

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 _____ |