



Office of Program Monitoring

Attachment 2

Part of: 2008 Owner's Certificate of Continuing Program Compliance: PROJECT SPECIFICS

Project Name: _____

Amenities (mark all that apply)

Cable Access	_____	Laundry Facilities	_____
Transportation Services	_____	Washer/Dryer hook-up	_____
Carpet	_____	Other: _____	_____
Dishwasher	_____	Other: _____	_____
Disposal	_____	Other: _____	_____
Microwave	_____	Other: _____	_____

Type of Project (mark all that apply with an "X")

New Construction	_____
Acquisition	_____
Substantial Rehabilitation	_____
Moderate Rehabilitation	_____
Refinance	_____

Existing Project Information (complete all that apply)

Percentage currently occupied	% _____
Project includes historic rehabilitation	_____ (yes or no)
Project involves the permanent relocation of tenants	_____ (yes or no)
Project involves the temporary relocation of tenants	_____ (yes or no)
Year the building was built	_____

Number of Residential Buildings

Garden (walk-up)	_____
Townhouse	_____
Detached	_____
Semi-detached	_____
Elevator (< 5 floors)	_____
Mid-rise (5-10 floors)	_____
High-rise (> 10 floors)	_____
Total Buildings	_____

Total Land Area (acres)

Total Building Area (square footage)

Residential Units (low income)	_____
Residential Units (market)	_____
Nonresidential Units	_____
Common Space	_____
Total Square Footage	_____

Type of Occupancy (show number of units)

Families	_____
Elderly	_____
Commercial	_____
Special Need or Alternative Housing	_____
Total Units	_____

Special Need or Alternative Housing Options (show number of units)

Homeless (describe): _____

Handicapped	_____
Shared Housing	_____
Single Room Occupancy	_____
Lease-purchase Option	_____
Large Families (4 or more bedrooms)	_____
Other:	_____
Total Special Need/Alternative Housing Units	_____