

HOME PROJECTS/PROGRAMS
PLACED IN SERVICE/FUNDED
CURRENT FISCAL YEAR

HOME Funding LIHTC

Homeowner Rehab

| | |
|---------------------|----------------|
| Fund Recipient: | Amount Funded: |
| Recipient Address: | |
| Phone Number: | |
| Fax: | |
| Management Co Info: | |
| Contact: | |
| Phone Number: | |
| | |

New Construction Multi-Family Single Family

| | |
|-----------------------|-----------------------------------|
| Project Name: | Amount Funded: |
| | Placed in Service Date: |
| Address: | Project Number: |
| | Affordability Period: |
| | Number of Units: |
| | Number of HOME Units: |
| Owners Name: | Number of Floating Home Units: |
| Owners Address: | Other Requirements per Agreement: |
| Owners Phone Number: | |
| Management Co: | |
| Contact Name: | |
| Contact Phone Number: | |

HOME Rental Rehab:

| | |
|-----------------------|-----------------------------------|
| Project Name: | Placed in Service Date: |
| Address: | Project Number: |
| | Affordability Period: |
| | Number of Units: |
| Year Built: | Number of HOME Units: |
| Owners Name: | Number of Floating Home Units: |
| Owners Address: | Other Requirements per Agreement: |
| Owners Phone Number: | |
| Management Co: | |
| Contact Name: | |
| Contact Phone Number: | |