

Supportive Housing for the Elderly Section 202
Application for Capital Advance
Summary Information

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0267
(exp. 11/30/2004)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This information collection is considered non-sensitive and no assurance of confidentiality is provided.

HUD Use Only	202 Project Number	PRAC Number
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1. Sponsor's Name(s), Address(es) & Telephone Number (s)	2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," place the numeric code as shown below in this box <input style="width:40px; height:20px;" type="text"/> Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian
1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No Please refer to the General Section of the SuperNOFA, as published in the Federal Register for the current fiscal year	

3a. Address of Site	3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community? (Contact local HUD Office for information on these designated areas.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please place the appropriate number as shown above in this box <input style="width:40px; height:20px;" type="text"/>
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4a. Congressional District	5. Type of Area <input type="checkbox"/> Metropolitan <input type="checkbox"/> Non-metropolitan	6. Capital Advance Amount Requested \$	7. Project Rental Assistance Contract Amount Requested \$
4b. Census Tract			

8. Total No. of 202 Units	8a. Number & Type of Resident Units Proposed <input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom	8b. Resident Manager's Unit (check appropriate type) <input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom <input type="checkbox"/> Two bedroom
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9. Number of Buildings	10. Type of Project <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition Year Built (yyyy) <input style="width:60px; height:20px;" type="text"/>	11. Type of Building(s) <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached <input type="checkbox"/> Walk-up <input type="checkbox"/> Detached <input type="checkbox"/> Elevator
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12. Number of Stories	13. Number of Parking Spaces	14. Check utilities and services not included in the rent and to be paid directly by the tenant. <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas
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15. Off-Site Facilities <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Public</th> <th>At Site</th> <th>Feet from Site</th> </tr> </thead> <tbody> <tr> <td>Water</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Sewer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Paving</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Gas</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Electric</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		Public	At Site	Feet from Site	Water	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Paving	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____	Electric	<input type="checkbox"/>	<input type="checkbox"/>	_____	16a. Community Spaces to be included in Project	16b. Mixed-Finance or Mixed-Use Project For Additional Units <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Additional Units _____
	Public	At Site	Feet from Site																							
Water	<input type="checkbox"/>	<input type="checkbox"/>	_____																							
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____																							
Paving	<input type="checkbox"/>	<input type="checkbox"/>	_____																							
Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____																							
Electric	<input type="checkbox"/>	<input type="checkbox"/>	_____																							

17. Unusual Site Features <input type="checkbox"/> None <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Fill <input type="checkbox"/> Rock Foundations <input type="checkbox"/> Erosion <input type="checkbox"/> High Water Table <input type="checkbox"/> Other (specify) _____	18. Mark one box Name, Address & Telephone Number <input type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Authorized Representative
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19. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.	
Program Name	Form
_____	_____
_____	_____
_____	_____

20. Sponsor's Attorney (name, address & telephone number)	By (Signature of Sponsor's Authorized Representative)	
	Type in Name	Date (mm/dd/yyyy)
	Type in Title	