**Intent to Submit Tax Credit Application Fact Sheet**

***Project Information:***

***Project Name:***

***Project Address: Municipality:* County:**

***No. of Units: No. of Buildings: Target Population*** (general, senior, preservation, etc.):

***Type of Site Control***:

Deed

Agreement of Sale Expiration Date: Option Expiration Date:

Other Expiration Date:

***Project Type*:**

|  |  |  |
| --- | --- | --- |
| **New Construction** |  | **Acquisition**  |
| **Rehabilitation** |  | **Preservation**  |

***Commercial space:*** Yes No If yes, describe:

**Proposed Financing:**

|  |  |  |
| --- | --- | --- |
| Type of financing | Lender | Amount |
| 1st (amortizing) mtg. |  |  |
|  |  |  |
| CDBG |  |  |
| HOME |  |  |
|  |  |  |
|  |  |  |

***Development Team Information:***

**Owner/Applicant: General Contractor:**

Name: Name: Primary Contact: Primary Contact: Phone: Phone: E-mail: E-mail:

Qualified Non-Profit: Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **Management Agent:**Name: |   | **Architect:**Name: |   |
| Primary Contact: |   | Primary Contact: |   |
| Phone: |   | Phone: |   |
| E-mail: |   | E-mail: |   |
| **Syndicator: Supportive Services Provider:** |
| Name: |   | Name: |   |
| Primary Contact: |   | Primary Contact: |   |
| Phone: |   | Phone: |   |
| E-mail: |   | E-mail:  |   |