

Section B. Performance

1. Are there any significant changes in the project since the last funding approval: Yes ☐ No ☐
If "yes" briefly describe the changes.
2. Are all units funded with S+C funds occupied? Yes ☐ No ☐
If not, please explain the reasons.
3. Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Section C.1. Component

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

☐

TRA

☐

SRA

☐

PRA without Rehab

☐

SRO

Section C.2. Project Information

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