

**DESCRIPTION OF THE PROJECT(S)**

EACH PROPERTY HAS A "DEAL SHEET" IN THE MASTER BINDER  
(SAMPLE DEAL SHEET)

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

The project is  newly constructed (or)  acquired and rehabilitated (Yr. Built \_\_\_\_\_)

Placed in service on: \_\_\_\_\_

Legal Owner  SMDC (or)  
 \_\_\_\_\_, of which SMDC is the  
 general partner; limited partner is \_\_\_\_\_  
 sponsoring agency.

Target population: \_\_\_\_\_ (income levels, special needs)

**Project financing:**

- Federal low income housing tax credits amount: \$ \_\_\_\_\_
  - HOME (\_\_\_\_\_ is the PJ) amount: \$ \_\_\_\_\_
  - Housing Trust Fund amount: \$ \_\_\_\_\_
  - "first-position" bank loan \_\_\_\_\_ amount: \$ \_\_\_\_\_  
*(Name of bank)*
  - subordinate loan from \_\_\_\_\_ amount: \$ \_\_\_\_\_
  - other: \_\_\_\_\_ amount: \$ \_\_\_\_\_
  - other: \_\_\_\_\_ amount: \$ \_\_\_\_\_
- Total Project Cost: \$ \_\_\_\_\_

No. of buildings \_\_\_\_\_ Total No. of Units: \_\_\_\_\_

Unit Type	No. of Units	Target Income (% of AMI)	Area in Sq. Ft.	Comments
Studio				
1 BR,				
1 BR,				
2 BR				
2 BR				
3 BR				
3 BR				
4 BR				
4 BR				
Other				
Other				
Totals				

**SUMMARY OF MOST RESTRICTIVE PROJECT REQUIREMENTS**

Special Needs Population: \_\_\_\_\_ No. of Units: \_\_\_\_ Preference or Requirement?  
(circle)

Source: \_\_\_\_\_

Maximum Rents \_\_\_\_\_ units at \_\_\_\_% AMI (area median income); \_\_\_\_ units at  
\_\_\_\_% AMI

Rent increase restrictions:

Source: \_\_\_\_\_

Tenant Incomes at Initial Occupancy: \_\_\_\_ units at \_\_\_\_% AMI \_\_\_\_ units at \_\_\_\_% AMI  
at Recertification:

Source: \_\_\_\_\_

Lease Restrictions

Prior Approval of Lease and/or changes required

Minimum Lease Term: \_\_\_\_\_

Good cause eviction? \_\_\_\_\_

Grievance Procedure? \_\_\_\_\_

Special Notice Provisions \_\_\_\_\_

Source: \_\_\_\_\_

Reserves

Replacement Reserve: \$ \_\_\_\_\_ per unit per year

Operating Reserve: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Insurance

Property insurance \$ \_\_\_\_\_ (coverage amount)

Liability insurance \$ \_\_\_\_\_ (coverage amount)

Rent loss insurance \_\_\_\_\_ months

Name funder as additional or named insured? (circle appropriate)

Notice to funder required before termination? No. of Days: \_\_\_\_\_

Source: \_\_\_\_\_

Reports

Audit

Other financial statements?

Other reports:

Frequency (monthly/quarterly/annually/other):

Source: \_\_\_\_\_

Monitoring

Site visit every \_\_\_\_ years, starting \_\_\_\_\_ (year)

Source: \_\_\_\_\_

Number of Yrs Restrictions in Place

\_\_\_\_\_ yrs. Expiration Date:

Source: \_\_\_\_\_