



CITY OF CRESCENT CITY HOUSING AUTHORITY
Application for Project Based Vouchers



This is an application for up to 30 Project Based Vouchers, made available by the City of Crescent City Housing Authority, for use in newly-constructed units. In addition to this application, all required documentation as described in the RFP must be submitted to the City of Crescent City Housing Authority no later than 5PM on August 14, 2023.

1. General Information

Date: _____

Project Name: _____

Street Address: _____

City, State, Zip: _____

Application Contact: _____

Company Name: _____

Telephone: _____

Email: _____

Owner Name: _____

Street Address: _____

City, State, Zip: _____

Developer Name: _____

Street Address: _____

City, State, Zip: _____

Property Management: _____

Street Address: _____

City, State, Zip: _____

2. Requested Contract Term—The initial HAP contract can be for a minimum term of 15 years to a maximum of 20 years.

Length of HAP contract term: _____

3. Projected Project Schedule

Finance Closing: _____



Construction Start Date: _____
 Construction Completion Date: _____
 Occupancy Date: _____

4. Number of Units

Total Number of Units: _____
 Total Number of PBV's Requested: _____
 Minimum # of PBV's Applicant is willing to accept for the project: _____

Bedroom Distribution for the Requested PBV Units:

Studio	1BR	2BR	3BR	4BR	5BR	Total

Handicapped Accessible Units:

How many total units in the project are ADA handicapped accessible?		How many will be PBV?	
How many total units in the project are for the sensory impaired?		How many will be PBV?	

5. Proposed Rents and Utilities (Attach Additional Pages if Necessary)

Proposed Contract Rent Amounts:

Studio	1BR	2BR	3BR	4BR	5BR

Proposed Utilities:

Utility	Type (Electric, Bottle Gas, etc)	Paid by (Landlord or Tenant)
Heating		
Cooking		
Water Heating		
Other Electric	N/A	
Water	N/A	
Sewer	N/A	
Trash	N/A	

Appliances:

Appliance	Provided by (Landlord or Tenant)
Range	
Refrigerator	



6. Intended Resident Population (Check all that apply)

_____ Elderly (62 & Over) _____ Persons receiving supportive services
_____ Families

7. Project’s Consistency with Statutory Requirements for Deconcentration of Poverty and Expanding Housing and Economic Opportunities

Project’s Census Tract: _____ Poverty Rate: _____

8. Acknowledgement and Signature

I attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Section 8 based project based assistance application there is no promise or guarantee from the City of Crescent City Housing Authority that my proposal will be accepted. I understand and agree to abide by all Federal Section 8 requirements found at 24CFR 983 and CCHA’s PBV requirements as outlined in its Administrative Plan.

Authorized Signature of Applicant

Date

Name and Title

Company Name



