



Schedule of Projects

(Section 202 Program)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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To: _____
Delegated Processing Agency

From: _____
HUD Multifamily Hub/Program Center with Jurisdiction

Sponsor's Name: _____
Sponsor's Address: _____
Project Name: _____
Project Address: _____
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