Rental Housing Finance Survey Questionnaire **A.** Property **B.** Owner/Manager identification 938592759275 This is a finance survey that covers all units in the property associated with the above address. A property consists of all the units and structures that are managed and owned together as a whole and may consist of more than one structure, postal address, or parcel of land. A structure is a building in which there are living quarters, either occupied or vacant. The questions are about the characteristics, both physical and financial, of the property as well as management related expenses. C. Are you currently the owner of the property associated with item A above? ☐Yes — Continue to question 1 on page 2 No D. Can you provide the name, address, and telephone number of the current owner or manager of the property? After obtaining below information, interview is concluded. Yes _____ Title:_____ Organization: _____ Address:____ City: _____ State: ___ Zip Code: _____ Telephone number (including area code):

No, don't know contact information of owner or manager

	Number of residential units	Number of floors	
Building 1			
Building 2			
Building 3			
Building 4			
Building 5			
Building 6			
Building 7			
Building 8			
Building 9			
Building10			
YEAR	was the most recent building or	n the property constructed (if applicable)?	
Owned or A manufact None of the b. Is the propert Mark (X) only A housing p A condomi Primarily s An assisted Some other	leased by a public housing authorized housing community? — above y associated with the address in ONE box. Property, not a condominium, which are LEAST 10 units student housing, not owned or a living facility with separate living type of property? — If	If yes, end interview If yes, end interview If yes, end interview If item A on page 1 — with two or more units intended for rent? for rent and one common owner? administered by an educational institution? wing quarters intended for rent?	
YEAR	as the property acquired? lieve is the current market valu	ue of this property?	
\$			

${f 5.}$ Of the total residential units identified in question 1, how many are-

	O bedroom/	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedrooms or
	efficiency					more
Owner-occupied?						
Renter-occupied?						
Vacant for rent?						
Occupied by property personnel?						
Vacant intended for property personnel?						
Not for rent?						

6. How many residential units identified in question 5 as renter-occupied or vacant for rent are offered at each level of rent?

	O bedroom/ efficiency	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedrooms or more
No rent						
Less than \$200						
\$200 - \$224						
\$225 - \$249						
\$250 - \$274						
\$275 - \$299						
\$300 - \$349						
\$350 - \$399						
\$400 - \$449						
\$450 - \$499						
\$500 - \$549						
\$550 - \$599						
\$600 - \$649						
\$650 - \$699						
\$700 - \$749						
\$750 - \$799						
\$800 - \$899						
\$900 - \$999						
\$1000 - \$1099						
\$1100 - \$1249						
\$1250 - \$1499						
\$1500 - \$1999						
\$2000 - \$2499						
\$2500 or more						

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7. Of the units identified in question 5 as ren	ter-occi	unied	or vacant for rent, what is the value of rent concessions	
offered to new or existing tenants?		-р	01 (M0011 101 101 101 101 101 101 101 101 10	
Mark (X) only ONE box.				
□ No rent concessions				
Less than one month's rent				
1 month's rent				
Between 1 and 2 months' rent				
2 months' rent				
Between 2 and 3 months' rent				
3 or more months' rent				
8. Are any residential units identified in que	stion 5 s	subjec	t to legal age restriction?	
☐ Yes				
□ No				
				_
	re subj	ect to	rent control or stabilization (not associated with a subsidy	
program)?				
Units				
OR				
None				
10 **			0.11	
10. How many parking spaces are provided	for resid	dents	of this property?	
Spaces				
11 A., 4b. 6.11	49			
11. Are the following items included in the r	ent? Yes	No	Not Present	
A Electricity				
B Gas or oil	H	H		
C Water	H	H	Ä	
D Trash collection	- Ti	Ħ.		
E Parking	$\overline{}$	\Box		
F Fitness center		ō		
G Laundry				
H Swimming pool				
I Concierge			П	
	_	_	_	

12a. Using the last year for which you have complete records, what were the total actual receipts from rent for all residential housing units on this property? b. For what twelve month period are the receipts above reported? From
From MONTH YEAR MONTH YEAR c. What would total receipts from residential rent have been if the property were fully occupied during this period? 13. Is there any space specified for commercial uses in this property – i.e., nonresidential units such as a rental office, doctor's office or any other business establishments? Yes No Skip to question 15a 14a. About what percent of the total floor space in this property is used for commercial (nonresidential) purposes? Percent b. Using the last year for which you have complete records, what were the total actual receipts from commercial rent for all such units in this property?
\$ 13. Is there any space specified for commercial uses in this property – i.e., nonresidential units such as a rental office, doctor's office or any other business establishments? Yes No Skip to question 15a 14a. About what percent of the total floor space in this property is used for commercial (nonresidential) purposes? Percent b. Using the last year for which you have complete records, what were the total actual receipts from commercial rent for all such units in this property?
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\$
c. For what twelve month period are the receipts above reported? From To To MONTH YEAR MONTH YEAR
15a. Who has the responsibility for the day-to-day management of the property? Mark (X) only ONE box. Property owner Management agent directly employed by owner Management company Skip to question 16 b. On a monthly basis, how many hours does the owner spend in the management of this property? Hours

