Rental Rehabilitation Program Demonstration Property Data Sheet

HI 00494 R

U.S. Department of Housing and Urban Development
Office of Community Planning

and Development





(To be submitted for each property within IV. Financial Structure of Projects 45 days of completion of construction) A. Did project involve: (Circle appropriate category number) 5 1 0 6 Rehabilitation only Name of Person Completing Form Acquisition and rehabilitation* 2 Phone Number of Person Completing Form Refinancing and rehabilitation' 3 *Note: If project includes either acquisition or refinancing, these costs should be Name of Community included in B below. State B. Total Development Costs (See note above) 50\$ _______.55 Area Office **Total Rehabilitation Costs** (Hard and Soft) 56\$ 1 ساتشا وأس 1.61 17 L L D. Private Loan Funds Date project completed 62\$ _______.67 Interest Rate at Loan Closing 68 _____%70 Amortization Period (years) **Location and Ownership Characteristics** 71 _______ 72 Address of property rehabilitated Describe special conditions (e.g., balloons, adjustable rates, etc.) if applicable. 5 1 1 2 16 1980 Census Tract Number Type of ownership (Circle appropriate category number) 7 _______ 8 Individual E. Total CDBG Funds Partnership 2 Direct Loan 15\$ _______.20 Corporation 3 ___ 27 Interest Rate at Loan Closing Other 4 21 _____ 23 Amortization Period (years) Unknown 9 24 _____ 25 Describe other Grant Deferred Payment Loan (DPL) 37 ا ا ا ا Interest Rate How much of the loan is forgiveable? 41\$ I 46 وليل Name of Owner Describe the conditions of the Deferred Payment Loan. Address of Owner **∟** ⊔ 30 Phone Number of Owner II. Property Characteristics Prior to Rehabilitation 47 _____ 48 Total in Number Avg. Rent of Туре Describe any other special conditions to the use of Unit Building Occupied Occupied Units of the CDBG funds. Efficiency 31 _____ 32 33 _____ 34 35\$ ______37 1 Bedroom 38 [] 39 40 _____ 41 42\$ | | | 44 2 Bedroom 45 _____ 46 47 _____ 48 49\$ ______-51 3 Bedroom 52 _____ 53 56\$ ______-58 54 _____ 55 4 or more Bedrooms 611 | 162 63\$ _____.65 F. Other Public Funds 51\$ L Non-residential Describe source (e.g. UDAG, DOE, Historic Preservation), Units 66 _____ 67 68 | | | | | | | | | | | | | | | 70\$ | | | 1.72 terms, conditions, etc. of any other public funds. Dup. Cols. 5 1 1 6 III. Property Characteristics After Rehabilitation 57 _____ 58 Total in Avg. Rent of Number of Unit **Building** Occupied **Occupied Units** G. Other Private Funds Efficiency ____8 9 _______ 10 11\$ _____-13 (i.e., cash contribution from owner, excluding any 1 Bedroom 14 ______ 15 16 _____ 17 18\$ _______.20 accumulated equity in property) Describe source of other public funds. 2 Bedroom 21 _____ 22 23 | 24 25\$ | | | | .27 3 Bedroom 28 _____ 29 30 _____ 31 32\$ ______.34 4 or more Bedrooms 35 _____ 36 37 | | 1 | 1 | 38 39\$ | | | | | 1.41 Non-residential Units 42 43 44 _____ 45 46\$ ______.48 65 I I

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Households Staying in Building Total Number That Received Sec. 8 That Received Sec. 8 Total Stayed Demo. Certificates
(a) (b)
-13 21
23 24 25 13 26 27 1
37 1 40 41 40 41
61 52 53 1 54 55 1 1 5
69 (1) 69 (1) 69 (1) 69
9 13 15 17 17 18

VI. Characteristics of Households Moving into Building After Rehabilitation