SERVICING AND MANAGEMENT ASSISTANCE SECTION

Borrower Fiscal Year: Beginning _____ *Ending* _____

EXPIRATION AND DUE DATES		FOLLOW-UP	ACTIONS PLANNED	DATE
ITEM	DATE	DATE		COMPLETED
Real Est. Tax #				
Fire Insurance $				
Pub. Liability $				
Fidelity Bond				
1. $				
2. $				
Financing Stmt. No.			FS	
Security Agmt. No.				
Const. Inspection				
Final Inspection				
Builder's Warranty				
Biennial Inspection				
Rtn. Plans & Specs to Borrower				
Compliance Review				
Annual Meeting			DD to attend: ☐Yes ☐No	

(FOLD ON DOTTED LINE)

REPORTS	DUE DATE	FOLLOW-UP DATE	DATE MADE	REMARKS	MONTHLY REPORTS
Form FmHA 444-29					JAN
					FEB
Annual Reports:					MAR
Budget, Inc. & Exp. Stmt.					APR
Year End Report and Analysis					MAY
Annual Meeting Minutes					JUN
Audit Report					JUL
Annual Analysis					AUG
Report to State Office					SEP
					OCT
					NOV
					DEC
					MO. REPORTS
					WAIVED:

RESERVE: AMOUNT REQUIRED TO BE ON HAND AS OF _____ $ _____
AMOUNT ACTUALLY ON HAND AS OF _____ $ _____
FULLY FUNDED @ $ _____ AMT. REQUIRED PER MO./YR. $ _____

RETURN: INITIAL INVESTMENT $ _____ @ % = $ _____

USDA-FmHA
Form FmHA 1905-6
(Rev. 3-5-80)

MANAGEMENT SYSTEM CARD - Multifamily Housing

1	2	3	4	5
DEL TAXES	ANAL-YSIS	DEV. WORK	FIN. STMT.	PMT. DUE

RRH RCH LH RHS TA
(TYPE OF ASSISTANCE)

CR A B C
(ACTIVITY)

(PROJECT NAME) *(PROJECT NUMBER)* *(BORROWER'S NAME)* *(CASE NO.)*

OCCUPANCY	UNITS
Ethnic Group:	TOTAL Units
TOTAL	
W	
B	Family
AI	
H	Sr. Citizen
A	

(State) (CODES) (County)

(CASE CLASSIFICATION)

(BORROWER'S ADDRESS) *(TELEPHONE NUMBER)*

TYPE OF ENTITY _____, SUBSIDY _____

PROJECT LOCATION:

MANAGEMENT AGENT, ADDRESS, TELEPHONE:

PRESIDING OFFICIAL/GOVERNING BODY:
Name:
Title:
Address:

RENTAL ASSISTANCE: No. Units -	New	Existing
Number		
Approval Date		
Effective Date		
Agreement Date		
Expiration Date		

Approved Rates/Allowances

S. 8	Basic	Mkt.	Util.	No. Units
				- 0 Bdrm
				- 1 Bdrm
				- 2 Bdrm
				- 3 Bdrm
				- 4 Bdrm
Date of Last Rent Change:				

(FOLD ON DOTTED LINE)

GRANTS: _____ _____
(CODE) *(AMOUNT)*

LOAN INSTALLMENT SCHEDULE

LOAN CODE	INT. RT.	DATE OF NOTE	AMOUNT OF NOTE	REPAY. PERIOD	FIRST INSTALLMENT AMOUNT	FIRST INSTALLMENT DATE	ANNUAL OR MO.INSTALL	1% AMOUNT	SECTION 8 AMOUNT	SECTION 8 PERCENT

☆ U.S. G.P.O. 1980-665-116/1609 REG. #6