

**Section 202 Demonstration
Program for Elderly Housing
for Intergenerational Families**

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

OMB Approval No. 2502-XXXX
(exp.XX/XX/XXXX)

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.

The Demonstration Program for Elderly Housing for Intergenerational Families was created by the Living Equitably: Grandparents Aiding Children and Youth Act of 2003 or the "Legacy Act of 2003" (Pub. L. 108-186, title II, Dec. 16, 2003, 117 Stat. 2688). The Department of Housing and Urban Development Appropriations Act, 2006 (Pub. L. 109-115, approved Nov. 30, 2005) provides \$4 million for a Demonstration Program for Elderly Intergenerational Families pursuant to section 203 of Public Law 108-186. The Demonstration Program was created to provide assistance for intergenerational dwelling units for intergenerational families in connection with the supportive housing program under section 202 of the Housing Act of 1959 (12 U.S.C. 1701q). The assistance shall be provided only to private nonprofit owners of Section 202 projects for use only for expanding the supply of intergenerational dwelling units. Not less than 2 and not more than 4 projects that are assisted under section 202 of the Housing Act of 1959 (12 U.S.C. 1701q) shall be selected for assistance based on the ability of the applicant to develop and operate intergenerational dwelling units and national geographical diversity among the projects funded. Response to this information collection is necessary to participate in the program. No assurance of confidentiality is provided.

Application for Intergenerational Housing Summary Information

HUD Project Number _____ PRAC Number _____

1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Applicant
 - 1a. Applicant is a "grassroots" organization Yes No
2. Minority Applicant Designation: A minority applicant is one in which at least 51 percent of the board members are minority. Is this applicant a minority applicant? Yes No
3. Location of Site (city & State) _____
 - 3a. Will the 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.) Yes No

If "Yes", please indicate all numbers that apply. _____
4. Congressional District _____ 5. Census Tract _____
6. Amount of Funds Requested \$ _____
7. Project Rental Assistance Contract Amount Requested \$ _____
8. Application Contains: Evidence of site control Identification of site
9. Type of Construction: New Construction Rehabilitation Acquisition

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10. Year Built _____ 11. Total No. of Units _____
12. Number and Type of Units Proposed: Two Bedrooms Three Bedrooms Four Bedrooms
13. Number of Buildings _____
14. Type of Building(s): Row/Townhouse Walk-up Elevator Semi-Detached Detached
15. Number of Stories _____ 16. Number of Parking Spaces _____
17. Check Utilities and services not included in the rent and to be paid directly by the tenant.
- Electric Water Heat Gas
18. Off-site Facilities:
- | | Public | At Site | Feet from Site |
|----------|--------|---------|----------------|
| Water | | | |
| Sewer | | | |
| Paving | | | |
| Gas | | | |
| Electric | | | |
19. Community Spaces to be included in Project _____
20. Mixed-Finance or Mixed-Use Project for Additional Units Yes No
21. No. of Additional Units _____
22. Unusual Site Features: None Cuts Fill
 Erosion Poor Drainage Retaining Walls Rock Foundations
 High Water Table Other

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23. (Check one box)

- Consultant
 Authorized Representative
 Agent

Name, Address & Telephone Number

24. Applicant's Attorney (name, address & telephone number)

25. By: (Signature of Applicant's Authorized Representative)

Type in Name

Type in Title

Date (yyy/dd/mm)