

Technical Assistance /Site Control Predevelopment Loan Application

1. CHDO Applicant:	2. Contact Person:
3. CHDO Address:	4. Contact Person Title:
5. CHDO's Telephone No: Office: () _____ Fax: () _____ Email: _____	6. Contact Person's Telephone No.: Office: () _____ Fax: () _____ Email: _____
7. Amount Requested: \$	8. Federal Tax I.D. No.:
9. CHDO Status Current Certification Date: ___ / ___ / ___ CHDO received first Certification in what year? _____ Are existing CHDO projects in good standing with IHFA? __Yes __No If not please indicate why _____ _____	
10. Proposed Project Name and Location	
11. Proposed Project Information No. of Units: _____ Type of Units: _____ Location: _____ Targeted Population: _____	

12. Description of Proposed Project
13. Proposed Project Activity __ New Construction __ Acquisition and Rehabilitation __ Acquisition
14. Anticipated Timeline: HOME Application: __ / __ / __ Site Acquisition Date: __ / __ / __ Start of Construction: __ / __ / __ Project Completion: __ / __ / __
Comments:

Signature of CHDO's Authorized Representative:

I certify the information provided in this CHDO Predevelopment Application is true and correct to the best of my knowledge.

Signature

Date

Name

Title

Return Completed Application to:

Idaho Housing and Finance Association
Grants Department
Technical Assistance Coordinator
P.O. Box 7899
Boise, Idaho 83707

Application must meet minimum threshold requirements to receive further review.

Minimum Threshold Requirements

1. A complete and legible application; (see Admin Plan for submission format)
2. Agency Board Resolution authorizing the application request for funds.
3. Evidence that the organization is a certified CHDO.
4. Detailed budget and timeline of proposed development.
5. Development and construction timeline for project.

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