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| Supportive Housing for the Elderly Section 202  **Application for Capital Advance Summary Information** | **U.S. Department of Housing and**  **Urban Development**  Office of Housing Federal Housing Commissioner | OMB Approval No. 2502-0267 (exp. 10/31/2023) |

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This collection of information is required for HUD’s Supportive Housing for the Elderly under Section 202 and The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant’s qualifications and capabilities is critical to protect the Government’s financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2502-0267.

**HUD Use** 202 Project Number PRAC Number

**Only**

1. Sponsor's Name(s), Address(es) & Telephone Number (s)

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| 1. Address of Site | | | | | | | | | | | 1. Is the property located in a designated “Opportunity Zone”?  Yes  No | | |
| 1. Congressional District | | 5. Type of Area   Metropolitan   Non-Metropolitan | | | | | | | | | | 5. Capital Advance Amount Requested  $ | |
| 1. Census Tract | |
| 7. Total No. of 202 Units | 8a. Number & Type of Resident Units Proposed   Efficiency  One Bedroom | | | | | | | 8b. Resident Manager’s Unit (Check Appropriate Type)   Efficiency  One Bedroom  Two Bedroom | | | | | |
| 9. Number of Buildings | 10. Type of Project Year Built (yyyy) | | | | | | | | | 11. Type of Building(s)   Row/Townhouse  Semi-detached   Walk-Up  Detached   Elevator | | | |
|  New Construction   Rehabilitation | | | |  | |  | | |
|  Acquisition | | | | | | | | |
| 12. Number of Stories | 13. Number of Parking Spaces | | 14. Check utilities and services not included in the rent and to be paid directly by the tenant.   Electric  Water  Heat  Gas | | | | | | | | | | |
| 15a. Community Spaces to be included in Project | | | | | | | | | | | 15b. Mixed-Finance for Mixed-Use Project for Additional Units   Yes  No | No. of Additional Units | | |
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| 16. Unusual Site Features   None  Poor Drainage   Cuts  Retaining Walls   Fills  Rock Foundations   Erosion  Highwater Table  Other (specify) | | | | 17. Mark One Box   Consultant   Agent   Authorized Representative | | | | | Name, Address & Telephone Number of Person Submitting Application | | | | |
| 18. Sponsor’s Attorney (name, address & telephone number) | | | | | | By (Signature of Sponsor’s Authorized | | | | | | | |
| Type in Name | | | | | | | |
| Type in Title | | | | | | | Date (mm/dd/yyyy) |

Previous editions are obsolete Form **HUD-92015-CA** (09/2019)

Ref: Handbook 4571.3 Rev-1