

## 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):

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**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: \_\_\_\_\_

TAX EXEMPT BOND TERM SHEET

**The Tax Exempt Bond Term Sheet along with the Operating Budget should be submitted a full 14 days prior to the submission of the Preliminary Application. Upon completion please email to Debra Clark, [dclark@phfa.org](mailto:dclark@phfa.org)**

**PENNSYLVANIA HOUSING FINANCE AGENCY (2022 APPLICATION)**

**ANNUAL OPERATING BUDGET**

Project Name:	Total Units:	_____
Management Agent:	Annual Expense	Per Unit
1. Advertising & Renting	_____	_____
2. Office & Telephone	_____	_____
3. Management Fee	_____	_____
4. Legal	_____	_____
5. Audit	_____	_____
6. Misc. Administrative	_____	_____
<b>7. TOTAL ADMINISTRATIVE</b>	_____	_____
8. Janitor/Maintenance Supplies	_____	_____
9. Operating/Maintenance Contracts	_____	_____
10. Rubbish Removal	_____	_____
11. Security Payroll/Contract	_____	_____
12. Repairs Material	_____	_____
13. Elevator Maintenance	_____	_____
14. HVAC Maintenance	_____	_____
15. Grounds Maintenance/Snow Removal	_____	_____
16. Painting & Decorating	_____	_____
17. Vehicle Operation & Repairs	_____	_____
18. Misc. Operating & Maintenance	_____	_____
<b>19. TOTAL OPER. &amp; MAINT. EXPENSE</b>	_____	_____
20. Office Salaries	_____	_____
21. Manager Salaries	_____	_____
22. Employee Rent Free Unit	_____	_____
23. Janitor/Maintenance Salaries	_____	_____
24. Employer Payroll Tax	_____	_____
25. Worker's Compensation	_____	_____
26. Employee Benefits	_____	_____
<b>27. TOTAL PAYROLL EXPENSES</b>	_____	_____

A narrative should be provided (on a separate page) indicating the basis for your payroll and any other categories that may require an explanation.

	Annual Expense	Per Unit
<b>Real Estate Taxes</b>	_____	_____

Provide a detailed calculation (on a separate page) of taxes at full assessment after rehabilitation or construction. Include estimated assessment and millage. This represents the amount the Agency will bill and escrow during the first year of operations that will be used to pay the real estate tax bills due in year two. Please note Real Estate Taxes are being pre-evaluated **in addition to** the controllable costs. Taxes are not included in the controllable costs outlined above and will not be included in the pre-approved controllable costs.