

2018 HOME Investment Partnership Program (HOME) and 2019 Low-Income Housing Trust Fund (LIHTF) Tenant Based Rental Assistance (TBRA) Application

# Application foR Tenant Based rental Assistance (TBRA)

**Application Submission Timeline:**

|  |  |
| --- | --- |
| Application Released | March 15, 2018 |
| Questions and Answers (E-mail) | March 29-April 19,2018 |
| **Application Submittal Deadline** | **April 20, 2018 @5pm** |
| HOME/LIHTF Notification of Allocation | May 15, 2018 |
| Grant Agreement to Sub-recipients | June 15, 2018 |

**Submit questions, an electronic application and one signed, original application to:**

aTTENTION: Martha Welden

1830 cOLLEGE PARKWAY SUITE 200

CARSON CITY, nEVADA 89706

mwelden@housing.nv.gov

## project information:

1. Project/Borrower Name: Enter Text

2. Application Date: Enter Date

3. Project Area: Enter Text

4. Mailing Address: Enter Text

City/State/Zip code/County: Enter Text

5. MSA: Enter Text

6. Census Tract: Enter Text

7. Assigned To: Division Staff

## financing Plan:

Amount Requested

HOME FUNDS $Enter Amount

TRUST FUNDS $Enter Amount

TOTAL HOME and TRUST FUND REQUEST $Enter Amount

Other Fund Sources (Please site):

Enter Fund Source $Enter Amount

Enter Fund Source $Enter Amount

Enter Fund Source $Enter Amount

Enter Fund Source $Enter Amount

Enter Fund Source $Enter Amount

TOTAL OTHER FUND SOURCES $Enter Amount

TOTAL PROJECT COSTS $Enter Amount

Attach Project Budget (**Exhibit A**) and Budget Narrative (**Exhibit A-2**). Indicate specifically what costs HOME/LIHTF funding will cover.

## Development Plan:

1. Total # of tenants to be assisted: Enter Text

2. What counties will be assisted with these funds: Enter Text

3. Attach Project Narrative which includes a program description, organizational capacity, and reporting capacity (**Exhibit B**).

## Application Checklist:

1. All sections of application are completed

2. Exhibit A: Project Budget

3. Exhibit A-2: Budget Narrative

4. Exhibit B: Project Narrative

## 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 and Title (Typed or Printed)

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

Date Date