Choice Neighborhoods
PLANNING GRANTS
Key Eligibility Data Form

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

OMB Approval No. 2577-0269 (exp. 4/30/2018)

CHOICE NEIGHBORHOODS PLANNING GRANTS APPLICATION INFORMATION

ELIGIBLE NEIGHBORHOOD			
Name of Neighborhood			
ELIGIBLE APPLICANT You must provide the following inforn	nation for the Lead Applicant and, i	f applicable, the Co-Applicant	
Lead Applicant: _			
Type of Eligible Applicant [(check one)	Public Housing Agency PHA Code:		Tribal Entity
[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 [(check one)	Public Housing Agency PHA Code:	Local Government	Tribal Entity
[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 Plannin	g Coordinator, provide the following	g 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 Nam	e:			
Type of Eligi	ble Housing			
(check one)	Public Housing (section 9)	section 202		section 236
	Project-based section 8	section	811	Indian Housing
	Project-based vouchers	221(d)(3)	-	
	If Public Housing PIC AMP Number: "old" Project Number:			
	If Assisted Housing Contract Number:			
Physical Stre	eet Address			
(include city,	state and ZIP)			_
Unit Informa	ation as of Application Date			
Number o	Total Number of Units in Project _ of Public and/or Assisted Units in Project		Number Occupied Number Vacant	
-	if applicable)			
Project Nam				
Type of Eligi (check one)		section	202	section 236
(cricck oric)	Project-based section 8	section		Indian Housing
	Project-based vouchers		221(d)(3)	
	If Public Housing PIC AMP Number: "old" Project Number:			
	If Assisted Housing Contract Number:			
Physical Stre	eet Address			
(include city,	state and ZIP)			_
Unit Informa	ation as of Application Date			
I I			Number Occupied	
Number of Public and/or Assisted Units in Project			Number Vacant	

Project #3 (if aplicable)					
Project Nam	ne:					
Type of Eligi	ble Housing					
(check one)	Public Housing (section 9)		section	202	section 23	6
	Project-based se	ection 8	section	811	Indian Ho	using
	Project-based v	ouchers	section	221(d)(3)		
		PIC AMP Number: " Project Number:				
	If Assisted Housing If FI	Contract Number: REMS Number: HA Insured, FHA #:			_ _ _	
Physical Stre	eet Address					
(include city,	_					
Unit Informa	ation as of Application	n Date				
	Total Number	of Units in Project		Number Occup	ied	
Number o	of Public and/or Assist	ed Units in Project		Number Vacan	t	
Project #4 (if applicable)					-
Project Nam	ne:					
Type of Eligi						
(check one)	Public Housing (section 9)	section	202	section 23	6
	Project-based se	ection 8	section	811	Indian Ho	using
	Project-based v	ouchers	section	221(d)(3)		
	If Public Housing	PIC AMP Number:				
	"old	" Project Number:				
		Contract Number: REMS Number: HA Insured, FHA #:			- - -	
Physical Stre	eet Address					
(include city,	_					
Unit Informa	ation as of Application					1
Total Number of Units in Project				Number Occup		
Number of Public and/or Assisted Units in Project			Number Vacan	ι 		