

Project Info
Department of Neighborhoods
Housing Development Fund
Application

Applicant Information

Applicant's Name		
Street Address		
City, State, Zip		
Phone		
Fax		
Federal Tax ID		

Primary Contact		
Title		
Phone		
Fax		
Email		

Ownership Information

Name		
Street Address		
City, State, Zip		
Phone		
Fax		
Federal Tax ID		

Primary Contact		
Title		
Phone		
Fax		
Email		

Development Team Information

	Firm	Contact	Phone
Engineer			
Architect			
Consultant			
Attorney			
General Contractor			

Project Type

New Construction	<input type="checkbox"/>	Single Site	<input type="checkbox"/>	Rental	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>	Scattered Site	<input type="checkbox"/>	Sale	<input type="checkbox"/>
Substantial Rehab	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Lease/Purchase	<input type="checkbox"/>

	New Construction	Rehabilitation
No. of Buildings		
Total # of Units		
# of Parking Spaces		

	Number	% of Total
Low Income Units		#DIV/0!
Market Rate Units		#DIV/0!
Single Family Detached		#DIV/0!
Duplex		#DIV/0!
Triplex		#DIV/0!
Four Family		#DIV/0!
Condominium		#DIV/0!
Townhouse		#DIV/0!
Multi-Family		#DIV/0!
Total	0	

Will the project serve a special needs population? Yes No

Identify special needs population

What percentage of units will be set aside for the special needs population.

Will supportive services be provided to the special needs population? (Yes or No)

A supportive services plan created by the service provider must be attached.

Service Provider

Street Address

City, State, Zip

Phone

Fax

Federal Tax ID

Primary Contact

Title

Phone

Fax

Email

