the jurisdiction of more than one Field Office. This office is assigned the responsibility for program monitoring. (Only for State agencies).

PROCESSING STAGES

1. Date of Request for HUD Retained Reviews
   The date the HFA submits its project proposal to HUD

Section of Act 542 C - YHA

Project Name
Project Number
Project Number - Section 8
City
Street Address
State
Zip Code
Congressional District

Project Census Tract
Project County Code
PMSA
Superseded Project No.
#__________________

Mortgage Amount
Total Number of Units
   Number of Section 8 Units
Occupant type
Sponsor/Mortgagor Type
Production Method
New Construction
Rehab
Acquisition
Refinancing

Military Impact Area    No
Yes (if yes, no further processing)

Previous Participation  1 character code (A or D) Date

Environmental Review  1 character code (A or D) Date

Intergovernmental Review (one date - four codes)
1 - N/A
2 - No Objections
3 - Objections Resolved
4 - Objections Not Resolved

Date

Market Comments   Yes    No   Date

Subsidy Layering Review
Yes
No

Date

2. Date of HUD Firm Approval Letter
3. Application Rejected   Date
4. HFA Withdrew Application   Date
5. Reopen Reject Date

Initial Endorsement Date, if applicable
Final Endorsement Date

Remarks - Housing Development

Risk Apportionment Percentage
The amount of risk the HFA assumes for this project. 10, 25, 50 - 90 percent in increments of 10 percent.

THIS INFORMATION WILL COME FROM THE HFA ON A DISKETTE TO THE FIELD OFFICE

Initial Endorsement Yes No
Final Endorsement Yes No

Addendum to the Risk Sharing Agreement for the project.
Yes No
(If no, a warning or flag)

Total
# Units Affordable by families at:

50% median income  #units ______ % _______
A project in which at least 20 percent of the units are affordable to families whose incomes do not exceed 50 percent of the median income for the area or at least 40 percent [25% in N.Y.C.] of the units are affordable to families whose incomes do not exceed 60 percent of the median income for the area.

<table>
<thead>
<tr>
<th>Type of Building</th>
<th>Total Buildings in Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Built</td>
<td></td>
</tr>
<tr>
<td>Unit Type (#of bedrooms)</td>
<td></td>
</tr>
<tr>
<td>Units Efficiency</td>
<td></td>
</tr>
<tr>
<td>Units One Bedroom</td>
<td></td>
</tr>
<tr>
<td>Units Two Bedroom</td>
<td></td>
</tr>
<tr>
<td>Units Three Bedroom</td>
<td></td>
</tr>
<tr>
<td>Four Plus Bedroom</td>
<td></td>
</tr>
<tr>
<td>Units Elderly</td>
<td></td>
</tr>
<tr>
<td>Units Handicapped</td>
<td></td>
</tr>
<tr>
<td>Non-revenue Units</td>
<td></td>
</tr>
<tr>
<td>Units - Total</td>
<td></td>
</tr>
<tr>
<td>SRO</td>
<td></td>
</tr>
<tr>
<td>B&amp;C</td>
<td></td>
</tr>
<tr>
<td>Non-Elderly</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial Square PT</th>
<th>Elevator</th>
<th>Non-Elevator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement Cost</td>
<td>$_________</td>
<td></td>
</tr>
</tbody>
</table>

| Acquisition Cost | Cost for the acquisition of an existing or rehab project. | $______________|
|------------------|--------------------------------------------------------|

| Per Unit Expenses | Total annual project expenses on $ cost per unit basis | $______________|
|-------------------|--------------------------------------------------------|

<table>
<thead>
<tr>
<th>Debt Service Coverage</th>
<th>Loan to Value Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan to Replacement Cost</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mortgagor Name</th>
<th>Type of Permanent Financing Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bond Interest Rate</td>
<td>Variable Bond Rate Y N</td>
</tr>
<tr>
<td>Maturity Date</td>
<td>Mortgage Term in Months</td>
</tr>
<tr>
<td>Holding Mortgagee Number</td>
<td>Servicing Mortgagee Number</td>
</tr>
</tbody>
</table>
1st MIP Paid Amount
1st Payment Date

Financed with/Tax Exempt Bonds
Tax Credit Financing  Yes No

Special Financing Grants and Loans

Federal Loans
Federal Grants
State Loans
State Grants
Local Loans
Local Grants
Other with remarks

Mortgage Insurance Premium

HFA's Fees  $___________ Total
Other Fees, if any  $___________

Initial Operating Deficit
Term of Deficit Escrow in months