



2011 Lake County Consortium Application - Letter of Intent

HOME/CDBG Housing Fund

Lake County Consortium

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Information

Applicant Name			
Project/Program Name			
Estimated Amount of Request		Grant*	Loan
Program Contact Name & Title			
Address			
City, State, ZIP			
Phone		Email	

*Grant requests are considered from non-profit applicants only

Please briefly describe the proposed program using only the space provided - including the number of proposed units and beneficiaries

Type of Application (Mark all that apply)

Homebuyer/Homeowner Assistance

<input type="checkbox"/>	Homebuyer Assistance
<input type="checkbox"/>	Homeowner Rehabilitation

Rental Housing Development

<input type="checkbox"/>	Acquisition only
<input type="checkbox"/>	Rehabilitation only
<input type="checkbox"/>	Acquisition & Rehabilitation
<input type="checkbox"/>	New Construction

Homeownership Development

<input type="checkbox"/>	Acquisition/Rehabilitation/Resale
<input type="checkbox"/>	New Construction

CHDO Assistance

<input type="checkbox"/>	CHDO Operating Funds
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DUNS Number:

I/We hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding.

<input type="text"/>	<input type="text"/>
Contact Person Name & Title	Date