



OMB No. 2502-0257  
(Exp. 10/31/85)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
HOUSING - FEDERAL HOUSING COMMISSIONER  
SUPPLEMENT TO PROJECT ANALYSIS  
SECTION/TITLE

- FEASIBILITY
- CONDITIONAL
- FIRM

Name of Mortgagor \_\_\_\_\_ Project No. \_\_\_\_\_

Name of Project \_\_\_\_\_

Location of Project (Street, City and State) \_\_\_\_\_

**TYPE OF MORTGAGOR**

Private       Profit       Public       Non-Profit       State or Federal Instrumentality, etc.

Management Coop.       Sales Coop.       Investor-Sponsor       Builder-Seller       Limited Distribution

**TYPE OF PROJECT**

Rental Housing       Nursing Home       New Construction       Non-Elevator

Cooperative       Intermediate Care Facility       Rehabilitation       Elevator

Condominium       Housing for the Elderly       Redevelopment      \_\_\_\_\_

Land Development       Mobile Home Court       Supplement Loan      \_\_\_\_\_

**I - DETERMINATION OF MAXIMUM INSURABLE MORTGAGE**

CRITERIA	(COL. 1)	(COL. 2)	(COL. 3)
1. MORTGAGE OR LOAN AMOUNT REQUESTED IN APPLICATION			\$ _____
2. STATUTORY DOLLAR LIMIT			\$ _____
3. AMOUNT BASED ON VALUE OR REPLACEMENT COST:			
a. Value (Replmt. Cost) in Fee Simple \$ _____ x _____ %		\$ _____	
b. Value of Leased Fee \$ _____ x _____ %		\$ _____	
c. Unpaid Balance of Special Assessment _____		\$ _____	
d. Total Item b Plus Item c _____		\$ _____	
e. Item a Minus Item d _____			\$ _____
4. AMOUNT BASED ON LIMITATIONS PER FAMILY UNIT:			
a. Number of <u>no</u> Bedroom Units _____ x \$ _____		\$ _____	
Number of <u>one</u> Bedroom Units _____ x \$ _____		\$ _____	
Number of <u>two</u> Bedroom Units _____ x \$ _____		\$ _____	
Number of <u>three</u> Bedroom Units _____ x \$ _____		\$ _____	
Number of <u>four</u> or more Bedroom Units _____ x \$ _____		\$ _____	
b. Cost not Attributable to Dwelling Use _____ x _____ %		\$ _____	
c. Item a Plus Item b _____		\$ _____	
d. Total Number of Spaces _____ x \$ _____		\$ _____	
e. Sum: Value of Leased Fee and Unpaid Balance of Special Assessment(s) _____		\$ _____	
f. Item c or Item d whichever is applicable - minus Item e _____			\$ _____
5. AMOUNT BASED ON DEBT SERVICE RATIO:			
a. Mortgage Interest Rate _____ %			
b. Mortgage Insurance Premium Rate _____ %			
c. Initial Curtail Rate _____ %			
d. Sum of Above Rates _____ %			
e. Net Income _____ \$ x _____ %		\$ _____	
f. Annual Ground Rent \$ _____ + Annual Spec. Ass't. \$ _____		\$ _____	
g. Item e Minus Item f _____		\$ _____	
h. Item g Divided by Item d _____			\$ _____
6. AMOUNT BASED ON ESTIMATED COST OF REHABILITATION PLUS:			
(ii) "As Is" Value, or (ii) Acquisition Cost, or (iii) Existing Mortgage Indebtedness Against Property Before Rehabilitation:			
a. Estimated Cost of New On-Site Improvements _____		\$ _____	
b. Estimated Cost of New Off-Site Construction _____		\$ _____	
c. Total Carrying Charges, Financing and Contingency Reserve _____		\$ _____	
d. Total Legal, Organization and Consultants Fee, if any _____		\$ _____	
e. Sum of Item a through Item d _____		\$ _____	
f. "As Is" Value of Prop. before Rehab. \$ _____ x _____ %		\$ _____	
g. Existing Mortgage Indebtedness (Property Owned) or Purchase Price of Property (To be Acquired) _____		\$ _____	
h. Item e Plus Item f or Item g, whichever is lesser _____		\$ _____	
i. Item h x _____ % _____			\$ _____
7. AMOUNT BASED ON MORTGAGOR'S TOTAL COST OF ACQUISITION:			
a. Purchase Price of Project _____		\$ _____	
b. Repairs and Improvements, if any _____		\$ _____	
c. Total Carrying Charges, Financing, Legal and Organization _____		\$ _____	
d. Sum of Item a through Item c _____		\$ _____	
e. Item d x _____ % _____			\$ _____

