

# Application for Capital Advance Summary Information

<b>For HUD Use Only</b>	HUD Project Number	PRAC Number
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1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Sponsor(s)	2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," identify by numeric code as shown below ..... <input style="width:30px;" type="text"/> <b>Codes:</b> 2 - Black; 3 - Native American 4 - Hispanic; 5 - Asian Pacific 6 - Asian Indian
1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No	

3a. Location of Site (city & State)	3b. Will 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.)  <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," please indicate appropriate number as shown above. <input style="width:30px;" type="text"/>
4a. Congressional District  4b. Census Tract	5. Capital Advance Amount Requested \$ <input style="width:60px;" type="text"/>

6. Project Rental Assistance Contract Amount Requested \$ <input style="width:60px;" type="text"/>	7. Application Contains <input type="checkbox"/> Evidence of Site Control <input type="checkbox"/> Identification of Site	9a. Occupancy Type <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Chronically Mentally Ill <input type="checkbox"/> Mixed Occupancy Identify Categories _____	9b. Restricted Occupancy Requested <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify subcategory _____
<b>Note:</b> For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" category.			
8. Type of Construction <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition			

10. Project Type & Number of Units/Residents Proposed

a. **Group Home**

Site	No. of Disabled Residents	Resident Mgr. Unit (Y/N)	Address
#1			
#2			
#3			
#4			

b. **Independent Living Project**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

c. **Condominium**

Site	Units by No. of Bedrooms				Total Disabled		Resident Mgr. Unit (Y/N)	Total Units	Address
	0	1	2	3	Units	Residents			
#1									
#2									
#3									
#4									

**Note:** If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.

**Totals**

<input style="width:60px;" type="text"/>	Units (Section 811)						
<input style="width:60px;" type="text"/>	Disabled Residents						
<input style="width:60px;" type="text"/>	Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Add'l Units	<input style="width:60px;" type="text"/>		

11. Check utilities and services not included in the rent and to be paid directly by the tenant

- Electric
- Water
- Heat
- Gas

12. Unusual Site Features

- None
- Cuts
- Fill
- Erosion
- Poor Drainage
- Retaining Walls
- Rock Foundations
- High Water Table
- Other (specify)

13. Off-Site Facilities:

	Public	At Site	Ft. from Site
Water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paving	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric	<input type="checkbox"/>	<input type="checkbox"/>	_____

14. Community Spaces to be Included in Project: (identified by site no. indicated in 10 above):

15. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.  
Program Name \_\_\_\_\_ Form \_\_\_\_\_

16. Name, Address and Telephone Number of (mark one box)

- Consultant
- Agent
- Authorized Representative

17. Sponsor's Attorney (name, address and telephone number)

By (signature of sponsor's authorized representative)

\_\_\_\_\_  
Type in Name

\_\_\_\_\_  
Title

Public reporting burden for this collection of information is estimated to average 46 hours 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.

This collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD to determine applicant eligibility and ability to develop housing for disabled with statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste or mismanagement of public funds. This application does not collect any sensitive information. HUD does not ensure confidentiality.