			Yearly Co	st	OR N	one	
A	Payroll costs for employees hired directly by owner	er \$					
В	Real estate property taxes	\$					
C	Insurance	\$					
D	Utilities paid by the owner	\$					
Е	Maintenance and repairs	\$					
F	Management company	\$					
G	Other professional services (legal, accounting)	\$					
Н	Other operating expenses – Specify	\$					
		\$					
		\$					
at this	g calendar years 2009 or 2010, were any of the follow property? If so, what were their associated costs? (X) ALL that apply.						
			2009 2				
			2009 2 Yes	<u>s</u>	Cost		
	Heating or air conditioning system			s \$	Cost		
В	Roof			s \$ \$ \$ \$ \$ \$ \$	Cost		
B C	Roof Windows			s	Cost		
B C D	Roof Windows Doors			s	Cost		
B C D E	Roof Windows Doors Flooring/carpeting			s	Cost		
B C D E F	Roof Windows Doors Flooring/carpeting Exterior			S	Cost		
B C D E F	Roof Windows Doors Flooring/carpeting Exterior Plumbing system			S	Cost		
B C D E F G	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system			S	Cost		
B C D E F G H	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities			S	Cost		
B C D E F G H I	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities			S	Cost		
B C D E F G H I J	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system			S	Cost		
B C D E F G H I J K	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system Swimming pool			S	Cost		
B C D E F G H I J K L	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system Swimming pool Playground or play area			S	Cost		
B C D E F G H I J K L	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system Swimming pool Playground or play area Handicapped/universal access			S	Cost		
B C D E F G H I J K L	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system Swimming pool Playground or play area			S	Cost		
B C D E F G H I J K L	Roof Windows Doors Flooring/carpeting Exterior Plumbing system Electrical system Kitchen facilities Bathroom facilities Security system Swimming pool Playground or play area Handicapped/universal access			S	Cost		

18. How would you best describe the current ownership entity?	
Mark (X) only ONE box.	
Individual investor, including joint ownership by two or more individuals such as husband and wife	
Trustee for estate	
Limited liability partnership	
Limited liability company	
Tenant in common	
General partnership	
Real Estate Investment Trust (REIT)	
☐ Life insurance company	
Financial institution other than life insurance company	
Pension fund or retirement fund	
Real estate corporation	
Corporation other than real estate corporation	
☐ Housing cooperative organization or stock cooperative	
Non-profit (including religious institution, labor union, or fraternal organization)	
☐ Other kind of institution — Specify	
19a. Is there a mortgage or similar debt on this property?	
┌ □ Yes	
□ No → Skip to question 36a	
lack lack	
b. How many mortgages or similar debts are there on this property?	
Mortgages or similar debts	
20. Is the debt on this property a-	
Yes No	
Mortgage, deed of trust, or trust deed?	
Contract to purchase, land contract, or purchase agreement?	
Line of credit secured by the property or a property equity loan?	
Some other loan secured by the property (not personal loans or consumer finance loans)	
21. With regards to the debt on this property-	
Yes No Don't Know	
A Was a personal guarantee required?	
B Was there cross-collateralization?	
C Were there any other properties included in this first mortgage?	
were there any other properties included in this first mortgage:	
	7

22a. When did the current FIRST mortgage loan on this property originate? MONTH YEAR	
b. What was the original principal balance?	
c. What was the appraised value of the property at time of origination? \$	
23. Is the current FIRST mortgage on this property— The same mortgage that was assumed when the property was acquired? A new mortgage that was placed when the property was acquired? A refinancing of a previous loan? A mortgage placed on a property previously owned free and clear of debt? A construction loan converted to permanent financing? Skip to question 25	
24. Where did you get the current FIRST mortgage on this property? Mark (X) ALL that apply. Commercial bank or trust company Savings and loan association, Federal savings bank, mutual savings bank Life insurance company Mortgage bank or mortgage company Real Estate Investment Trust (REIT) Pension fund or retirement fund Credit union Finance company (including consumer discount company, industrial bank, cooperative bank) State or municipal government or housing finance agency Individual or individual's estate Other- Specify	
25. Who do you make your current FIRST mortgage payments to? Mark (X) only ONE box. Commercial bank or trust company Savings and loan association, federal savings bank, mutual savings bank Mortgage bank or mortgage company Life insurance company Conventional mortgage pool (not guaranteed by FHLMC, FNMA, or GNMA) Loan servicing company Credit union Finance company (including consumer discount company, industrial bank, cooperative bank) State or municipal government or housing finance agency Individual or individual's estate Other – Specify	
☐ Don't know	8 /

