



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

STATEMENT OF PROPERTY OWNERSHIP

Property Address: _____

A. Owner of property answer the following:

- 1. Date Acquired _____
- 2. Acquisition price \$ _____
- 3. Estimated current market value \$ _____
- 4. Cash invested (to date):
 - Down payment \$ _____
 - Loan principal repayment \$ _____
 - Rehabilitation \$ _____
- 5. Current outstanding debt \$ _____

Existing Mortgages	Interest Rate	Amortization Schedule	Year Due	Monthly Payment	Mortgage Balance	Mortgage Holder
1st						
2nd						

B. List of any liens and unpaid bills connected with this property.



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

YEAR ONE

STATEMENT OF RENTAL INCOME

Property Address: _____

UNIT TYPE	NUMBER OF UNITS	SQUARE FEET PER UNIT	CURRENT RENT PER UNIT	RENT PER UNIT AFTER REHAB	* TOTAL MONTHLY GROSS RENT (# OF UNITS X RENT PER UNIT)
STUDIO					
1 BEDROOM					
1 BEDROOM					
2 BEDROOM					
2 BEDROOM					
3 BEDROOM					
4 BEDROOM					
OTHER INCOME (GARAGE/LAUNDRY)					
TOTAL					

TOTAL UNITS: _____

TOTAL MONTHLY RENT: \$ _____

TOTAL YEARLY RENT: \$ _____

_____ % VACANCY ALLOWANCE (Minimum 5%): \$ _____

ANNUAL RENT MINUS VACANCY: \$ _____

** Total monthly gross rents are the rent levels you expect to achieve after rehabilitation has been completed. Gross rents are the rents prior to applicable tenant utility allowance.*



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

STATEMENT OF ANNUAL OPERATING EXPENSES

Property Address: _____

I. Operating Expenses

Utility Costs** - Gas	\$ _____	_____
- Electric	\$ _____	_____
- Water/Sewer	\$ _____	_____
Management Fee	\$ _____	
Property Taxes	\$ _____	
Repair/Maintenance	\$ _____	
Insurance	\$ _____	
Waste Removal	\$ _____	
Extermination	\$ _____	
Advertising (Marketing)	\$ _____	
Legal	\$ _____	
Reserves	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Annual Expenses	\$ _____	

Net Operating Income (before taxes) \$ _____

I. If the above costs are not based on current operating costs, please explain:

** If any utilities are paid by tenant, please write "Tenant Paid"



NOAH PROPOSED SCOPE OF WORK

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ Residential: _____ Commercial: _____ Number of Stories: _____

Area of Building Footprint _____ Square Feet.: Approximate Length of Construction _____ months

Summary of Scope of Work _____

Building Permit Issues _____ Yes _____ No _____ In Progress

Permit Drawings: _____ Completed _____ Not started _____ In Progress _____ (provide process number)

Asbestos Survey Clearance Letter ____ (inside building) Lead Base Paint Clearance Letter _____ (Buildings built before 1978)

I. Site Improvements:

Demolition

Landscaping

Pavement and Drainage

Site Lighting

Fence and Gates

Walkways and Driveways

Driveway Approach/Sidewalks

Laundry Room

Exterior Signs (if applicable)

Asbestos abatement

Mail Boxes

ADA Accessibility

2. Building Exterior:

Doors and Windows: (Impact or non-impact with shutters)

Re-Roofing

Building Corridor

Railings

Stairs

Gutters and Downspouts

Exterior Walls Framing

Exterior Paint

Elevators

3. **Life and Safety:**

Fire Alarm

Smoke Detectors

Illuminated Exit Lights

Fire Extinguishers

Security (Cameras only)

4. **Interior Work:**

Demolition

New Walls, Ceiling and Doors

Painting

Flooring

A/C Work

Water Heater

Cabinetry

Plumbing

Electrical

Appliances

Washer and Dryer

Set Aside ADA Accessible Bathroom/Kitchen (4 or more units)



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
CONTRACTOR INFORMATION FORM

(completed by the Contractor and verified by PHCD; fill in all lines; insert NONE, -0-, or N/A where applicable)

NAME OF FIRM: _____

CONTRACTOR'S LICENSE NUMBER:
(attach copy of license): _____

NAME OF PRINCIPALS: _____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

ADDRESS: _____ PHONE: _____

_____ FAX: _____

TYPE OF CONTRACTOR: [] Building Contractor [] General Contractor [] Subcontractor

FORMS OF OWNERSHIP: [] Sole [] Partnership [] Corporation

Trades Carried: _____; _____; _____; _____

DOLLAR VOLUME PREVIOUS 12 MONTHS: \$ _____

NUMBER OF YEARS IN BUSINESS: _____

IN SUPPORT OF THE INFORMATION FURNISHED ABOVE REGARDING VOLUME, PLEASE INCLUDE A COPY OF YOUR FIRM'S MOST RECENT INCOME STATEMENT AND BALANCE SHEET.

NUMBER OF EMPLOYEES:
Administration/Management/Supervisors: _____

Trades: _____

Please provide copies of insurance for the following:

- Contractor's general liability
- Workers Compensation
- Auto liability (hired and non-owned auto)

For GC contracts exceeding \$150,000, a payment and a payment and performance bond will be required.

However, in lieu of an applicant providing a Payment and Performance Bond, the County may, at its sole and absolute discretion, accept a Letter of Credit in an amount to be determined by the County. However, the County shall in no event be required to accept an alternative to the Payment and Performance Bond.

PROVIDE A COPY OF YOUR RESUME WHICH INCLUDES YOUR MOST RECENT PROJECTS, NUMBER OF UNITS, ADDRESS, DOLLAR AMOUNT OF PROJECT:AND REFERENCES.

Signature: _____

Title: _____

Date: _____