U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0269 (exp. 1/31/2015)

CHOICE NEIGHBORHOODS IMPLEMENTATION GRANTS APPLICATION INFORMATION

ELIGIBLE NEIGHBORHOOD		
Name of Neighborhood		
ELIGIBLE APPLICANT You must provide the following information	ation 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 Tribal Entity
	Nonprofit	For profit developer applying jointly with a public entity
Mailing Address:		
Executive Officer Name & Title:		
— Telephone:	Fax:	Farail.
Primary Contact Name & Title:		
Telephone:	Fax:	Email:
Co-Applicant (if any):		
Type of Eligible Applicant (check one)	Public Housing Agency PHA Code:	Local Government Tribal Entity
	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:

PRINCIPAL TEAM MEMBERS

Housing Implementation Entity:			
Mailing Address:			
Executive Officer Name & Title:			
	Fax:		
Primary Contact Name & Title:			
	Fax:		
People Implementation Entity:			
Executive Officer Name & Title:			
	Fax:	Email:	
Primary Contact Name & Title:			
	Fax:		
Neighborhood Implementation			
Entity:			
Mailing Address:			
Executive Officer Name & Title:			
Telephone:	Fax:	Email:	
Primary Contact Name & Title:			
Telephone:	Fax:	Email:	
Education Implementation Entity:			
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 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 Nam					
	ble Housing				
(check one)	Public Housing (section 9)		section	202	section 236
	Project-based s	section 8	section 811		Indian Housing
	Project-based v	vouchers	section	221(d)(3)	
	If Public Housing	PIC AMP Number:			
		"old" Project Number:			
	If Assisted Housing	Contract Number:			
		REMS Number:	-		
		If FHA Insured, FHA #:			
Physical Stre	eet Address				
(include city,	state and ZIP)				
Unit Informa	ation as of Applicatio	n Date			
	Total Nu	mber of Units in Project		Number Occupied	I
Num	ber of Public and/or	Assisted Units in Project		Number Vacant	
Project #2 (i	f applicable)				
Project Nam	ie:				
Type of Eligi	ble Housing				
(check one)	Public Housing	(section 9)	section	202	section 236
	Project-based s	section 8	section	811	Indian Housing
	Project-based v	vouchers	section	221(d)(3)	
	If Public Housing	PIC AMP Number:			
		"old" Project Number:	; <u> </u>		
	If Assisted Housing	Contract Number:			
		REMS Number:			
		If FHA Insured, FHA #:			
Physical Stre	eet Address				
(include city,	state and ZIP)				<u> </u>
Unit Inform	ation as of Applicatio				_
<u> </u>		mber of Units in Project		Number Occupied	
Num	iber of Public and/or i	Assisted Units in Project	,	Number Vacant	

Project #3 (if	f aplicable)				
Project Nam	ie:				
Type of Eligi	_				
Type of Eligi					_
(check one)			section		section 236
	Project-based s	section 8	section	811	Indian Housing
	Project-based v			221(d)(3)	
	If Public Housing	PIC AMP Number:			7
		"old" Project Number:			
	If Assisted Housing	Contract Number:			<u> </u>
		REMS Number:			
		If FHA Insured, FHA #:			
-! ! .l ca					_
Physical Stre	-				_
(include city, s	state and ZIP)				_
Unit Informa	ation as of Application	n Date			
	Total Nu	mber of Units in Project		Number Occupied	
Num	ber of Public and/or A	Assisted Units in Project		Number Vacant	
Project #4 (if					
Project Nam					
Type of Eligi	•				
Type of Eligible (check one)		(section 0)	section	202	section 236
(CHECK OHE)					Ⅎ
	Project-based s		section		Indian Housing
	Project-based v		section	221(d)(3)	٦
	If Public Housing	PIC AMP Number:			
		"old" Project Number:			
	If Assisted Housing	Contract Number:			Ī
		REMS Number:			
		If FHA Insured, FHA #:			
Physical Stre	ant Address				_
(include city, s	_				_
	-				_
Unit Informa	ation as of Application			N. Derico Samuela d	
Total Number of Units in Project Number of Public and/or Assisted Units in Project			Number Occupied		
INUIII	iber of Public and/or <i>i</i>	Assisted Units in Project	1	Number Vacant	