

**Capital Fund Financing Program Pooled
Transaction: List of Participating PHAs**

**U.S. Department of Housing
and Urban Development**

**OMB Approval No. 2577-0157
(exp. 11/30/2023)**

Public Reporting Burden for this collection of information 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. Response to this collection of information is mandatory to obtain a benefit. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is required for the approval of a Capital Fund Finance Proposal pursuant to HUD regulations 24 CFR 905. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157. The information requested does not lend itself to confidentiality.

Name of Pool: _____

| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
|----|-------------|--------------------|----------------------------------|---------------------|-------------------------|---|--|---|---------------------------------|--------------------|
| | Name of PHA | Amount of Issuance | Percentage of Pooled Transaction | Annual Debt Service | Current FY Capital Fund | Debt Service as a Percent of Capital Fund | Debt Service as Percent of Pooled Debt Service | Cost of Issuance as a Percent of Issuance | Number of Properties Modernized | Current PHAS Score |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| | TOTAL | | | | | | | | | |

Instructions:

1. Fill in the requested information for each PHA participating in the CFFP Pool. Cross-collateralization is not permitted.
2. Column (d) should include principal and interest payments, plus any other ongoing fees (e.g. trustee fees, rating agency fees, etc.).
3. Column (j) use PHAS rating name: High, Standard or Troubled.
4. If more than 17 PHAs are participating, use a second form for the remaining PHAS and provide a subtotal for the second form and grand total for the pool.