**RHD FORM 6**

**PROJECT DEVELOPMENT TEAM**

**DEVELOPER EXPERIENCE**

Complete the information below for each development your organization has carried out within the last **five** years.

Attach additional copies of this form as needed.

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| Development Name: | Developer Contact Name: | |
| Address: | Email: | Phone: |
| Development Types:  □ New Construction □ Rehabilitation □Acquisition/Rehabilitation | Type of Subsidy (check all that apply):  □ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER: | |
| Development Lender: | Contact (name and phone): | |
| Equity Provider: | Contact (name and phone): | |
| Is Permanent Financing in Place? □ Yes □ No | Have you had to make capital contributions? □ Yes □ No | |
| Total Number of Units: Number of Low-Income Units: | DCR: | |
| Placed-in-Service Date: | Physical and Economic Occupancy Percentages for the Last Two Years:  Year Physical Economic | |
| Number of Months in Lease-Up: |
| Has the development ever had a financial audit performed?  Yes  No  In what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern?  Yes  No | |