Replaces FHA-2284-A, which may be used until supply is exhausted

CRITERIA	(COL. 1)	(COL. 2)	(COL. 3)
8. AMOUNT BASED ON SUM OF UNIT MORTGAGE AMOUNTS .....			\$ _____
9. AMOUNT BASED ON ESTIMATED COST TO MORTGAGEOR:			
a. Total Estimated Cost (Exclusion of Site and Required Construction Off the Site) .....	\$ _____		
b. Purchase Price of Site .....	\$ _____		
c. Total Cost of Clearing Site, if any .....	\$ _____		
d. Expense of Relocating Occupants, if any .....	\$ _____		
e. Cost of Off-Site Construction, if any .....	\$ _____		
f. Sum of Item a through item e .....		\$ _____	
g. Item f x _____ % .....			\$ _____

MAXIMUM INSURABLE MORTGAGE (Lowest of the Foregoing Criteria) .....

II - TOTAL REQUIREMENTS FOR SETTLEMENT

PART A -		PART B -	
1. Development Cost .....	\$ _____	1. FEES NOT TO BE PAID IN CASH:	
2. Land Indebtedness (or Cash Required for Land Acquisition) .....	\$ _____	a. BSPRA .....	\$ _____
3. Subtotal (Lines 1 + 2) .....	\$ _____	b. Architect (Design) .....	\$ _____
4. Mortgage Amount .....	\$ _____	c. Builder's Profit .....	\$ _____
5. Fees not to be Paid in Cash \$ .....		d. Other .....	\$ _____
6. Line 4 + Line 5 .....	\$ _____	TOTAL TO PART A, LINE 5- .....	\$ _____
7. Cash Investment Required (Line 3 Minus Line 6) .....	\$ _____	2. COMMITMENT, MKTC., FEES & DISCOUNTS:	
8. Initial Operating Deficit .....	\$ _____	a. Fees: CNMA .....	\$ _____
9. Commitment, Marketing Fees, Discount(s) .....	\$ _____	FNMA .....	\$ _____
10. Working Capital .....	\$ _____	Other .....	\$ _____
11. Off-Site Construction Costs .....	\$ _____	b. Discount(s): Perm. Loan .....	\$ _____
12. TOTAL ESTIMATED CASH REQUIREMENT (Lines 7+8+9+10+11) .....	\$ _____	Constr. Loan .....	\$ _____
FRONT MONEY ESCROW, IF ANY, DETERMINED BY SUBTRACTING LINE 6 AMOUNT FROM LINE 1 AMOUNT. \$ _____		TOTAL TO PART A, LINE 9 .....	\$ _____
		3. WORKING CAPITAL:	
		a. Working Capital .....	\$ _____
		b. Ground Rent During Construction .....	\$ _____
		c. N/R Items not Included in Mortgage .....	\$ _____
		TOTAL TO PART A, LINE 10- .....	\$ _____

III - SOURCE OF FUNDS TO MEET CASH REQUIREMENTS

SOURCE:	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AVAILABLE CASH FOR PROJECT .....

IV - RECOMMENDATIONS, REQUIREMENTS AND REMARKS

RECOMMEND APPROVAL - SUBJECT TO CONDITIONS STATED BELOW, IF ANY

RECOMMEND REJECTION FOR REASONS STATED BELOW:

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ (Signed) \_\_\_\_\_ Processor, Technician or Examiner

Date \_\_\_\_\_  Approved  Rejected (Signed) \_\_\_\_\_ Chief  Deputy Chief / Finance & Mortgage Credit or Mortgage Credit Section