

**ROSS FUNDING  
FACT SHEET**

**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT  
OFFICE OF PUBLIC AND INDIAN HOUSING**

OMB Approval No. 2577-0229  
Expiration Date 02/28/2007

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Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

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**Instructions for completing this form: All applicants must complete sections A, B, C, D, and E.**

**A. Applicant Information**

Applicant Name: \_\_\_\_\_

PHA (PHA Code \_\_\_\_\_), All Applicants must identify a primary PHA.

Applicant Type: \_\_\_ RA \_\_\_ Nonprofit \_\_\_ Tribe/TDHE

**B. Grant to which the applicant is applying:** \_\_\_\_\_

**C. Unit Count**

\_\_\_\_\_ Total number of family occupied conventional public housing units.

\_\_\_\_\_ Total number of elderly/disabled-occupied conventional public housing units.

**D. Please list any previous HUD grants, including ROSS grants you have received. Indicate grant name, (e.g. ROSS Homeownership), Year, and Award Amount.**

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## ROSS FUNDING

### *FACT SHEET (continued)*

**E. Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)**

**Name of Public Housing Development    PIH Project #    (HA Code and 3-digit project #)**

Name of Public Housing Development	PIH Project # (HA Code and 3-digit project #)