State of Nevada



DEPARTMENT OF BUSINESS & INDUSTRY

Housing Division

1830 E College Parkway, Suite 200

Carson City, NV 89706

 (775) 687-2232

Fax (775) 687-4040

LOW-INCOME HOUSING TRUST FUND

Project Set-up Report

|  |  |  |  |
| --- | --- | --- | --- |
| Check appropriate box:🞏 Original submission🞏 Revision | Project Number: | Type of Project:🞏 Acquisition only 🞏 New Construction🞏 Moderate Rehab 🞏 Rental Assistance🞏 Substantial Rehab 🞏 Welfare Set-aside | Trust Funds Requested for Project:$ |
| 🞏 Check box if project involves Tax-Credits |  |  |
| Project Information |
| Street Address of Project City State Zip |
| Last Name of Owner or Name of organization First Name |
| Mailing Address City State Zip |
| Phone Number:  | Total Units in Project Prior to Assistance:  | Estimated Units Upon Completion:  | Total Trust Fund Units Upon Completion:  |
| Estimated date of completion: | Type of Ownership: (Check one box)🞏 Individual 🞏 Publicly-owned🞏 Partnership 🞏 Corporation  | Tenure Type: (Check one box)🞏 Rental🞏 Homeownership First-time buyer🞏 Homeownership Rehabilitation | Census Tract  |
| Match Information MATCH FUNDS FOR NHD |
|  🞏 Will not be using the funds as a match for any federal funds, release to the State. 🞏 Will use funds to match State HOME funds (please indicate the project name, number and amount used as a match). $  $  🞏 Will use funds to match other federal funds (please indicate the federal fund, Administrating Agency and amount used as a match). $  $  |

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 (Signature and Title) Date