

Supportive Housing for the Elderly Section 202  
**Application for Capital Advance**  
**Summary Information**

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

OMB Approval No. 2502-0267  
(exp. 10/31/2023)

Public reporting burden for this collection of information is estimated to average 30 minutes 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. This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

<b>HUD Use Only</b>	202 Project Number	PRAC Number
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1. Sponsor's Name(s), Address(es) & Telephone Number (s)

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2. Address of Site	3. Is the property located in a designated "Opportunity Zone"?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

4a. Congressional District	5. Type of Area	5. Capital Advance Amount Requested
	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Non-Metropolitan	\$
4b. Census Tract		

7. Total No. of 202 Units	8a. Number & Type of Resident Units Proposed	8b. Resident Manager's Unit (Check Appropriate Type)
	<input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom	<input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom

9. Number of Buildings	10. Type of Project	Year Built (yyyy)	11. Type of Building(s)
	<input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached <input type="checkbox"/> Walk-Up <input type="checkbox"/> Detached <input type="checkbox"/> Elevator

12. Number of Stories	13. Number of Parking Spaces	14. Check utilities and services not included in the rent and to be paid directly by the tenant.
		<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas

15a. Community Spaces to be included in Project	15b. Mixed-Finance for Mixed-Use Project for Additional Units
	<input type="checkbox"/> Yes <input type="checkbox"/> No         No. of Additional Units _____

16. Unusual Site Features	17. Mark One Box	Name, Address & Telephone Number of Person Submitting Application
<input type="checkbox"/> None <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Fills <input type="checkbox"/> Rock Foundations <input type="checkbox"/> Erosion <input type="checkbox"/> Highwater Table <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Authorized Representative	

18. Sponsor's Attorney (name, address & telephone number)	By (Signature of Sponsor's Authorized)
	Type in Name
	Type in Title
	Date (mm/dd/yyyy)