

## Exhibit L – Property Information Sheet

Current Date: \_\_\_\_\_

Project Information					Update/Correction
Property Name:				Project Number:	
Address:					
County:		Urban/Rural:			
<b>Organization Type:</b>	For-Profit	Non-Profit			
<b>Units:</b>	LIHTC	Market	HOME	Other:	Total # of units:
<b>Non-Profit Status:</b>	501(a) Exemption		501(c)(3) Organization		501(c)(4) Organization
<b>Occupancy Type:</b>	Family	Elderly			
<b>Property Type:</b>	Single Family Detached Units		Multifamily	Duplex	Single Story Row Units
	Walk-Up Apartments		Elevator Building	Townhouse - Two Story Row Units	
	Other:				
<b>HUD:</b>	Yes	No	If Yes, include <b>Section 8</b> Information <u>below</u> .		
<b>Section 8:</b> Onsite Contact Person:					
Contract Number:			TRACS Mail ID:		
<b>Rental Assistance:</b>	Rural Development	HUD Project Based Section 8		State Rental Assistance	TBRA
	Other:				
<b>Funding Types:</b>	Federal LIHTC	State LIHTC	AHAP	MHDC Loan	HOME
	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#:	
Contact Name:					
▪ Phone:		Fax:		Email:	
General Partner/Managing Member Contact					Update/Correction
Company Name:					
FED Tax ID – TIN#:				Date of Origination:	
Contact Name:					
▪ Phone:		Email:			
▪ Address:					

Limited Partner/Member Contact				Update/Correction
Company Name:				
Date of Origination:		Ownership %:		FED Tax ID – TIN#:
Contact Name:			Title:	
▪ Phone:		Email:		
▪ Address:				
Management Company Contact				Update/Correction
Company Name:			Date of Origination:	
FED Tax ID – TIN#:				
Address:				
Primary Contact Name:				
▪ Phone:		Fax:	Email:	
Certification Portal Reporting Contact				Update/Correction
Contact Name:				
▪ Phone:		Fax:	Email:	
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:		Fax:	Email:	
▪ Address:				
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).*