

Section C.1. Component Selection

Select the S+C component which describes your project (check only one box)

☐ TRA☐ SRA☐ PRA without Rehab☐ PRA with Rehab☐ SRO**Section C.2. Project Information** (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA projects):	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA projects):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA projects):	

Section D. Targeted Disabilities

In each category shown in the chart below, estimate, *when the program is fully operational*, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families	Number of Participants
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families	
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) + (b) + (c)]	