

**Supportive Housing Development Program PRE-APPLICATION
Project Description and Site Visit Request
2015 Program Year**

Please submit completed form by February 13, 2015 to:
Bill Dowse
NCHFA, P.O. Box 28066, Raleigh, NC 27611-8066

DATE:

1. Address of site under consideration. For multiple sites, submit a separate form for each site.

Site 1

Project Name	
Address	
City	
Zip Code	
County	

2. Please provide a brief project description:

3. Target population

4. Project Information

Project Contact (owner)	
Mailing Address	
City	
Zip Code	
County	
Office Email	
Telephone	
Cell Phone	

5. Project Team (if known)

Property Manager

Name		Phone	
Email			

Supportive Services Provider

Name		Phone	
Email			

Architect

Name		Phone	
Email			

General Contractor

Name		Phone	
Email			

Development Consultant

Name		Phone	
Email			

6. Owner status

	Local Government
	Nonprofit Organization
	- Date of IRS 501(c)(3) determination letter

7. Supportive Services (If Applicable)

	Owner is the Supportive Service Provider
	Owner has been providing supportive services since (insert date)
	Number of clients currently being served
	Owner is not the Supportive Service Provider. Supportive service provider will be: _____
	Supportive Service Provider has been providing supportive services since (insert date)
	Number of clients currently being served

8. Project Description:

Housing Type	Number of Dwelling Units*	Number of Bedrooms	Number of Beds
Single Family detached			
Multifamily			
Facility			

*Dwelling Unit = single family house, apartment, or SRO

9. Access to Services:

Describe proximity of the following services and facilities to the proposed project site. Provide a map of the site which indicates the proximity of each service to the site.

Service/Facility	Proximity to Site in miles
Supportive services including medical facilities	
Employment Centers	
Parks and Recreation	
Schools	
Shopping Facilities	

Will transportation be provided by owner? Yes No

Describe how residents will access transportation to essential services:

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10. Please attach a preliminary site plan and floor plan if available.

If the project proposes rehabilitation, please attach an estimate of the rehab scope of work.

11. Preliminary estimated development budget

Acquisition	
Construction or Rehabilitation Costs	
Architect Design & Inspection	
Soft Costs	
Development Consultant	
Developers Fee	
Total	

12. Preliminary Sources of funds

Entity	Amount (\$)
NCHFA	
Other	
Other	
Other	
Other	
Total	