

# FTHB Project Application Summary

## HOME Investment Partnerships Program



### I.A. Applicant Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Entity Type: ☐ CHDO ☐ City/County ☐ Developer

**Data Universal Numbering System (DUNS) Number:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

### I.B. Authorized Representative Information

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

☐ Check if the information in this area is the same as Applicant and go to the next section

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

### I.C. Applicant Contact Information

☐ Check if the same as Authorized Representative and go to next section

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## FTHB PROJECT APPLICATION SUMMARY

**II. Requested Funding by Activity** Choose your Activity and complete Item C, "Activity Funds Amount" first. The other columns will calculate for you. If you do not want to take the maximum Activity Delivery or Administration amount, enter the amount being requested.

STATE RECIPIENT PROJECTS					
A. Activity	B. Census Tract #, Rural Only (See Note 1)	C. Activity Funds Amount (See Note 2)	D. Activity Delivery Amount (See Note 3)	E. Administration Amount (See Note 4)	F. Total Funds Requested (See Note 5)
Choose Activity			\$0	\$0	\$0
<b>Application Total:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

  

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) Projects					
A. Activity	B. Census Tract #, Rural Only (See Note 1)	C. Activity Funds Amount (See Note 2)	D. Activity Delivery Amount (See Note 3)	E. Administration Amount (See Note 4)	F. Activity Total (See Note 5)
Choose Activity			N/A	\$0	\$0
<b>Application Total:</b>		<b>\$0</b>	<b>N/A</b>	<b>\$0</b>	<b>\$0</b>

1. Complete this section only if your activity is located in a rural area.
2. This is for Activity funds - loan(s) amount(s) only. Enter only the amount requested for Activity funds. Administrative funds /CHDO Operations and Activity Delivery funds are **not** included in this column.
3. This column is for State Recipient Activity Delivery. See Section XII of the NOFA for more information. If you want less than the amount that is automatically shown, enter the amount you want. Note: not requesting these funds will not increase your activity (loan) funds.
4. This column is for State Recipient Administration and CHDO Operations. See Section XI of the NOFA for more information. If you want less than the amount that is automatically shown, enter the amount you want. Note: not requesting these funds will not increase your activity (loan) funds.
5. Sum of "Activity Funds Amount", "Activity Delivery" and "Administration Amount". This number is automatically shown. Do not enter information in this column.

<b>III. Proposed Other Funding Sources</b>	
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[illegible]

**IV. Project Location Information**

<b>A. Project Activity</b>	<b>B. Address</b>	<b>C. City</b>	<b>D. County</b>	<b>E. Zip Code</b>
New Construction Project				
Acquisition/Rehabilitation/Conversion Project				

**V. Unit Information**

<b>A. Activity</b>	<b>B. Home- Assisted Units</b>	<b>C. Total Units</b>	<b>D. Target Population<sup>1</sup></b>
New Construction Project			
Acquisition/Rehabilitation/ Conversion Project			

<sup>1</sup> From the list in Table VII, enter the designated number for any target populations that will be served by your project.

## VI. Legislative Representative Information

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

## VII. Target Populations

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Physically Disabled | 9. <input type="checkbox"/> Seniors                       |
| 2. <input type="checkbox"/> Persons with AIDS   | 10. <input type="checkbox"/> Mentally Ill                 |
| 3. <input type="checkbox"/> Youths              | 11. <input type="checkbox"/> Veterans                     |
| 4. <input type="checkbox"/> Single Adults       | 13. <input type="checkbox"/> Victims of Domestic Violence |
| 5. <input type="checkbox"/> Single Men          | 12. <input type="checkbox"/> Substance Abusers            |
| 6. <input type="checkbox"/> Single Women        | 14. <input type="checkbox"/> Dually-Diagnosed             |
| 7. <input type="checkbox"/> Families            | 15. <input type="checkbox"/> Homeless                     |
| 8. <input type="checkbox"/> Farmworker          | 16. <input type="checkbox"/> Other                        |