26a. What is the term of the loan on the property's current FIRST mortgage? Years	
 b. Is there a large payment due at the end of the loan term (a "balloon paymeriod of time ("fully amortized")? Balloon payment Fully amortized 	nent"), or is the loan paid in full after a
27. What type of mortgage is the current FIRST mortgage on this property? Mark (X) only ONE box and answer ONLY corresponding questions. A. Fixed-rate, level payment— What is the current annual interest rate? B. Adjustable-rate mortgage (ARM)— I. What is the current annual interest rate? II. How frequently can the interest rate change? Once every— Mark (X) only ONE box.	Month 3 months 6 months 1 year 3 years 5 years Other - Specify
III. What is the market index? For Treasury security rate, specify the term of the rate such as, 3 year rate.	☐ Treasury rate ☐ Years ☐ LIBOR ☐ Prime rate ☐ 11 th District cost of fund index ☐ National average cost of funds ☐ OTS contract mortgage rates ☐ Adjustment not based on index ☐ Other – Specify
IV. What is the margin over index?	\tag{1.}\\\\

28a. How much are the regularly required mortgage payments on the property's current FIRST mortgage?	/
\$	
OR	
☐ No regular payments required ☐	
Skip to question 29	
b. How often are these payments made?	
☐ Biweekly (every 2 weeks)	
Monthly	
Quarterly	
☐ Other – Specify	
Guici - Speeny	
c. What does this regular payment include?	
Mark (X) ALL that apply.	
☐ Principal	
☐ Interest	
☐ Property insurance	
Private mortgage insurance	
Property taxes	
Other – Specify	
□ Other - Speeny	4
29. Is the current FIRST mortgage on this property insured or guaranteed by — The Federal Housing Administration (FHA)? The Department of Veterans Affairs (VA)? The Rural Housing Service/Rural Development (formerly FmHA)? A private mortgage insurance company? State or municipal government or housing finance agency? Other- Specify	
□ Don't know?	
)

If the answer to question 19b is MORE than one, proceed to question 30. Otherwise, skip to question 36a.

	Second Mo	ortgage	Third Mortgage	Fourth Mortgage	
30. In what year was the mortgage placed/assumed?					
31. What was the original amount of the loan?	\$		\$	\$	
32. What is the regularly required payment?	\$		\$	\$	
33. How often do you make this payment?					
Mark (X) only ONE box for each mortgage.					
Bi-weekly					
Monthly					
Quarterly			П		
Other – Check AND specify below					
		<u> </u>			
34. What does this regular payment include?					
Mark (X) ALL that apply.					
Principal					
Interest					
Other – Check AND specify below					
Once Check In to specify below					
35. Is this loan insured or guaranteed by the-					
Mark (X) only ONE box for each mortgage.					
Federal Housing Administration (FHA)?					
Department of Veterans' Affairs?					
Rural Housing Service/Rural Development					
(formerly FmHA)?					
None of the above			П		
				<u> </u>	
36a. Does this property have a Section 8 cont Yes Don't know Skip to question 37a b. How many Section 8 units are on this pr Units					
37a. Do any tenants hold Section 8 vouchers? Yes No Don't know Skip to question 38a b. How many tenants hold section 8 vouch Tenants					

38a. Are any units subsidized with project-based Section 8 vouchers? Yes Don't know Skip to question 39 b. How many units are subsidized with project-based Section 8 vouchers? Units	
39. Does this property benefit from any of the following? Mark (X) ALL that apply. A government-sponsored, below-market interest rate loan A federal government rental subsidy OTHER than Section 8 payments to project or tenants – Specify	
 ☐ Housing for the elderly direct loan program (Section 202) ☐ Low income tax credit program (Section 42) ☐ A government grant (HOME, CDBG, HOPE VI) ☐ Federal income tax credit for old or historic properties (Section 38) ☐ Accelerated federal income tax depreciation for low- and moderate-income properties ☐ Subsidy from a private entity ☐ Other - Specify 	
☐ No, not subsidized ☐ Don't know	
40. For 2010, have any real estate tax abatements or refunds been received on this property for any of the following reasons? Yes No Don't Know A For historic preservation B Because the property houses low-income tenants C Because the property is in a low-income area D Because the property is in a targeted economic development area E Because of real estate tax appeal or assessment F For some other reason - Specify	

THANK YOU VERY MUCH FOR YOUR COOPERATION

END SURVEY

ADMINISTRATIVE USE ONLY

41. Please enter below the name, address, and telephone number of the OWNER of the property. Name: _____ Title:____ Organization: _____ Address: ____ City: _____ State: ___ Zip Code: ____ Telephone number (including area code): 42a. Who answered this questionnaire? Property owner — Skip to question 43a Property manager Other agent of the owner b. Please enter the name, address, and telephone number of the person who answered this questionnaire. Name: _____ Title: _____ Organization: _____ Address: ____ City: _____ State: ___ Zip Code: _____ Telephone number (including area code): 43a. Have all questions on this survey been answered? \square Yes \longrightarrow End survey - No b. Please provide a contact person who can assist with the unanswered questions: Name: Title: Organization: _____ Address: _____ City: _____ State: ___ Zip Code: ____ Telephone number (including area code): 13