OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Application for Federal Assistance SF-424                         |   |          |                                   |      |  |   |  |  |
|---|---|----------|-----------------------------------|------|--|---|--|--|
| * 1. Type of Submissi  Preapplication  Application  Changed/Corre | ion:<br>ected Application                         | ⊠ Ne     | ee of Application: ew ontinuation |      | If Revision, select appropriate letter(s):  Other (Specify): |   |  |  |
| * 3. Date Received: 02/01/2012                                    | 4. Applicant Identifier:                          |          |                                   |      |  |   |  |  |
| 5a. Federal Entity Identifier:                                    |   |          |                                   | 5    | 5b. Federal Award Identifier:                                |   |  |  |
| State Use Only:   |   |          |                                   |      |  |   |  |  |
| 6. Date Received by State: 7. State Application Ide               |   |          | 7. State Application              | Ider | dentifier:   |   |  |  |
| 8. APPLICANT INFO   | 8. APPLICANT INFORMATION:                         |          |                                   |      |  |   |  |  |
| * a. Legal Name: No   | * a. Legal Name: North Carolina Housing Coalition |          |                                   |      |  |   |  |  |
| * b. Employer/Taxpayer Identification Number (EIN/TIN):           |   |          |                                   |      | * c. Organizational DUNS: 9439217260000                      |   |  |  |
| d. Address:   |   |          |                                   |      |  |   |  |  |
| * Street1:<br>Street2:  | 220 201 1142 2 201                                |          |                                   |      |  |   |  |  |
| * City:   | Raleigh   |          |                                   |      |  |   |  |  |
| County/Parish:  |   |          |                                   |      |  | 1 |  |  |
| * State: Province:  |   |          |                                   |      | NC: North Carolina   |   |  |  |
| * Country:  |   |          |                                   |      | USA: UNITED STATES   | ] |  |  |
| * Zip / Postal Code:  | 27605-1809  |          |                                   |      |  | J |  |  |
| e. Organizational U   | nit:  |          |                                   |      |  |   |  |  |
| Department Name:  |   |          |                                   |      | Division Name:   |   |  |  |
|   |   |          |                                   |      |  |   |  |  |
| f. Name and contac  | t information of p                                | erson to | be contacted on m                 | atte | tters involving this application:                            |   |  |  |
| Prefix:   |   |          | * First Nam                       | e:   | Chris  |   |  |  |
| Middle Name:  |   |          |                                   |      |  |   |  |  |
| * Last Name: Est  | es  |          |                                   |      |  |   |  |  |
| Suffix:   |   |          |                                   |      |  |   |  |  |
|   | Title: Executive Director                         |          |                                   |      |  |   |  |  |
| Organizational Affiliation:                                       |   |          |                                   |      |  |   |  |  |
| * Telephone Number:   | * Telephone Number: 919-881-0707 Fax Number:      |          |                                   |      |  |   |  |  |
| * Email: cestes@r   | nchousing.org                                     |          |                                   |      |  |   |  |  |

| Application for Federal Assistance SF-424   |
|---|
| * 9. Type of Applicant 1: Select Applicant Type:                                    |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)     |
| Type of Applicant 2: Select Applicant Type:   |
|   |
| Type of Applicant 3: Select Applicant Type:   |
|   |
| * Other (specify):  |
|   |
| * 10. Name of Federal Agency:   |
| US Department of Housing and Urban Development                                      |
| 11. Catalog of Federal Domestic Assistance Number:                                  |
| 14.322  |
| CFDA Title:   |
| Tenant Resource Network Program   |
| * 12. Funding Opportunity Number:   |
| FR-5500-N-31  |
| * Title:  |
| Tenant Resource Network Program (TRN)   |
|   |
|   |
| 13. Competition Identification Number:  |
| TRN-30  |
| Title:  |
|   |
|   |
|   |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):                     |
| NCHC_Form_424_14AreasAffected.docx Add Attachment Delete Attachment View Attachment |
| * 15. Descriptive Title of Applicant's Project:                                     |
| NCHC_TRN  |
|   |
|   |
| Attach supporting documents as specified in agency instructions.                    |
| Add Attachments Delete Attachments View Attachments                                 |
|   |

| Application for Federal Assistance SF-424  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 16. Congressional  | Districts Of:   |  |  |  |  |  |  |
| * a. Applicant   | C-013   | b. Program/Project NC-all  |  |  |  |  |  |
| Attach an additional I   | ist of Program/Project Congressional Distri   | cts if needed.   |  |  |  |  |  |
| NCHC_Form_424_   | 16CongressionalDistricts.doc  | Add Attachment   |  |  |  |  |  |
| 17. Proposed Project:  |   |  |  |  |  |  |  |
| * a. Start Date: 05/02/2012 * b. End Date: 05/01/2014  |   |  |  |  |  |  |  |
| 18. Estimated Funding (\$):  |   |  |  |  |  |  |  |
| * a. Federal   | 300,000.00  |  |  |  |  |  |  |
| * b. Applicant   | 0.00  |  |  |  |  |  |  |
| * c. State   | 0.00  |  |  |  |  |  |  |
| * d. Local   | 0.00  |  |  |  |  |  |  |
| * e. Other   | 0.00  |  |  |  |  |  |  |
| * f. Program Income  |   | J<br>1   |  |  |  |  |  |
| * g. TOTAL   | 300,000.00  |  |  |  |  |  |  |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process?   |   |  |  |  |  |  |  |
| a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  |   |  |  |  |  |  |  |
|  |   | elected by the State for review.   |  |  |  |  |  |
| c. Program is not covered by E.O. 12372.   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | _   | f "Yes," provide explanation in attachment.)   |  |  |  |  |  |
| Yes  | ☑ No  | f "Yes," provide explanation in attachment.)   |  |  |  |  |  |
| Yes  | _   | f "Yes," provide explanation in attachment.)  Add Attachment  Delete Attachment  View Attachment   |  |  |  |  |  |
| If "Yes", provide ex   | ☑ No<br>planation and attach  | Add Attachment Delete Attachment View Attachment   |  |  |  |  |  |
| If "Yes", provide ex  21. *By signing this herein are true, co   | planation and attach s application, I certify (1) to the staten   | Add Attachment  Delete Attachment  View Attachment  nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to  |  |  |  |  |  |
| If "Yes", provide ex  21. *By signing this herein are true, co comply with any re  | planation and attach s application, I certify (1) to the staten   | Add Attachment  Delete Attachment  View Attachment  nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may   |  |  |  |  |  |
| If "Yes", provide ex  21. *By signing this herein are true, co comply with any re  | planation and attach s application, I certify (1) to the staten omplete and accurate to the best of esulting terms if I accept an award. I am   | Add Attachment  Delete Attachment  View Attachment  nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may   |  |  |  |  |  |
| If "Yes", provide ex  21. *By signing this herein are true, co comply with any re subject me to crimi  ** I AGREE  | planation and attach s application, I certify (1) to the statem omplete and accurate to the best of sulting terms if I accept an award. I aminal, civil, or administrative penalties.   | Add Attachment  Delete Attachment  View Attachment  nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may   |  |  |  |  |  |
| If "Yes", provide ex  21. *By signing this herein are true, co comply with any re subject me to crimi  ** I AGREE  ** The list of certifications in the subject of certification is the subjec | planation and attach s application, I certify (1) to the statem omplete and accurate to the best of sulting terms if I accept an award. I aminal, civil, or administrative penalties.   | Add Attachment  Delete Attachment  View Attachment  nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to a aware that any false, fictitious, or fraudulent statements or claims may U.S. Code, Title 218, Section 1001)   |  |  |  |  |  |
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