HUD project-based Section 8

Other: Other:

## Multi-Family Housing Transfer and Assumption Review and Recommendation

# I. USDA HAS RECEIVED AN APPLICATION FOR A PRESERVATION TRANSFER AND ASSUMPTION OUTLINED BELOW:

Name of Project:									
Street Address or Pr	oject (w/zij	code)	:						
Name of Project's C	Current Own	er (Tra	nsferor)	:					
Name of Project's P	roposed Tr	ansfere	e:						
Expected Date of Tr	ansfer:								
Reason for Transfer	:								
II. LOAN INFORM	<u>MATION</u>								
As of Date:									
Lender/Lien Hold	ler	Lien/P	romissor	y Note	Date	Orig	ginal Amount	Current Balance	Current? (yes/no)
Is project eligible to Project's restrictive		ent exp	oires/exp	ired?					
III. PROJECT IN			1						
Family	Elde	erly		ongrega	ate				
Rent Information:	N		l Na in		C	Dania	Post-Transfer	Estimated Market	1
Bedroom size	No. no income		No. ir	its	Current Rei		Basic Rent	Rent in Area	
0 Bedroom	meome	units	CIT.	100	1101		Busic Item	Treme mi ricu	
1 Bedroom									
2 Bedroom									
3 Bedroom									
4 Bedroom									
Total Units									
If HUD subsidized,	is project u	nder Pl	an II?						
Tenant Subsidy at p	roject:								
		Cu	rrent	Post-T	ransfer				
USDA Rental Assist	tance (RA)								

Total sudsidized units:

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 0575-0189. 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

# IV. RESERVE ACCOUNT INFORMATION Current annual reserve transfer requirements: \_\_\_\_\_ (=\_\_\_\_ per unit) As of: Current reserve account balance Required reserve account balance Underfunded balance V. PROJECT CONDITION AND COMPLIANCE INFORMATION MFIS Classification: Date of last supervisory visit: Date of last walk-about physical inspection: Date of last compliance review: Note any accessibility issues unresolved at the project. \_\_\_\_\_ Estimated cost to correct: Note any deferred maintenance issues unresolved at the project. \_\_\_\_\_Estimate cost to correct: The loan account is current. The reserve account is on schedule, less authorized withdrawals. The taxes and insurance account is on schedule and all outstanding bills paid. The security deposit account if fully funded. There are no outstanding maintenance items. Management is satisfactory. There are no open OIG audit findings or investigations against the borrower or related entities. The borrower and members of the borrower entity are in compliance on all other projects or complying with an approved workout plan for a minimum of 6 months. All necessary repairs to assure that the housing will be decent, safe and sanitary, and other improvements proposed by the applicant to enhance long-term viability of the housing agreed to by USDA.

Last appraised value of project:

as of

### VI. APPRAISAL

1. The proposed transaction:  WILL WILL NOT prevent or make more difficult the successful operation of this property.  WILL WILL NOT reduce the efficiency of the property.
2. The proposed transaction will affect the value of this property as security of the loan as follows:
3. The following damages or benefits will result to this property from the transaction:
<u>VII. OTHER</u>
Are transferees occupying the property?
If any portion of the property is currently leased, the terms and conditions of the lease have been reviewed and the lease is transferable to the new owner for the life of the loan if necessary.
Explain any change in marital status of transferors since they received the loan.
Agreement discloses the payment and/or assumption of prior and junior liens.
The assignment of property insurance and paid unearned premiums is disclosed.
Distribution of any income from rentals, easements, mineral leases, etc. is disclosed.
Diposition of existing abstracts of title, owner's title insurance policy or other title evidence is described.
Expenses to be paid by transferors and transferees are detailed.
Note any special transfer and assumption approval conditions recommended:

# SOURCES AND USES OF FUNDS

Example Apartments transfer to Preservation Associates, LP

USE OF FUNDS			DEDAMA NIENTE CO	J. In Cree Or Erry	Do.	
USE OF FUNDS			PEKIMAINEINI M	PERMANENT SOURCES OF FUNDS:	LDS:	
	Tax Credit	USDA Assumption	Lender Name	Other	Other	Other
Total Acquisition Cost						
Total Rehab Costs						
Total Relocation Expenses						
Total new Construction Costs						
Total Architectural Costs						
Total Survey & Engineering						
Total Construction Interest & Fees						
Total Permanent Financing Costs						
Total Attorney Costs						
Total Reserve Costs						
Total Appraisal Costs						
Total Contingency						
Total Other Costs						
Total Developer Costs						
TOTAL PROJECT COST						

Balanced

<b>Fermanent Financing Detail</b> (for all sources other than USDA and tax credit)	(ror all sources ou	ner than USDA and	tax credit)			
Funding Source	Loan Amount	Interest Rate	Amortization (yrs)	Term (yrs)	Monthly Payment	Term (yrs)   Monthly Payment Indicate if residual receipts, deffered, etc.
Lender Name						
Other						
Other						
Other						

Interim Financing Detail (for all sources other than USDA)	or all sources other	than USDA)				
Funding Source	Loan Amount	Interest Rate	Amortization (yrs)	Term (yrs)	Monthly Payment	Indicate if residual receipts, deffered, etc.
Community Bank						
Other						

# Multi-Family Housing Transfer and Assumption Review and Recommendation

We further agree that:

(I.) The 4.4.1		
	sideration for the conveyance of the security is\$	
	\$	
( ) The two of Con-		
(c) The transfere (1) Assume an in	ndebtedness to the Government of of\$	
(2) Assume indel	btedness	
(3) Assume indel	of\$	
to —	of\$	
(1) Pay the trans	sferors (as	
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CERTIFICATION We hereby certification understood.  TRANSFEROIT  TRANSFEREE	ON:  Ify that the information given above concerning  R/CO-TRANSFEROR  CO-TRANSFEREE  at this application be approved.	DATE

UNITED STATES DEPARTMENT OF AGRICULTURE

(Title)