HTF Homeownership Application

Project Overview, Stage 1

Applicant

Applicant Organization:
Organization Address:
City:
County:
Zip Code:

First Time Applicant?
Yes ☐ No ☐

Unified Business Identifier:

Federal Tax ID Number:

Executive Director: Email:
Phone: Fax:

Agency Project Contact: Email:
Phone: Fax:

Development Consultant Email:
Phone: Fax:

Project

Project Name
Project Address/Location
City
County
Zip Code

Leg District
Congressional District

Narrative

Please provide a brief project description (Limit response to the space below)