

Application Form

Instructions

Please fill out the attached application completely. Failure to provide complete information or documentation as required, may cause your application to be rejected.

1. **Project Name:** _____

2. **Project Address:** _____

Street Address

City

State

Zip Code

3. **Census Tract #:** _____

4. **What is the poverty rate of families in the census tract?** _____ %

(To find, use www.factfinder.census.gov; input the address under address search, select "GO"; select census tract and click "GO"; scroll down to find and select "Profile of Selected Economic Characteristics"; Go to "Poverty Status (below poverty level)" for "Families")

5. **Building Type:**

apartments duplex other, specify type:

6. **Number of units with bedroom size requested in this application (if rents vary by bedroom size of if other anomalies exist, feel free to modify this table or add additional pages):**

Bedrooms	Total # of units in the property	# Requested by bedroom	# Requested at 50% AMI	# Requested at 40% AMI	# Requested at 30% AMI	Contract Rent Requested
1						
2						
3						
4+						
Total						

7. **Population to be Served:**

8. **Proposed Contract Term:**

Application Form

9. Describe the following resources found in the area of the project and the exact distance of each from the project, if applicable.

Resources	Brief Description & Proximity to Site
Public Transit	
Public Schools	
Parks and Recreational Facilities	
Job Center	
Shopping	
Health/ Medical Services	

10. List the utilities/services and indicate which are provided by owner and included in the rent:

Utilities/Services	
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Provided by owner
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Provided by owner
Other Electric	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Provided by owner
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Provided by owner
Water	<input type="checkbox"/> _____ <input type="checkbox"/> Provided by owner
Sewer	<input type="checkbox"/> _____ <input type="checkbox"/> Provided by owner
Trash Collection	<input type="checkbox"/> _____ <input type="checkbox"/> Provided by owner

11. Total number of units in the property:

12. Total number of units for which you are requesting subsidy:

(Add additional pages if necessary)

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Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees if THA discovers any information entered herein is false, that shall entitle THA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.

Signature

Date

Company

Printed Name

Title