

**New Hampshire Housing Finance Authority  
Technical Assistance Application**

A. **Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

B. **Project Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

C. **Applicant Status:**

\_\_\_ 501(c)(3) nonprofit (attach IRS documentation). If applying for 501(c)(3) status, provide appropriate evidence.

\_\_\_ Local housing authority.

\_\_\_ Community Housing Development Organization (CHDO) (as per 24 CFR 92).

D. **DETAILED description of proposed housing project:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total units:** \_\_\_\_\_ **Targeted units:** \_\_\_\_\_

**E. Taxpayer Identification Number:**

\_\_\_\_ Please check here verifying that you have attached Internal Revenue Service W-9 Form Request for Taxpayer Identification Number and Certification to Technical Assistance Application

**F. Estimated Development Budget:**

<u>Sources (debt, equity, subsidy)</u>	<u>Uses (acquisition, construction, reserves, soft, etc.)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**G. Technical Assistance Request**

- 1. Third party contracts: \$ \_\_\_\_\_
- 2. Total technical assistance requested from New Hampshire Housing: \$ \_\_\_\_\_

**H. Predevelopment Budget**

<u>Sources (list sources and amounts)</u>	<u>Uses (list activities and amounts)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I. 1. Identify predevelopment uses for which Technical Assistance funds will be used:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Identify predevelopment uses for which a specific contractor has been selected:**

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**J. Evidence of site control (copy must be attached in order for an application to be processed):**

Deed                       Option  Other \_\_\_\_\_  
 Lease                       Purchase and Sale

**K. Estimated date of first Technical Assistance requisition:** \_\_\_\_\_  
**Estimated date of construction/permanent loan closing:** \_\_\_\_\_

**K. Certification**

I, \_\_\_\_\_, \_\_\_\_\_ of

\_\_\_\_\_ (Applicant Organization Name)

do hereby certify that all information on this application is true and accurate to the best of my knowledge and belief. I fully understand and accept that the New Hampshire Housing Finance Authority (the "Authority") reserves the right to reject this application or modify it as appropriate. I also fully understand and accept that any funding received under this application in no way obligates the Authority to provide any additional funding or financing for this project whatsoever. If approved, I agree to comply with the program rules and policies, which govern the financing source(s), which fund this loan request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach a completed Internal Revenue Service W-9 Form (Request for Taxpayer Identification Number and Certification) and a certified copy of the resolution from the applicant organization authorizing the applicant to apply for and receive funds from the Authority as well as authorizing the above individual to sign documents related to this request including the submission of this application.