

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

ROSS FY 2003 FUNDING***FACT SHEET***

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Applicant Information

Applicant: _____

Applicant Type: ___PHA ___RA ___IRO ___NONPROFIT ___TRIBE/TDHE

Assistance for which the applicant is applying:

- _____ Resident Service Delivery Models-Family
- _____ Resident Service Delivery Models-Elderly and Persons with Disabilities
- _____ Homeownership Supportive Services
- _____ Neighborhood Networks-new center
- _____ Neighborhood Networks-existing center

Unit Count

- _____ Total number of conventional public housing units under management**
(excluding any Section 8)
- _____ Total number of family-occupied conventional public housing units.
- _____ Total number of elderly/disabled-occupied conventional public housing units.