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PROJECT PROFILE

PLEASE COMPLETE AND RETURN VIA EMAIL WITH YOUR MOST RECENT PRO FORMA/BUDGET

1. PROJECT NAME: _____ TODAY'S DATE _____
 "X" all that apply: ___ Homeownership or ___ Rental ___ Rehab or ___ New Construction ___ Family or ___ Elderly ___ Single Family or ___ Multifamily
 ___ Owner-occupied Rehab ___ Vacant Building Rehab ___ Foreclosure Recovery ___ Appalachian ___ QCT ___ DDA ___ RAD
 ___ Disaster Area ___ Opportunity Zone ___ Rural ___ Donated Property Donated by: _____

Any other designation not listed above: _____

2. LOCATION _____
Street address City State Zip County Census Tract
 IF YOU DO NOT YET HAVE A STREET ADDRESS, PLEASE INCLUDE THE PROJECT ADDRESS, ALONG WITH AN ADDRESS FOR AN ADJACENT OR NEARBY, EXISTING PROPERTY.

3. NUMBER OF UNITS: ___ Total Units ___ 0 BEDROOM ___ 1 BEDROOM ___ 2 BEDROOM ___ 3 BEDROOM ___ 4 BEDROOM

4. TARGETING: ___ Total Units at 50% AMI ___ Total Units at 60% AMI ___ Total Units at 80% AMI ___ Total Units above 80% AMI (Market Rate)

5. IS THERE PROJECT-BASED HOUSING ASSISTANCE (i.e. Section 8, PRAC) ___ Yes ___ No How many units: ___ Describe _____

6. PROJECT START DATE: _____ COMPLETION DATE: _____

7. MEMBER BANK: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

CONSTRUCTION LENDER: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

8. OWNERSHIP NAME: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

9. GENERAL PARTNER NAME: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

10. PRIMARY DEVELOPER (IF DIFFERENT): _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

CO-DEVELOPER (IF DIFFERENT: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

11. NON-PROFIT SPONSOR: _____ CONTACT NAME: _____
 ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____

FHLB REGISTERED SPONSOR? ___ Yes ___ No Region: _____ USER ID _____ PASSWORD _____

12. DO YOU HAVE SITE CONTROL? ___ Yes ___ No If so, what form? _____

DOES THIS PROJECT INVOLVE A SALE BETWEEN RELATED PARTIES? ___ Yes ___ No

If so, what is the original purchase and what is the markup purchase? Original Purchase: \$ _____ Mark Up Purchase \$ _____

13. DO YOU HAVE A MARKET STUDY? ___ Yes ___ No Date: _____

14. TAX CREDIT RESERVATION ___ Yes ___ No AMOUNT \$ _____ RESERVATION YEAR _____ Describe _____

15. OTHER GRANTS/ FUNDING ___ Yes ___ No Name _____ AMOUNT \$ _____ YEAR _____
 Name _____ AMOUNT \$ _____ YEAR _____

14. ANY SPECIAL TARGETING REQUIREMENTS? ___ Yes ___ No Required by: _____ Describe _____

15. VETERANS' HOUSING? ___ Yes ___ No Describe _____

16. HOMELESS ___ Yes ___ No Describe _____

17. SPECIAL NEEDS* POPULATION ___ Yes ___ No Describe (*see below) _____

**Special needs may include: elderly, mentally or physically disabled persons, recovering from physical or substance abuse, aging out of foster care or people with AIDS.*

19. BRIEF PROJECT DESCRIPTION: (feel free to attach additional information)