

111 E. Wacker Drive Suite 1000 Chicago, IL 60601 312.836.5200

Portfolio Risk Management Request

Project Name:		_ Project ID:
IHDA Loan Number(s):		Tax Credit Number:
Property Address:	City: _	State: Zip Code:
Number of Units:		Current Occupancy Percentage:
Legal Name of Current Owner or Ownership e	ntity:	
Legal Name of Project Owner or Ownership er	ntity (if diff	ferent):
Contact Person:	Phone	e: Email:
Contact Address:	City: _	State: Zip Code:
IHDA Staff Only Refer to PRM for Workout		
Type of Request (Check all that apply)		
☐ Change in Ownership Interest		☐ Loan Subordination
☐ Assignment & Assumption of EUA/Regulatory Agreements		☐ Loan Modification
☐ LP/GP Change		☐ Pre-Payment
☐ Property Management (PM) Change		□ Loan Payoff
☐ Transfer of Physical Assets		☐ Other
Please provide any additional details below:		
Assets Manager will be assigned no later than	5 busines ment to th	t, there will be a non-refundable processing fee. A Special less days after receipt of the request. Submission of this ne requested terms. If you have any questions, please IAssets@IHDA.org .
I certify to the best of my knowledge that the in	nformatior	n contained in this application is complete and accurate.
Owner:		Printed Name:
By:		_
Title:		_
Data		or send to SpecialAssets@IHDA.org