

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. 12/31/2026)

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 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.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2502-0267.

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

2. Address of Site	3. Is the property located in a designated "Opportunity Zone"? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4a. Congressional District	4. Type of Area <input type="checkbox"/> Metropolitan <input type="checkbox"/> Non-Metropolitan	5. Capital Advance Amount Requested \$
4b. Census Tract		

7. Total No. of 202 Units	8a. Number & Type of Resident Units Proposed <input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom	8b. Resident Manager's Unit (Check Appropriate Type) <input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom
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9. Number of Buildings	10. Type of Project <input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation	Year Built (yyyy) <input style="width:50px;" type="text"/>	11. Type of Building(s)
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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
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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
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16. Unusual Site Features <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)	17. Mark One Box <input type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Authorized Representative	Name, Address, Telephone Number, and Email of Person Submitting the Application
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18. Sponsor's Attorney (name, address, telephone number, & Email)	By (Signature of Sponsor's Authorized Individual)
	Type in Name
	Type in Title Date (mm/dd/yyyy)