

Eastern Iowa Regional Housing Corporation – Housing Trust Fund Pre-Application 2014

1. **Name of Applicant:** _____

Contact Person: _____

Name	Title
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Mailing Address: _____

Street City State Zip

Email: _____ Telephone: _____ Fax: _____

Federal Employer Tax Identification Number: _____

2. **Type of Grant Applying for:** Lead Hazard Reduction
 Owner-Occupied Rehab
 Down Payment Assistance
 Emergency / Special Needs Housing
 Multi Family – Rehab/New Construction

3. Description of Project/Program. Describe elements of the proposed project.

*****If this application is for Emergency/Special Needs or Multi Family please complete the following:**

4. **Proposed Location of Project:** _____

Address	City	State	Zip

5. **Housing Activity.** *Describe type of housing* (i.e. single family, multi-units, apartments, townhouses, # bedrooms, size); *Activity*, (i.e. new construction, rehabilitation.) include the number of units to be served and identify the income level to be served (i.e. 50%, 80%, above 80%, of the median income).

Type of Housing	Housing Activity	Total Number of Units	Income Level
<i>Example:</i> Single Family	Rehabilitation	10	5 - 80% LMI 5 - 50% LMI

6. Funding Requested:

Amount of Funding Requested from EIRHC HTF: \$ _____
Leverage: - if required (see program description) \$ _____
Total Project Cost \$ _____

7. Summary of Project/Program Costs and Source of Funds:

Activity	Housing Council Grant Request*	Other Funds (List Source)	Total Project Cost
Site Development			
Land Acquisition			
Building Acquisition			
Building Renovations			
New Construction			
Architectural & Engineering			
Program Needs			
Other (please describe)			
TOTALS			

*** A 25% match is required for all grant funds**

8. Justification for Funding.

Provide a justification for the need for Housing Trust Fund dollars.

9. Authorization and Certifications.

I hereby affirm that this application has been approved by the governing body of my Agency. All data in this application is correct and true. The EIRHC-HTF has our authorization to obtain verification of any information contained in the application from any source named herein.

Signature, Chief Executive Officer

Date

Name and Title (Please type)