**RHD FORM 1**

**SUBMITTAL SHEET**

|  |  |
| --- | --- |
| **Applicant Information** |  |
| Agency Name: | Click here to enter text. | Contact Person Name: | Click here to enter text. |
| Agency Address: | Click here to enter text. | Contact Person Phone: | Click here to enter text. |
| Agency City | Click here to enter text. | Contact Person Email: | Click here to enter text. |
|  | Click here to enter text. |  | Click here to enter text. |

|  |  |
| --- | --- |
| **Project Activity Information** |  |
| Project Activity Name: | Click here to enter text. |
| Project Activity Address: | Click here to enter text. |
| Project Activity City ZIP+4: | Click here to enter text. |
| Project Activity County | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Type of Development** |  | HOME Special Population Targeting Set-Aside |
| [ ]  New Construction Only[ ]  Rehabilitation Only [ ]  Acquisition Only[ ]  Acquisition and Rehabilitation[ ]  Acquisition and New Construction |  | [ ]  Senior Housing[ ]  Veterans Housing[ ]  Special Needs[ ]  Homeless[ ]  Frail Elderly[ ]  Large Families |

|  |  |  |
| --- | --- | --- |
| **HOME Unit Information** |  |  |
| Total Number of Project Units:  | Click here |
| Total Number of HOME Units:  | Click here  |
|  | Bedroom Size |  |
| UnitCategory | Number of HOME Units | 1 | 2 | 3 | 4 |  |
| HIGH | Click here |  |  |  |  |  |
| LOW | Click here |  |  |  |  |  |
| SUB | Click here |  |  |  |  |  |
| SRO | Click here |  |  |  |  |  |
| Total Units: | Click here |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHDO Role** | [ ]  N/A | [ ]  Owner | [ ]  Developer | [ ]  Sponsor | [ ]  Sponsor |
|  | CHDO Operating Requested Amount: Click here |

As the applicant for HOME funds under this program, I have reviewed the Program Guide, 24 CFR 92, and all References, which were provided as part of this application and accept the provisions set forth therein. I certify that the above information is accurate and true.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_