

Funding Application

Section 8 Tenant-Based Assistance

Rental Certificate Program

Rental Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian HousingOMB Approval No. 2577-0169
(exp. 03/31/2004)

Send the original and two copies of this application form and attachments to the local HUD Field Office

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Eligible applicants (HAs) must submit this information when applying for grant funding for tenant-based housing assistance programs under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). HUD will use the information to evaluate an application based on selection criteria stated in the Notice of Funding Availability (NOFA). HUD will notify the HA of its approval/disapproval of the funding application. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Name and Mailing Address of the Housing Agency (HA) requesting housing assistance payments

Application/Project No. (HUD use only)

| | | | | |
|-----------------------------|--------------------------|--------------------------|---------------------|---|
| Do you have an ACC with HUD | No | Yes | Date of Application | Legal Area of Operation (area in which the HA has authority under State and local law to administer the program) |
| for Section 8 Certificates? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| for Section 8 Vouchers? | <input type="checkbox"/> | <input type="checkbox"/> | | |

A. Area(s) From Which Families To Be Assisted Will Be Drawn.

| Locality (city, town, etc.) | County | Congressional District | Units |
|-----------------------------|--------|------------------------|-------|
| | | | |
| | | | |
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B. Proposed Assisted Dwelling Units.

(Complete this section based on the unit sizes of the applicants at the top of the waiting list)

Number of Dwelling Units by Bedroom Size

| | 0-BR | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR | 6-BR | Total Dwelling Units |
|--------------|------|------|------|------|------|------|------|----------------------|
| Certificates | | | | | | | | |
| Vouchers | | | | | | | | |

C. Average Monthly Adjusted Income. Complete this section based on actual incomes of current participants by unit size. Enter average monthly adjusted income for each program separately and only for the unit sizes requested in Section B.

| | 0-BR | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR | 6-BR |
|--------------|------|------|------|------|------|------|------|
| Certificates | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Vouchers | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

D. Need for Housing Assistance. Demonstrate that the project requested in this application is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families residing in or expected to reside in the community. (If additional space is needed, add separate pages.)