

Exhibit L – Property Information Sheet

Current Date: _____

Project Information:					Update/Correction	
Property Name:				Project Number:		
Address:				County:		
Property Status:	Active	Inactive	Urban/Rural:			
Units:	LIHTC	Market	HOME	Other:	Total # of units:	
Organization Type:	For-Profit	Non-Profit				
Non-Profit Status:	501(a) Exemption		501(c)(3) Organization		501(c)(4) Organization	
Occupancy Type:	Family	Elderly				
Property Type:	Single Family Detached Units		Multifamily		Duplex	
	Single Story Row Units		Walk-Up Apartments		Elevator Building	
	Townhouse- Two Story Row Units		Other:			
HUD:	Yes	No	HUD Contract Number:			
Rental Assistance:	Rural Development		HUD Project Based Section 8			
	State Rental Assistance		TBRA		Other:	
Funding Types:	Federal LIHTC		State LIHTC		AHAP	
	Trust Fund		Tax Exempt Bonds		Other:	
Type of Entity:					Update/Correction	
Housing Authority		Limited Partnership		Limited Liability Company		Limited Liability Partnership
Individual DBA		Individual Person		General Partnership		Government Entity
Joint Venture		Subchapter S Corp.		Partnership		Corporation
Non-Profit Organization						

Ownership Entity Contact:		Update/Correction
Company Name:		
FED Tax ID – TIN#:	Ownership %:	
Primary Contact:	Phone:	
Address:		
Email Address:		
Secondary Contact Name:	Phone:	
Address:		
Email Address:		
Financial Reporting Contact:		Update/Correction
Contact Name:	Phone:	
Email:	Fax:	
General Partner/Managing Member Contact:		Update/Correction
Company Name:		
FED Tax ID – TIN#:	Date of Origination:	
Contact Name:	Phone:	
Address:		
Email:		
Limited Partner/Member Contact:		Update/Correction
Company Name:		
Date of Origination:	Ownership %:	
FED Tax ID – TIN#:	Phone:	
Contact Name:	Title:	
Address:		
Email:		
Management Company Contact:		Update/Correction
Company Name:		
Owner Contact Name:	Phone:	
FED Tax ID – TIN#:	Date of Origination:	
Address:		
Email:	Fax:	

Primary Contact Name:		Phone:
Primary Email:		Fax:
Compliance Contact Name:		Phone:
Compliance Email:		Fax:
Regional Contact Name:		Phone:
Email:		Fax:
Leasing/On-Site Manager Contact:		Update/Correction
Contact Name:		Phone:
Email:		Fax:
Certification Portal Reporting Contact:		Update/Correction
Contact Name:		Phone:
Email:		Fax:
AMRS Occupancy Report Contact:		Update/Correction
Contact Name:		Phone:
Email:		Fax:
Serviced Enriched / Permanent Supportive Housing (PSH) Priority Agency Contact:		Update/Correction
Serviced Enriched:	Yes No	Service Provider Agency Name:
Contact Name:		Phone:
Email:		
Permanent Supportive Housing:	Yes No	Lead Referral Agency Name:
Primary Contact Name:		Phone:
Address:		
Email:		Fax:
Target Population:		Number of PSH Units:

Electronic Submission Agreement and Disclosure: A scanned version of this document may be submitted electronically to MHDC. MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The Owner/Agent is responsible for retaining a hard copy in his/her files. *If submitting the document as part of a Transfer of Physical Assets (TPA), please include it with your TPA package. If the document is NOT part of a TPA, please complete and submit this form via upload in MHDC's Asset Management Reporting System (AMRS).*