

Tax-Exempt Bond Term Sheet

Project Information:

Project Name: _____

Project Address: _____

County: _____

No. of Units: _____ **No. of Buildings:** _____

Target Population: _____

Type of Site Control:

Deed	_____	Expiration Date:	_____
Agreement of Sale	_____	Expiration Date:	_____
Option	_____	Expiration Date:	_____
Other	_____	Expiration Date:	_____

Project Type:

New Construction _____

Acquisition _____

Rehabilitation _____

Other Project Type: _____

Proposed Amount of Bonds:

Permanent Financing _____

Construction Loan _____

Other Financing (describe terms):

Proposed Proforma:

Attach a copy of both the proposed Operating Budget and the Sources and Uses Statement.

Owner/Borrower:

Name: _____

Entity Type: _____

Mailing Address: _____

Primary Contact: _____

Phone: _____

Fax: _____

E-mail: _____

Bond Issuer:

Name: _____

Mailing Address: _____

Primary Contact: _____

Phone: _____

Fax: _____

E-mail: _____