**Supportive Housing Development Program PRE-APPLICATION**

**Project Description and Site Visit Request**

**Please submit completed form to:**

 **Supportive Housing Development Team**

**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.**

|  |  |
| --- | --- |
| Project Name |       |
| Address |       |
| City |       |
| Zip Code |       |
| County |       |

1. **New Construction / Acquisition & Rehabilitation / Rehab of property already owned (Circle one)**
2. **Please provide a brief project description:**

|  |
| --- |
|       |

1. **Target population**

|  |
| --- |
|       |

1. **Project Information**

|  |  |
| --- | --- |
| Applicant Organization |       |
| Contact Name |       |
| Mailing Address |       |
| City |       |
| Zip Code |       |
| County |       |
| Office Email |       |
| Telephone |        |
| Cell Phone |       |

1. **Project Team (if known)**

Property Manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

Architect

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

General Contractor

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

Development Consultant

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

1. **Owner status**

|  |  |
| --- | --- |
|        | Local Government |
|        | For-profit (for projects with Targeted units only) |
|        | Nonprofit Organization |
|        | * Date of IRS 501(c)(3) determination letter
 |

1. **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 |

1. **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

1. **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 |        |
| Pharmacy |        |
| Grocery Store |        |

Will transportation be provided by owner?       Yes       No

Describe how residents will access transportation to essential services:

|  |
| --- |
|       |

1. **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.

1. **Preliminary estimated development budget**

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

1. **Preliminary Sources of funds**

|  |  |
| --- | --- |
| Entity | Amount ($) |
| SHDP |        |
| Other |        |
| Other |        |
| Other |        |
| Other |        |
| **Total** |        |