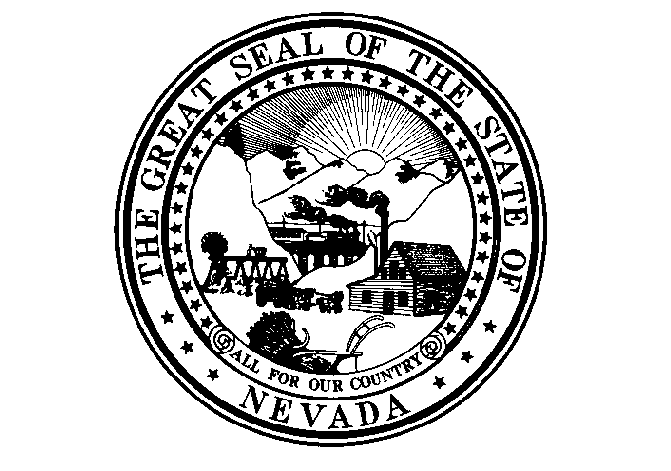
State of Nevada



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