

111 E. Wacker Drive Suite 1000 **Chicago, IL 6060**1 312.836.5200

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 en	tity:	
Legal Name of Project Owner or Ownership ent	ity (if diffe	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	5 busines eement t	, there will be a non-refundable processing fee. A Special ss days after receipt of the request. Submission of this to the requested terms. If you have any questions, please Assets@IHDA.org.
approval of this request will require that the righ be expressly waived.	t to requ	expressly waived in the EUA for the subject development, uest a Qualified Contract under Section 42 of the IRS Code in contained in this application is complete and accurate.
_		
		_ Printed Name:
Ву:		Date:
Title:		