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CHOICE NEIGHBORHOODS IMPLEMENTATION GRANTS APPLICATION INFORMATION

I. ELIGIBLE NEIGHBORHOOD

Name of Neighborhood _____

II. ELIGIBLE APPLICANT

You must provide the following information for the Lead Applicant and, if applicable, the Co-Applicant

Lead Applicant: _____

Type of Eligible Applicant ☐ Public Housing Agency ☐ Local Government
(check one) PHA Code: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ Email: _____

Primary Contact Name & Title: _____

Telephone: _____ Email: _____

Co-Applicant (if any): _____

Type of Eligible Applicant ☐ Public Housing Agency ☐ Local Government
(check one) PHA Code: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ Email: _____

Primary Contact Name & Title: _____

Telephone: _____ Email: _____

Co-Applicant UEI: _____ EIN/TIN: _____

PRINCIPAL TEAM MEMBERS

Housing Implementation Entity: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ *Email:* _____

Primary Contact Name & Title: _____

Telephone: _____ *Email:* _____

People Implementation Entity: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ *Email:* _____

Primary Contact Name & Title: _____

Telephone: _____ *Email:* _____

Neighborhood Implementation Entity: _____

Mailing Address: _____

Executive Officer Name & Title: _____

Telephone: _____ *Email:* _____

Primary Contact Name & Title: _____

Telephone: _____ *Email:* _____

III. ELIGIBLE TARGET HOUSING

Your application must focus on severely distressed public housing. See Appendix for definitions of "public housing" and "severely distressed housing."

Provide the following information for each target housing project. List each site separately.

Project #1

Project Name: _____

PIC AMP Number: _____

Physical Street Address

(include city, state and ZIP)

Unit Information as of Application Date

Total Number of Units in Project _____	Number Occupied _____
Number of Public Housing Units in Project _____	Number Vacant _____

Project #2 (if applicable)

Project Name: _____

PIC AMP Number: _____

Physical Street Address

(include city, state and ZIP)

Unit Information as of Application Date

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____

Project #3 (if applicable)

Project Name: _____

PIC AMP Number: _____

Physical Street Address

(include city, state and ZIP)

Unit Information as of Application Date

Total Number of Units in Project _____	Number Occupied _____
Number of Public and/or Assisted Units in Project _____	Number Vacant _____