**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.