

STATE HOUSING AGENCY - Single Family Program

Part 1: Contact Data

Obligor Name:	
Project Name:	
Financial Contact Name:	
Telephone No:	
Fax Number:	
E-Mail Address:	
Website Address:	
Trustee Company Name:	
Trustee Contact Name:	
Telephone No:	
Fax Number:	
E-Mail Address:	
Servicer/Program Administrator Company Name:	
Servicer/Program Administrator Contact Name:	
Telephone No:	
Fax Number:	
E-Mail Address:	

Part 2: Program Statistical Data

	Most recent FY	Year prior	Two years prior
Fiscal Year:			
Number of Mortgage Loans			
Current or Delinquent			
Delinquent Stats			
a) 30 Days			
b) 60 Days			
c) 120 Days			
In Foreclosure			
Bankruptcy			
Claims			
Private Mortgage Insurance Provider Mix (list each)	% of Loans		

Part 3: Financial Information

	Most recent FY	Year prior	Two years prior
Fiscal Year:			
Account Balances:			
Assets (list each as a separate line item)			
Liabilities (list each as a separate line item)			
Fund Balance:			
Asset to Liability Ratio (%)			
Fund Balance as % of Bonds Outstanding			