

OMB Approval Number 2502-0447  
(exp. 06/30/2003)

## Service Coordinator Funding Request Form

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0477. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545)

### Name and Address of Applicant/Owner:

**1. Project Information:** please provide the information for every project included in your request; add more pages if needed.

a. Project Name:

b. FHA or Project Number:

c. Section 8 Number: \_\_\_\_\_

d. Indicate type of project:

☐ Section 202 ☐ Section 221d(3)BMIR ☐ Section 8 ☐ Section 236

e. Total Number of Rental Units:

f. Project uses which method:

☐ Budget-Based Rent Increases  
☐ AAF Increases

g. Resident Info:

Number

% of Total

Estimate the Number of

Total # of Residents:

Estimate # of Frail Elderly: \_\_\_\_\_

XX

residents to be serviced by  
ALSCP (if applicable)

Estimate # of at Risk Elderly: \_\_\_\_\_