

**VERMONT HOUSING FINANCE AGENCY
PERMANENT RECORD SHEET**

Name of Legal Owner: _____
 Owner Federal Tax ID Number: _____
 Owner Address: _____

Name of Management Agent: _____

Address: _____

Phone: _____

Project Name: _____

Project Location Address: _____

Type and Number of Units: _____ Elderly _____ Family _____ Total
 _____ Section 8 _____ Tax Credit _____ Commercial

Total Number of Buildings: _____

SECTION I

1. When are the real estate taxes due? _____
2. When are sewer and or water charges due? _____
3. What is the insurance renewal date? _____
4. When is the insurance premium due? _____

SECTION II

Give location and account numbers of the following:

1. Reserve Fund for Replacement: _____
2. Development Operations Saving Account: _____
3. Development Operations Checking Account: _____
4. Development Operations Working Capital Account: _____
5. Security Deposit Account: _____
6. Other (describe) _____

SECTION III

1. **APPLIANCES**

<u>Number</u>	<u>Type</u>	<u>Make</u>	<u>Model</u>
_____	Refrigerators	_____	_____
_____	Ranges	_____	_____
_____	Washers	_____	_____
_____	Dryers	_____	_____
_____	Hot Water Heaters	_____	_____
_____	(Other)	_____	_____

2. **FURNISHINGS FOR COMMUNITY BUILDING/ROOM**

<u>Number</u>	<u>Type</u>
_____	_____
_____	_____
_____	_____

3. **SPECIFY TYPE OF HEATING SYSTEM FUEL & DISTRIBUTION BY BUILDING.**
e. g. Oil, Propane, Natural Gas; Hot Water, Hot Air, Steam, Radiant;
Baseboard, Radiators, Wall units, etc.

Bldg _____	Fuel _____	Type _____	Distribution _____
Bldg _____	Fuel _____	Type _____	Distribution _____

Prepared By: _____ Date: _____