

**CHOICE NEIGHBORHOODS PLANNING GRANTS APPLICATION INFORMATION**

**ELIGIBLE APPLICANT**

You must provide the following information for the Lead Applicant and, if applicable, the Co-Applicant

**Lead Applicant:**

Type of Eligible Applicant  Public Housing Agency  Local Government  
(check one) PHA Code: \_\_\_\_\_

Nonprofit  For profit developer applying jointly with a public entity

Mailing Address: \_\_\_\_\_

Executive Officer Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Applicant (if any):**

Type of Eligible Applicant  Public Housing Agency  Local Government  
(check one) PHA Code: \_\_\_\_\_

Nonprofit  For profit developer applying jointly with a public entity

Mailing Address: \_\_\_\_\_

Executive Officer Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If you have selected an outside Planning Coordinator, provide the following information:

**Planning Coordinator:**

Mailing Address: \_\_\_\_\_

Executive Officer Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### ELIGIBLE TARGET HOUSING

Your application must focus on severely distressed public and/or HUD-assisted housing. See section I.C for definitions of "public housing," "assisted housing," and "severely distressed housing."

Provide the following information for each target housing project. List each site separately.

#### Project #1

**Project Name:** \_\_\_\_\_

**Type of Eligible Housing** \_\_\_\_\_

(check one)

Public Housing (section 9)

section 811

Project-based section 8

section 221(d)(3)

section 202

section 236

If Public Housing	PIC AMP Number: _____
	"old" Project Number: _____

If Assisted Housing	Contract Number: _____
	REMS Number: _____
	If FHA Insured, FHA #: _____

#### Physical Street Address

(include city, state and ZIP) \_\_\_\_\_

#### Unit Information as of Application Date

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____

#### Project #2 (if applicable)

**Project Name:** \_\_\_\_\_

**Type of Eligible Housing** \_\_\_\_\_

(check one)

Public Housing (section 9)

section 811

Project-based section 8

section 221(d)(3)

section 202

section 236

If Public Housing	PIC AMP Number: _____
	"old" Project Number: _____

If Assisted Housing	Contract Number: _____
	REMS Number: _____
	If FHA Insured, FHA #: _____

#### Physical Street Address

(include city, state and ZIP) \_\_\_\_\_

#### Unit Information as of Application Date

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____

**Project #3** (if applicable)

**Project Name:** \_\_\_\_\_

**Type of Eligible Housing**

(check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Public Housing (section 9) | <input type="checkbox"/> section 811       |
| <input type="checkbox"/> Project-based section 8    | <input type="checkbox"/> section 221(d)(3) |
| <input type="checkbox"/> section 202                | <input type="checkbox"/> section 236       |

If Public Housing	PIC AMP Number: _____
	"old" Project Number: _____

If Assisted Housing	Contract Number: _____
	REMS Number: _____
	If FHA Insured, FHA #: _____

**Physical Street Address**

(include city, state and ZIP)

\_\_\_\_\_  
\_\_\_\_\_

**Unit Information as of Application Date**

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____

**Project #4** (if applicable)

**Project Name:** \_\_\_\_\_

**Type of Eligible Housing**

(check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Public Housing (section 9) | <input type="checkbox"/> section 811       |
| <input type="checkbox"/> Project-based section 8    | <input type="checkbox"/> section 221(d)(3) |
| <input type="checkbox"/> section 202                | <input type="checkbox"/> section 236       |

If Public Housing	PIC AMP Number: _____
	"old" Project Number: _____

If Assisted Housing	Contract Number: _____
	REMS Number: _____
	If FHA Insured, FHA #: _____

**Physical Street Address**

(include city, state and ZIP)

\_\_\_\_\_  
\_\_\_\_\_

**Unit Information as of Application Date**

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____