**Form Approved**

**OMB No. 0575-0190**

**Multi-Family Housing Preservation and Revitalization Restructuring Program (MPR)**

**MPR**

**Pre-application**

**Instructions: Please provide the information by entering letters and numbers from left to right. Individuals place last name first, first name, then middle initial. Allow one space between names and do not use symbols like (-), ($), (#), and (,) when entering dollar mounts. Please note that electronic submittals are not on a secured site.**

**(a) Applicant's name.**

**\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_/**

**(b) Name of applicant's authorized representative.**

**\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_/**

**(c) Applicant's address.**

**Street\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/**

**Secondary address\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/**

**City\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_//**

**State\_\_/\_\_/**

**Zip Code\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/**

**(d) Applicant's telephone number.**

**\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/**

**(e) Email address.**

**\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_/**

**(f) This proposed transaction includes a transfer of ownership.**

 **Yes\_\_/ No\_\_/ (Check One)**

**(NOTE: If more than 1 property is listed in paragraph (h) below, this proposal will be considered a portfolio sale.)**

**If a transfer of ownership is involved, can you provide evidence of site control as evidenced by a binding purchase agreement for a term sufficient to complete a transfer and assumption and loan restructuring for a period extending to October 1, 2008?**

 **Yes\_\_/ No\_\_/ (Check One)**

**If a transfer of ownership has already closed, what was the date of closing? \_\_/\_\_/\_\_\_\_**

**(g) This proposal involves a consolidation of multiple projects. Yes\_\_/ No\_\_/ (Check One)**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0190. The time required to complete this information collection 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.

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**(h) Provide the following information for properties considered in this transaction:**

**Borrower ID No. Project Borrower ID No. Project**

 **ID No. ID No.**

**(1)\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (7) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(2) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (8) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(3) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (9) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(4) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (10) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(5) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (11) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(6) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ (12) \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/**

**(i) If this proposed transaction includes third party resources, please list the amounts for the following sources below:**

**Source: Amount: Funds Committed:**

**Tax Credits \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**3rd Party Loan \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**3rd Party Grant \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**Tax Exempt Financing\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**Section 538 \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**Preservation \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

 **Revolving Loan**

**Owner Rehab Funds \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ Yes\_\_/ No\_\_ (Check One)**

**(j) If vacancy percentage exceeds average physical vacancy rate over the last twelve months preceding the Pre-application filing of greater than 10% for projects of 16 units or more and 15% for projects fewer than 16 units, is there a completed market study that supports the need for the project?**

 **Yes\_\_/ No\_\_/ (Check One)**

**(k) The applicant will contribute and deposit in the property reserve account prior to closing at least $5,000 to defray transaction costs (those soft costs required to complete the transaction and include but are not limited to CNA, legal costs, appraisals and filing fees).**

**Yes\_\_/ No\_\_/ (Check One)**

**(l) What is the date of the most recent Agency-approved Capital Needs Assessment? \_\_/\_\_/\_\_\_\_**

**(m) This proposal includes new tenant services to be provided by a non-profit organization or a Government agency that will not use funding generated by project rents.**

 **Yes\_\_/ No\_\_/ (Check One)**

**(n) This proposal includes the installation of energy generation systems that will be funded by a third party.**

 **Yes\_\_/ No\_\_/ (Check One)**

**(NOTE: For MPR Pre-application eligibility requirements, please refer to Section III of the Notice of Funding Availability.)**