**2020 ISHP Project Questionnaire**

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| --- | --- |
| Property Name |       |
| Property Street Address |       |
| ISHP Loan Amount Requested |       |
| Can project meet requirements of NHTF and is this funding source requested? (See Guidelines) |       |
| Date of Construction start (project not eligible if not started) |       |
| City |       |
| County |       |
| Owner Contact Name |       |
| Owner Contact Email |       |
| Owner Phone Number |       |
| Total Units |       |
| # One Bedroom Units |       |
| # Accessible One Bedrooms |       |
| # Two Bedroom Units |       |
| # Accessible Two Bedrooms |       |
| Other bedroom sizes? Describe number and accessibility. |       |
| Total Budget |       |
| Amount of Federal Funding (including LIHTC) |       |
| Distance to nearest Grocery Store |       |
| Sidewalks entire distance to Grocery Store? |       |
| Public Transportation available? |       |
| Distance to closest bus stop? |       |
| Sidewalks entire distance to Bus stop? |       |
| Number of ISHP units requested (maximum 10) |       |
| Estimated date construction will be completed |       |
| Current Occupancy percentage |       |
| Estimated date of 100% occupancy\* |       |

\* For projects with multiple buildings, please provide a schedule showing the estimated delivery date of each building and its unit composition.