

CHOICE NEIGHBORHOODS PLANNING GRANTS APPLICATION INFORMATION

ELIGIBLE NEIGHBORHOOD

Name of Neighborhood _____

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 Tribal Entity
(check one) PHA Code: _____

Nonprofit

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 Tribal Entity
(check one) PHA Code: _____

Nonprofit

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ Fax: _____ Email: _____

Primary Contact Name & Title: _____

Telephone: _____ Fax: _____ Email: _____

Co-Applicant DUNS and EIN/TIN: _____

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.A.3 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 202 section 236
 Project-based section 8 section 811 Indian Housing
 Project-based 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 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 202 section 236
 Project-based section 8 section 811 Indian Housing
 Project-based 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 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 _____

