OMB Approval No. 2577-0269 (exp. 2/28/2011)

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 [(check one)	Public Housing Agency PHA Code:	Local Government
	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 [(check one)	Public Housing Agency PHA Code:	Local Government
[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	g Coordinator, provide the following	information:
Planning Coordinator:		
Executive Officer Name & Title:		
Telephone:	Fax:	Email:
Telephone:	Fax·	Fmail:

ELIGIBLE TARGET HOUSING

Your application must focus on severely distressed public and/or HUD-assisted housing. See section I.C for defintions 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 N					
Type of E (check or	Eligible Housing	Public Housing (section 9) Project-based section 8 section 202	se	ction 811 ction 221(d)(3) ction 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 ci	ity, state and ZIP)				-
Unit Info	rmation as of Appl	ication Date			
	Total	Number of Units in Project		Number Occupied	
Nur	mber of Public and	or Assisted Units in Project	_	Number Vacant	
Project N	2 (if applicable) lame: ligible Housing				
(check or	· · · · · —	Public Housing (section 9)	se	ction 811	
		Project-based section 8 section 202	se	ction 221(d)(3) ction 236	
	If Public Housing	PIC AMP Number:			1
		"old" Project Number:			
	If Assisted Housing	Contract Number:			
Physical :	Street Address				
=	ity, state and ZIP)				-
Unit Info	rmation as of Appl	ication Date			
Total Number of Units in Project Number Occupied					
Nur	mber of Public and	or Assisted Units in Project _		Number Vacant	

-	3 (if aplicable)				
Project N					
Type of Eligible Housing (check one)		Public Housing (section 9)	□ se	ection 811	
(criccit of		Project-based section 8		ection 221(d)(3)	
		section 202		ection 236	
		Section 202	St	ECTION 230	
	If Public Housing	PIC AMP Number:]
		"old" Project Number:			
	If Assisted Housing	Contract Number:			
		REMS Number:			
		If FHA Insured, FHA #:			
Physical :	Street Address				
(include ci	ity, state and ZIP)				_
Unit Info	rmation as of Applic	ation Date			
			Number Occupied		
Number of Public and/or Assisted Units in Project Number Vacant					
Proiect #	4 (if applicable)				
Project N					
-	 Eligible Housing				
(check or	· —	Public Housing (section 9)	section 811		
		Project-based section 8	se	ection 221(d)(3)	
		section 202		ection 236	
	If Public Housing	PIC AMP Number:			1
		"old" Project Number:			
	If Assisted Housing	Contract Number:			
		REMS Number:			
		If FHA Insured, FHA #:			
Physical :	Street Address				_
(include ci	ity, state and ZIP)				_
Unit Info	rmation as of Applic	ation Date			
Total Number of Units in Project				Number Occupied	
Number of Public and/or Assisted Units in Project				Number Vacant	