

Appendix 1

PROPOSED DELEGATION OF PROCESSING
Exhibit One: Schedule of Projects
(Section 202 Program)

To: _____
Delegated Processing Agency

FROM: _____
HUD Multifamily Hub/Program Center with Jurisdiction

Sponsor's Name: _____

Sponsor's Address: _____

Project Name: _____

Project Address: _____

Congressional District: _____

Project Number: _____

Capital Advance Amount: _____

PRAC Number: _____

PRAC Amount: _____

Owner Type:

- Nonprofit
- Limited Partnership

Production Method:

- New Construction
- Rehabilitation
- Acquisition with or without repairs

Building Type _____

- Elevator
- Non-Elevator

Total Buildings in Project _____

Year Built _____

Number of PRAC Assisted Units _____

Number of Non-PRAC Assisted Units _____

Total Number of Units in the Project _____

Unit Type (# of bedrooms) _____
 Units Efficiency _____
 Units One Bedroom _____
 Units Two Bedroom _____
 Non-revenue Units _____
 Total _____

Additional Financing

_____ Tax Exempt Bonds
 _____ Tax Credits
 _____ 4 Percent Low Income _____ 9 Percent Low Income
 _____ Historic Preservation _____ New Market
 _____ Federal Loans
 _____ Federal Grants
 _____ State Loans
 _____ State Grants
 _____ Local Loans
 _____ Local Grants
 _____ HOME Funds
 _____ Loan from Federal Home Loan Bank
 _____ Other with remarks

Remarks _____

Authorized Signatory for HUD Date

Accept the Assignment _____ Yes _____ No.
 _____ Level I _____ Level II

Authorized Signatory for the DPA Date