**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. | |

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| --- | --- | --- |
| **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 | | | |  |
| Unit  Category | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_