

EXHIBIT 1

Supportive Housing for Persons with Disabilities
Section 811

Application for Capital Advance Summary Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0462
(exp. 6/30/2002)

For HUD Use Only HUD Project Number _____		PRAC Number _____	
1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Sponsor(s) _____		2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify by numeric code as shown below <input type="checkbox"/> Codes: 2 - Black; 3 - Native American 4 - Hispanic; 5 - Asian Pacific 6 - Asian Indian	
1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No		3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community? (Contact local HUD Office for information on these designated areas.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please indicate appropriate number as shown above. <input type="checkbox"/>	
3a. Location of Site (city & State) _____		5. Capital Advance Amount Requested \$ _____	
4a. Congressional District _____		4b. Census Tract _____	
6. Project Rental Assistance Contract Amount Requested \$ _____		7. Application Contains <input type="checkbox"/> Evidence of Site Control <input type="checkbox"/> Identification of Site	
Note: For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" category.		8. Type of Construction <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition	
9a. Occupancy Type <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Chronically Mentally Ill <input type="checkbox"/> Mixed Occupancy Identify Categories _____		9b. Restricted Occupancy Requested <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify subcategory _____	
10. Project Type & Number of Units/Residents Proposed			
a. Group Home			
Site	No. of Disabled Residents	Resident Mgr. Unit (Y/N)	Address
#1			
#2			
#3			
#4			
b. Independent Living Project			
Site	Units by No. of Bedrooms	Total Disabled Units	Resident Mgr. Unit (Y/N)
	0 1 2 3	Residents	Total Units
#1			
#2			
#3			
#4			
c. Condominium			
Site	Units by No. of Bedrooms	Total Disabled Units	Resident Mgr. Unit (Y/N)
	0 1 2 3	Residents	Total Units
#1			
#2			
#3			
#4			
Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.			
Totals			
Units (Section 811) _____			
Disabled Residents _____			
Sites _____			
Mixed Finance or Mixed Use Project for Additional Units <input type="checkbox"/> Yes <input type="checkbox"/> No # of Add'l Units _____			