

## EXHIBIT L - PROPERTY INFORMATION SHEET

Current Date:

### Project Information

Property Name:		<input type="checkbox"/> Update/Correction
LIHTC Number:		
Property Status:	ACTIVE                  INACTIVE	
Address:		
City:		
State:		
Zip:		
Units:	<input type="checkbox"/> LIHTC <input type="checkbox"/> Market <input type="checkbox"/> HOME <b>TOTAL #</b>	
Urban / Rural:		
County:		
Organization Type:	FOR PROFIT                  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"/> Housing Authority	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Update/Correction
<input type="checkbox"/> Individual DBA	<input type="checkbox"/> Individual Person	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership
<input type="checkbox"/> Subchapter S Corp.	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation

### Ownership Information

#### Ownership Entity - Contact information:

Fed Tax I.D. - TIN#		<input type="checkbox"/> Update/Correction
Company Name:		Ownership %:
Primary Contact:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		
Secondary Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		

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**Partnership Information**

**General Partner/Managing Member - Contact information:**

Date of Origination:		<input type="checkbox"/> Update/Correction
Fed Tax I.D. - TIN#		Ownership %:
Company Name:		
Contact Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Email:		

**Management Company Information**

**Contact Information:**

Date of Origination:		<input type="checkbox"/> Update/Correction
Fed Tax I.D. - TIN#		
Company Name:		
MGT 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:		

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**Special Needs Housing- Lead Referral Agency Contact Info:**

<b>Lead Referral Agency Name:</b>	
<b>Primary Contact Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Target Population:</b>	
<b>Number of Special Needs Units:</b>	

**Service Enriched Housing- Service Provider Contact Info:**

<b>Service Provider Agency:</b>	
<b>Primary Contact Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Target Population:</b>	