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Do not send this completed form to either of the above addresses.

Act of 1992, as amended Multifamily Housing Property Disposition Reform of 1994 and Section 531 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1998, P.L. 105.65, 1998. The Comprehensive Needs Assessment is a description of current and future financial resources and needs of certain multifamily projects. The information provided on this form will enable the Department to determine the amounts of grant assistance. Furnishing the information is voluntary; however, failure to provide it may result in your not receiving your grant assistance.
Disclosure of this information is voluntary.

Authority: The United States Department of Housing and Urban Development (HUD) is authorized to collect this information by Title IV of the Housing and Community Development

| Basic Identification | | |
|-----------------------------|--|--|
| 1 | FHA/Project Number | |
| 2 | Project Name & Address | |
| 3 | Contact Name | |
| 4 | Telephone Number | |
| 5 | Comprehensive Needs Assessment (CNA) Completed Date | |
| 6 | Assessor Name & Address | |
| 7 | Contact name | |
| 8 | Telephone Number | |
| 9 | Owner/Management Agent Name & Address | |
| 10 | Contact Name | |

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|--------------------------------------|--|--|
| 11 | Telephone Number | |
| 12 | Section of the Act (includes purchase money mortgages) | |
| 13 | Enter a number: 1=FHA-insured 2=HUD held 3=State agency | |
| 14 | Enter a number 1=Elderly 2=Family 3=Other | |
| 15 | Date of Final Endorsement/Closing | |
| 16 | Date of mortgage maturity | |
| 17 | Mortgage Unpaid Principal Balance | |
| 18 | Reserve Fund for Replacements Balance | |
| 19 | Residual Receipts Balance | |
| Subsidy Type by Dwelling Unit | | |
| 20 | Section 8 NC/Sub Rehab Units including 202/8 | |
| 21 | Section 8 Loan Mgmt. Set Aside Units | |
| 22 | Section 8 Property Disposition Units | |
| 23 | Rent Supplement Units | |
| 24 | Rap Units | |
| 25 | Total Rent-Subsidized Units | |
| Basic Identification | | |
| 26 | Non Rent-Subsidized Units | |
| 27 | Total Units | |
| 28 | Vacant Units | |
| 29 | Households Surveyed | |
| 30 | Households Responded | |

| Assessment Needs | | | | | | | |
|----------------------------|-----------------------------|--------------------|-------------------------------|--------------------------------|---|-------------------------------------|---|
| A Item Number | B Item Name | C Year 1 | D Years 2 thru 8 | E Years 9 thru 15 | F Total Years 1 thru 15 | G Years 16 thru 20+ | H Total Years 1 thru 20+ |
| Environmental | | | | | | | |
| 31 | Asbestos | | | | | | |
| 32 | CFC's | | | | | | |
| 33 | Lead-Based Pain | | | | | | |
| 34 | PCB's | | | | | | |
| 35 | Underground Storage Tanks | | | | | | |
| 36 | Total Environmental | | | | | | |
| Exterior | | | | | | | |
| 37 | Walls, Foundations | | | | | | |
| 38 | Roofs, Flashing, Vents | | | | | | |
| 39 | Gutters, Downspouts | | | | | | |
| 40 | Walks, Steps, Rails | | | | | | |
| 41 | Fences, Walls, Gates | | | | | | |
| 42 | Porches, Balconies | | | | | | |
| 43 | Fire Escapes | | | | | | |
| 44 | Doors, Windows, Screens | | | | | | |
| 45 | Garages, Carports | | | | | | |
| 46 | Storage, Utility Buildings | | | | | | |
| 47 | Swimming Pools | | | | | | |
| 48 | Benches, Play areas | | | | | | |
| 49 | Project Signs | | | | | | |
| 50 | Parking Lots, Paving, Curbs | | | | | | |
| 51 | Lawns, Plantings | | | | | | |
| 52 | Drainage, Sprinkler System | | | | | | |
| 53 | Exterior Lighting | | | | | | |
| 54 | Exterior Painting | | | | | | |
| 55 | Underground Utilities | | | | | | |
| 56 | Security System | | | | | | |
| 57 | Other exterior (explain) | | | | | | |
| 58 | Total exterior | | | | | | |
| Interior | | | | | | | |
| 59 | Insulation | | | | | | |
| 60 | Caulking, Weather Stripping | | | | | | |
| 61 | Flooring | | | | | | |
| 62 | Stairs, Halls | | | | | | |
| 63 | Doors, Cabinets, Closets | | | | | | |
| 64 | Curtains, Shades | | | | | | |
| 65 | Major Kitchen Appliances | | | | | | |
| 66 | Electric Fixtures & Systems | | | | | | |
| 67 | Plumbing Fixtures & Systems | | | | | | |
| 68 | Heating & Air Conditioning | | | | | | |

