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 (Name of bank)    amount: $ ________
☐ subordinate loan from ________________________    amount: $ ________
☐ other: ________________________    amount: $ ________
☐ other: ________________________    amount: $ ________

Total Project Cost: $ ________

No. of buildings____   Total No. of Units: ________

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>No. of Units</th>
<th>Target Income (% of AMI)</th>
<th>Area in Sq. Ft.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 BR,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 BR,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 BR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: ______________________