**RHD FORM 6**

**PROJECT DEVELOPMENT TEAM**

**SERVICE PROVIDER EXPERIENCE**

Complete the information below for each development your organization has provided services for within the last **five** years.

Attach additional copies of this form as needed.

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| Development Name: | Provider Contact Name: | |
| Address: | Email: | Phone: |
| Development Types:  □ New Construction □ Rehabilitation □Acquisition/Rehabilitation | Type of Subsidy (check all that apply):  □ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER: | |
| Developer: | Contact (name and phone): | |
| Types of Services Provided (list all): | | |
| Total Number of Units: Number of Low-Income Units: | Total Number of Units/Household Receiving Services: | |
| Years of Experience: | Years/months of Experience at this Site: | |