



# Schedule of Projects

## (Section 202 Program)

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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