

**Public Reporting Burden** for this collection of information is estimated to average 40 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0505), Washington, DC 20503.  
**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	

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	
<b>Subsidy Type by Dwelling Unit</b>		
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	
<b>Basic Identification</b>		
26	Non Rent-Subsidized Units	
27	Total Units	
28	Vacant Units	
29	Households Surveyed	
30	Households Responded	

<b>Assessment Needs</b>							
<b>A</b> Item Number	<b>B</b> Item Name	<b>C</b> Year 1	<b>D</b> Years 2 thru 8	<b>E</b> Years 9 thru 15	<b>F</b> Total Years 1 thru 15	<b>G</b> Years 16 thru 20+	<b>H</b> Total Years 1 thru 20+
<b>Environmental</b>							
31	Asbestos						
32	CFC's						
33	Lead-Based Pain						
34	PCB's						
35	Underground Storage Tanks						
36	Total Environmental						
<b>Exterior</b>							
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						
<b>Interior</b>							
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						

<b>Assessment Needs</b>							
<b>A</b> Item Number	<b>B</b> Item Name	<b>C</b> Year 1	<b>D</b> Years 2 thru 8	<b>E</b> Years 9 thru 15	<b>F</b> Total Years 1 thru 15	<b>G</b> Years 16 thru 20+	<b>H</b> Total Years 1 thru 20+
<b>Interior</b>							
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						
<b>Commercial, Recreation, Learning Centers</b>							
77	Commercial Kitchens						
78	Congregate Dining Rooms						
79	Day Care Centers						
80	Recreation Rooms						
81	Community Spaces						
82	Other Commercial (explain)						
83	Total Commercial						
<b>Additional Needs</b>							
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						

<b>Resources</b>					
<b>A</b> Item Number	<b>B</b> Item Name	<b>I</b> As of CNA Date	<b>J</b> Future Resources	<b>Notes</b>	
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:**