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Attachment 1: Application Data Form: Cover Sheet

Existing Development Name(s): _____

Applicant Information

PHA Number: _____

PHA Name: _____

PHA Mailing Address: _____

City, State, Zip: _____ Main Telephone: _____

PHA Executive Director: _____ Telephone: _____ Fax: _____

Email Address: _____

HOPE VI Coordinator: _____ Telephone: _____ Fax: _____

Email Address: _____

HOPE VI Developer (if any): _____ Telephone: _____ Fax: _____

HOPE VI Developer Contact: _____ Email Address: _____

Program Manager (if any): _____ Telephone: _____ Fax: _____

Email Address: _____

Additional Partner: _____ Functional Title: _____

Additional Partner: _____ Functional Title: _____

Street Address, City, State, Zip: _____

Existing Project Number(s): _____ Neighborhood/
Area of town: _____

New Development Name (if any): _____

Mixed Income Proposed? Yes/No

Mixed Finance Proposed? Yes/No

Data Summary

	Existing	Post-Revitalization
Number of replacement public housing units (on/off-site, including Affordable Lease/Purchase, Affordable Fee Simple Homeownership and Second Mortgage Only--excluding rehabilitated units)		
Number of non-public housing, subsidized units (on/off-site, including homeownership)		
Number of market-rate units (no income restrictions)		
Number of other units		
TOTAL NUMBER OF POST-DEVELOPMENT UNITS		
Number of units to be rehabilitated (excluding acquisition with rehab)		
Number of newly constructed on-site units (including acquisition with rehab)		
Number of newly constructed off-site units (including acquisition with rehab)		
Number of occupied units (at time of application)		
Number of vacant units (at time of application)		