**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: |