

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)

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 of Public and/or Assisted Units in Project _____

Number Occupied _____
Number Vacant _____

Project #4 (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 of Public and/or Assisted Units in Project _____

Number Occupied _____
Number Vacant _____