

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

Fiscal Year:	2005	2004	2003
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

Fiscal Year:	2005	2004	2003
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			