| Assessment Needs | | | | | | | |
|---|---|--------------------|-------------------------------|--------------------------------|---|-------------------------------------|---|
| A Item Number | B Item Name | C Year 1 | D Years 2 thru 8 | E Years 9 thru 15 | F Total Years 1 thru 15 | G Years 16 thru 20+ | H Total Years 1 thru 20+ |
| Interior | | | | | | | |
| 69 | Hot Water & Boiler Systems | | | | | | |
| 70 | Laundry Rooms | | | | | | |
| 71 | Interior Lighting | | | | | | |
| 72 | Interior Painting | | | | | | |
| 73 | Elevators | | | | | | |
| 74 | Fire Safety/Detection/Prevention | | | | | | |
| 75 | Other Interior (explain) | | | | | | |
| 76 | Total Interior | | | | | | |
| Commercial, Recreation, Learning Centers | | | | | | | |
| 77 | Commercial Kitchens | | | | | | |
| 78 | Congregate Dining Rooms | | | | | | |
| 79 | Day Care Centers | | | | | | |
| 80 | Recreation Rooms | | | | | | |
| 81 | Community Spaces | | | | | | |
| 82 | Other Commercial (explain) | | | | | | |
| 83 | Total Commercial | | | | | | |
| Additional Needs | | | | | | | |
| 84 | Section 3 Compliance in addition to above | | | | | | |
| 85 | Section 504 in addition to above | | | | | | |
| 86 | Supportive Services | | | | | | |
| 87 | Drug Prevention | | | | | | |
| 88 | Crime Prevention | | | | | | |
| 89 | Personal Needs | | | | | | |
| 90 | Modernization Needs | | | | | | |
| 91 | Total Additional Needs | | | | | | |
| 92 | Total Assessment Needs | | | | | | |

| Resources | | | | | |
|----------------------------|---|-------------------------------|---------------------------------|--------------|--|
| A Item Number | B Item Name | I As of CNA Date | J Future Resources | Notes | |
| 93 | Flexible Subsidy Operating Assistance | | | | |
| 94 | Flexible Subsidy CILP Loan | | | | |
| 95 | Section 241 Loan | | | | |
| 96 | Loan Mgmt.. Set Aside (5 yr. Contract) | | | | |
| 97 | Section 223(a)(7) | | | | |
| 98 | Low Income Housing Tax Credits | | | | |
| 99 | Debt Restructuring | | | | |
| 100 | Owner Contributions through TPA (Transfer of Physical Assets) | | | TPA Date: | |
| 101 | Owner Contributions (excluding TPA) | | | | |
| 102 | Private Contributions | | | | |
| 103 | HOME Funds | | | | |
| 104 | CDBG Funds | | | | |
| 105 | State/Local Funds | | | | |
| 106 | Secondary Loans | | | | |
| 107 | Rent Increase (yr. 1 only) | | | | |
| 108 | Other Assistance (explain) | | | | |
| 109 | Total Resources | | | | |

Explanations:

Explanations:

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; U.S.C. 3729, 3802)

Assessor's Name (Please type or print)

Assessor's Title (Please type or print)

Assessor's Signature

Date Signed: