

**ATTACHMENT M**  
**ADFA FORM 4000-98**

**ALL BLOCKS MUST BE COMPLETED OR YOUR APPLICATION  
WILL BE RETURNED AND SUBJECT TO REJECTION**

1.	Applicant: _____																					
2.	Planning and Development District: _____																					
3.	HOME Program Request: \$ _____ (Maximum amount \$450,000 per application)																					
4.	HOME Dollars per unit: \$ _____ (Maximum amount per unit \$90,000)																					
5.	Area median income: \$ _____																					
6.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Total Development Budget:</td> <td style="width:20%; text-align: center;">%</td> <td style="width:40%;"></td> </tr> <tr> <td>a. HOME</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>b. State</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>c. Local</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>d. Federal</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>e. Private</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>f. TOTAL</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	Total Development Budget:	%		a. HOME	\$ _____	_____	b. State	\$ _____	_____	c. Local	\$ _____	_____	d. Federal	\$ _____	_____	e. Private	\$ _____	_____	f. TOTAL	\$ _____	_____
Total Development Budget:	%																					
a. HOME	\$ _____	_____																				
b. State	\$ _____	_____																				
c. Local	\$ _____	_____																				
d. Federal	\$ _____	_____																				
e. Private	\$ _____	_____																				
f. TOTAL	\$ _____	_____																				
7.	County(ies) served _____ _____																					
8.	Rental activity type <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reconstruction																					
9.	Income of Population Served <input type="checkbox"/> 30% of area median income or below <input type="checkbox"/> 31% to 51% of area median income <input type="checkbox"/> 51% to 80% of area median income <input type="checkbox"/> Above 80% of area median income																					
10.	<b>Certification of Chief Elected Local Official/Chairman of the Board/General Partner/ or Managing Member</b>  To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification.  Signature: _____ Title: _____ Name: _____ Date: _____																					
*All joint applications must be accompanied by Cooperative Agreements between the jurisdictions applying for funds in the application and included in TAB #47.																						