

EXHIBIT 1**Multifamily Housing
Assisted Living Conversion Program
APPLICATION SUMMARY SHEET****U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

Owner (Funds Recipient) Name _____

Address _____

City _____ State _____ Zip _____

Phone (Include Area Code) _____

Grant Contact Person (Name) _____

Phone (Include Area Code) _____

E-mail address _____

List the specific development(s) targeted for assistance under this grant. Use additional sheets as needed.

Development Name _____

Address _____

City _____ State _____ Zip _____

FHA/Project Number _____ Sec.8 Number _____

Project Type (e.g., 236) _____ No. of Units _____

Location (Urban, suburban, or rural) _____

Number of Residents _____ Estimated number of frail elderly _____

Estimated number of non-elderly people with disabilities _____

Estimated number of at-risk elderly _____

Are you applying for a Service Coordinator Grant? _____ Yes _____ No

Will this development share a service coordinator with other developments? _____ Yes _____ No

If yes, please give name and address of the development(s) if different.

Senators 1. _____ 2. _____

Congressional Representative(s) Name(s) 1. _____ District(s) 1. _____

2. _____ 2. _____