

HOME Investment Partnership Program (HOME) and Account for Low-Income Housing (LIHTF) Tenant Based Rental Assistance Application

# Application for Low income housing trust fund (LIHTF) Assistance

**Application Submission Timeline:**

|  |  |
| --- | --- |
| Application Released  | February 1, 2017 |
| **Application Submittal Deadline** | **March 1, 2017 @5pm** |
| LIHTF Notification of Allocation | May 5, 201 |
| LIHTF Agreement to Sub-recipients | June 1, 2017 |
| HOME Commitment Letter | June 30, 2017 |
| Grant Agreement to Sub-recipients | July 1st, 2017 |

**Submit Applications to:**

aTTENTION: Ann Hawkins

1830 cOLLEGE PARKWAY SUITE 200

CARSON CITY, nEVADA 89706

## project information:

1. Project/Borrower Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. State \_\_\_\_\_\_\_\_\_\_\_\_ 8. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. MSA:       11. Census Tract:

12. Assigned To: Division Staff

## financing Plan:

 Amount Requested

HOME Funds $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Funds $ \_\_\_\_\_\_\_\_\_\_

 TOTAL HOME and TRUST FUND REQUEST $ \_\_\_\_\_\_\_\_\_\_

 Other Fund Sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞏 Have applied for or intend to apply for tax credits 🞏 Yes 🞏 No

 If yes, application amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL OTHER FUND SOURCES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL PROJECT COSTS $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Development Plan:

1. Total # of tenants to be assisted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What Counties will assistance be provided : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please attach a description of your program.

## certification:

The undersigned applicant certifies that the information in this application is true.

 \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant (Signature) Co-applicant (Signature)

 \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title (Typed or Printed) Name (Typed or Printed)

 \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date