Supportive Housing for Persons with Disabilities Section 811

U.S. Department of Housing and Urban Development

OMB Approval No. 2502-0462 (exp.12/31/2003)

Office of Housing Federal Housing Commissioner

Application for Capital Advance Summary Information
For HUD HUD Project Number

Ethnicity (select only one) Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino American Asian	Yes No askan Native				
Significant	npowerment Zone, (2) gic Planning Communit				
Is this sponsor a minority applicant? Ethnicity (select only one)	askan Native npowerment Zone, (2) gic Planning Communit				
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3b. Will project be located within the boundaries of a Federally-designated: (1) Employers Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strateg or (5) Renewal Community? (Contact local HUD Office for information on these designated areas.) If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number a	gic Planning Communit				
Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strateg or (5) Renewal Community, (2) Orfice for information on these designated areas.) a. Congressional District a. Congressional District b. Capital Advance Amount Requested S b. Capital Advance Amount Requested S b. Capital Advance Amount Requested S c. Project Rental Assistance Contract Amount Requested S b. Project Rental Assistance Contract Amount Requested S c. Application Contains Evidence of Site Control Identification of Site Type of Construction New Construction Rehabilitation Rehabilitation Acquisition Address Address Total Disabled Residents Address Address Address Address Address Address	gic Planning Communit				
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Amount Requested \$ If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," please indicate appropriate number as shown above. If "Yes," in Identification of Site Dortrol Identification of Site Dortro					
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5. Project Rental Assistance Contract Amount Requested 7. Application Contains 8. Vote: For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Residents Manager unit, if applicable, in the "Total Units" category. 10. Project Type & Number of Units/Residents Proposed a. Group Home Site					
Stee					
Note: For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" acategory. 10. Project Type & Number of Units/Residents Proposed a. Group Home Site Disabled Residents Wing Project Unit (Y/N) #1 #2 #3 #4 b. Independent Living Project Units by No. of Site Bedrooms Site Disabled 0 1 2 3 Units Residents #1 Address Address Address	identify subcategory.				
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Manager unit, if applicable, in the "Total Units" Acquisition					
Exategory. 1.0. Project Type & Number of Units/Residents Proposed a. Group Home Site No. of Disabled Resident Mgr. Unit (Y/N) Address #1 #2 #3 #4 #4 #4 #4 #4 #5 #5 #5					
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No. of Disabled Residents					
Site Disabled Residents Unit (Y/N) Address					
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#4 b. Independent Living Project Units by No. of Bedrooms 0 1 2 3 Units Residents #1 Units Project Address					
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#4					
c. Condominium					
Units by No. of Address					
Site Bedrooms Total Disabled					
0 1 2 3 Units Residents					
#1					
#2					
#3					
#4					
Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site. Totals					
Units (Section 811)					
Disabled Mixed Finance or Mixed Use Project for Additional Units Previous editions are obsolete Page 1 of 3 FORM hud-920					

	Residents					
	Sites	Yes	No	# of Add'l Units		
	Check utilities and services not included in the rent and to be paid directly by the tenant Electric Water Heat Gas	12. Unusual Site Feati None Cuts Fill Erosion	Poor Drain Retaining Rock Four High Wate	Walls adations	Other (specify)	
13	Off-Site Facilities:	14. Commi	unity Snaces to be	included in Project:	(identified by site no. indicated I 10 above):	
		om Site				
	If Sponsor is applying for more than one H Program Name	IUD program from the	SuperNOFA, indi		tion(s) contain the forms with original signa Form	atures.
	Name, Address and Telephone Number of (m Consultant Agent Authorized Representative Sponsor's Attorney (name, address and telep					
	operation of mane, address and toop					
Ву	(signature of sponsor's authorized represen	tative)				
	Type in Name					
	Title					

Public reporting burden for this collection of information is estimated to average 46 hours 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 collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811.

The information is processed to posit LILID to determine	rmine applicant aligibility and ability to dayolar b	average for disabled with statutory and program exitoric
A thorough evaluation of an applicant's qualification	ns and capabilities is critical to protect the Govern	ousing for disabled with statutory and program criteria. nment's financial interest and to mitigate any possibility
of fraud, waste or mismanagement of public funds.	This application does not collect any sensitive inf	ormation. HUD does not ensure confidentiality.
Previous editions are obsolete	Page 3 of 3	FORM hud-92016-ca (07/26/20007) ref Handbook 4571.2