Choice Neighborhoods
IMPLEMENTATION 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 IMPLEMENTATION 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
(check one)

☐ Public Housing Agency   ☐ Local Government   ☐ Tribal Entity
PHA Code: _____

☐ 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: _____

Co-Applicant (if any): _____

Type of Eligible Applicant
(check one)

☐ Public Housing Agency   ☐ Local Government   ☐ Tribal Entity
PHA Code: _____

☐ 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: _____

Telephone: _____ Fax: _____ Email: _____

Primary Contact Name & Title: _____

Telephone: _____ Fax: _____ Email: _____

People Implementation Entity: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ Fax: _____ Email: _____

Primary Contact Name & Title: _____

Telephone: _____ Fax: _____ Email: _____

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 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 | _____ |

Project #3 *(if aplicable)*

Project Name: _____

Type of Eligible Housing

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 #4 *(if applicable)*

Project Name: _____

Type of Eligible Housing

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 | _____ |