

MISSOURI HOUSING DEVELOPMENT COMMISSION EXHIBIT L - PROPERTY INFORMATION SHEET

NOTE: For additional directions toggle over "red" mark in box

Current Date:

Project Info		<input type="checkbox"/> Update/Correction
Property Name:		
LIHTC Number:		
Property Status:	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
Address:		
City:		
State:		
Zip:		
Units:	<input type="checkbox"/> LIHTC <input type="checkbox"/> Market <input type="checkbox"/> HOME TOTAL #	
Urban / Rural:		
County:		
Organization Type:	<input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON PROFIT	
NON-Profit Status:	<input type="checkbox"/> 501(a) Exemption <input type="checkbox"/> 501(c)(3) Organization <input type="checkbox"/> 501(c)(4) Organization	
Occupancy Type:	<input type="checkbox"/> FAMILY <input type="checkbox"/> ELDERLY	
Property Type:	<input type="checkbox"/> Multifamily <input type="checkbox"/> Single family detached units <input type="checkbox"/> Duplex <input type="checkbox"/> Single story row units <input type="checkbox"/> Walk up Apartments <input type="checkbox"/> Townhouse-two story row units <input type="checkbox"/> Elevator building <input type="checkbox"/> Other:	
HUD:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rental Assistance:	<input type="checkbox"/> Rural Development <input type="checkbox"/> HUD Project based Section 8 <input type="checkbox"/> State Rental Assistance <input type="checkbox"/> TBRA	
Funding Types:	<input type="checkbox"/> Federal LIHTC <input type="checkbox"/> AHAP <input type="checkbox"/> State LIHTC <input type="checkbox"/> MHDC Loan <input type="checkbox"/> TAX EXEMPT BONDS <input type="checkbox"/> Trust Fund <input type="checkbox"/> HOME <input type="checkbox"/> Other:	
Minority Code:	<input type="checkbox"/> Black <input type="checkbox"/> Disadvantaged/DBE <input type="checkbox"/> Hispanic <input type="checkbox"/> MBE/HUB <input type="checkbox"/> Woman/MWBE <input type="checkbox"/> Other	
Type of Entity:	<input type="checkbox"/> Update/Correction	
	<input type="checkbox"/> Housing Authority <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual DBA <input type="checkbox"/> Individual Person <input type="checkbox"/> Subchapter S Corp. <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit Organization	
Ownership Entity - Contact information:		<input type="checkbox"/> Update/Correction
Fed Tax I.D. - TIN#		Ownership %:
Company Name:		Title
Primary Contact:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		
Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		

General Partner/Managing Member - Contact information:		<input type="checkbox"/> Update/Correction
Date of Origination:		Ownership %:
Fed Tax I.D. - TIN#		Title
Company Name:		
Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		
Limited Partner/Member - Contact information:		<input type="checkbox"/> Update/Correction
Date of Origination:		Ownership %:
Fed Tax I.D. - TIN#		Title
Company Name:		
Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		
Management Company - Contact Information:		
Date of Origination:		
Fed Tax I.D. - TIN#		
Company Name:		
Management Company Owner Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Fax:		
Email:		
Primary Contact Name:		
Primary Phone:		
Primary Fax:		
Primary Email:		
Compliance Contact Name:		
Compliance Phone:		
Compliance Fax:		
Compliance Email:		
Regional Contact Name:		
Phone:		
Fax:		
Email:		
Leasing/On-Site Manager Contact Info:		
Contact Name:		
Phone:		
Fax:		
Email:		

COL Reporting Contact Info:		
Contact Name:		
Phone:		
Fax:		
Email:		
AMRS Occupancy Report Contact Info:		
Contact Name:		
Phone:		
Fax:		
Email:		
Special Needs Agency Contact Info:		
Lead Referral Agency Name:		
Primary Contact Name:		
Address:		
Phone:		
Fax:		
Email:		
Special Needs Target Population:		
Number of Special Needs Units:		
Financial Report Contact Info:		
Contact Name:		
Phone:		
Fax:		
Email:		