



Fannie Mae/FHA Pre-Application for a Reservation of Risk Sharing Units

Property Name:		Lender Name:	
Property Address:		Lender Contact:	
City/State/Zip:		Telephone:	
Property County:		E-mail Address:	

Number of Units: Projected Loan Amount: Per Unit Cost:

FHA Risk Sharing Type:

Standard Green Refinance Plus

Proposed Financing:

New Construction Substantial Rehabilitation Acquisition/Refinance

Transaction Type:

Cash Transaction MBS Bond Credit Enhancement

Proposed Timetable: (if applicable)

Estimated Loan Closing Date: _____ Estimated Completion of Construction/Rehab Date: _____

New Low Income Housing Tax Credits: (if applicable)

Date of Reservation from State Credit Agency: Tax Credits from Tax-Exempt Bonds? Yes No Amount of Tax Credit Reservation:

Yes No Is the Property located in the five hundred (500) year floodplain and likely to be occupied by persons who may not be sufficiently mobile to avoid loss of life or injury during flood or storm events? (e.g. persons who reside in Board or Care/Assisted Living Facilities and retirement service centers)

Yes No Is the Property located in a Federal Emergency Management Agency-mapped Special Flood Hazard Area one hundred (100) year floodplain (except where no buildings or other improvements other than minor grubbing will be in the floodplain and the floodplain area will be permanently dedicated to non-development)?

Yes No Is the Property located within the Coastal Barrier Resources System as defined by the Coastal Barrier Resources Act, 16.U.S.C. 3501?

Yes No Does the proposal involve a newly constructed or substantially rehabilitated multifamily housing property on a site located in a Runway Clear Zone (at a civil airport) or Clear Zone (at a military airfield)?

If the answer to any of the above is Yes, then the loan *does not* qualify under for FHA Risk Sharing

Property Data:

Building Type and Number

<input type="checkbox"/> Garden	No. of Buildings: _____	No. of Stories: _____	
<input type="checkbox"/> Mid-rise	No. of Buildings: _____	No. of Stories: _____	No. of Elevators: _____
<input type="checkbox"/> Hi-rise	No. of Buildings: _____	No. of Stories: _____	No. of Elevators: _____
<input type="checkbox"/> Townhouse	No. of Buildings: _____		

Subsidy Layering Review: (if applicable)

Date Subsidy Layering Review Commenced (if applicable) <input type="text"/>	Submitted To: <input type="checkbox"/> HUD (via Fannie Mae) <input type="checkbox"/> State Agency	If State Agency Name of State Agency: <input type="text"/>
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Eligibility Characteristics:

Yes No Is the Property currently subject to an Affordability Restriction that regulates the tenancy of the Property?

If No, describe the regulatory agreement to be put in place:

If Yes, specify the following:

Date the regulatory agreement was executed: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Does the term of the regulatory agreement have a termination date no earlier than the new loan maturity date? <input type="checkbox"/> Yes <input type="checkbox"/> No	-OR- Has the Borrower agreed to an extension of the term of Affordability Restriction to at least the new loan maturity date? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Market Rate Units

No. of Units	No. of Bedrooms	Contract Rent	Projected Tenant Paid Utilities	Total Estimated Housing Expense Paid by Tenant (including utilities)

Rent Restricted Units

No. of Units	No. of Bedrooms	Contract Rent	Projected Tenant Paid Utilities	Total Estimated Housing Expense Paid by Tenant (including utilities)

Tenant Paid Utility Easements Calculated Based on: (check one)

Lender Estimates HUD Utility Expense Estimate

Percentage of Units that are to be Rent Restricted: _____ %

Yes No Are the rents (Total Estimated Housing Expense Paid by Tenant) for the Rent Restricted Units within the allowable levels? (do not exceed 30 percent multiplied by 60 percent of the area's median income adjusted for household size, as published by HUD)

Borrower Information

Name:	Address:	City, State Zip
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List Name and Addresses of all officers and any stockholder owning 5 percent or more of stock (if corporation) or all general partners and any limited partner with a 25 percent or more interest (if partnership)

Name:	Address:	City, State Zip
Name:	Address:	City, State Zip
Name:	Address:	City, State Zip

Yes No Are there any actions, suits, proceedings or investigations pending or threatened against the Borrower or any Principal?

If Yes, please describe:

Yes No Are the Principals involved in any current or past loans from Fannie Mae?

If Yes, please describe:

The preceding information is true and accurate to the best of my knowledge. I understand Fannie Mae will rely upon it to determine the feasibility of the Lender and Borrower obtaining a reservation of units under Fannie Mae/ FHA Risk Sharing.

It is hereby certified that no administrative action has been taken against the Lender by HUD.

Date: _____ Lender: _____

By: _____

Title: _____

Please attach the following:

- | | |
|---|--------------------------|
| 1. Pro forma Income and Expenses | <input type="checkbox"/> |
| 2. Site Location Map | <input type="checkbox"/> |
| 3. Sources and Uses Statement* | <input type="checkbox"/> |
| 4. Evidence of Tax Credit Allocation or Reservation (if applicable) | <input type="checkbox"/> |

*If the Transaction is or will be receiving a capital subsidy, use one of the Sources and Uses formats contained in Form 4672. Otherwise, a more abbreviated format may be used.