

**HCV Mobility Demonstration | SAMPLE | For Reference Only**

The public reporting burden for this information collection is estimated to be up to 5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number.

Each PHA, whether a single PHA applicant or as part of a joint application, will complete at least some sections of this form on an individual basis as required by Section VIII. Application Format. Joint PHA applicants will submit *all* completed forms as part of their complete application.

<p><b>A. Name and Mailing Address of the Public Housing Agency (PHA)</b>  Enter name and mailing address of PHA.  All PHAs complete.</p>	<p><b>B. PHA Code</b>  Enter PHA code.  All PHAs complete.</p>
<p><b>C. Number of Vouchers Requested</b>  Enter the number of new mobility demonstration vouchers (MDVs) for your PHA.  All PHAs complete. At least one PHA per application requests MDVs.</p>	<p><b>D. Geographic Area/Jurisdiction (describe the area in which assisted may live)</b>  Describe the geographic area in which the PHA, or PHAs, may administer vouchers. Describe how housing agency jurisdictions are created under state law and any implications that may have for participation in the demonstration.  One Part D per application. 1 additional page permitted and should be submitted in the separate attachment entitled "[PHAcodes]_attachment 1."</p>

If directed in the NOFA or Funding Notice, complete additional fields on the next page of this form.

HUD is committed to protecting the privacy of individual's information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business partners including public housing authorities who collect, use, maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

PHA Signature

<p>Signature of PHA Representative</p>	<p>Print or Type Name of Signatory</p>	
<p>Email Address</p>	<p>Phone Number</p>	<p>Date</p>

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## E. Capacity of the Organization

For Part E, submit a narrative description of the capacity and prior experience of the PHAs or PHA.

Only one Part E will be submitted per application. 8 additional pages are permitted and should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 1."

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## F. Need/Extent of the Problem

For Part F, all PHAs that request MDVs in Part C, must submit a narrative that describes the need for MDVs. Also in Part F, the single or lead PHA applicant in a joint application will submit one Table 5: Proposed Enrollment and Funding Request. 5 additional pages are permitted and should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 1."

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## G. Soundness of Approach

For Part G, submit the Regional Housing Mobility Plan (RHMP).

Only one Part G will be submitted per application. 29 additional pages are permitted and should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 1." This includes all 7 subparts, but please note each subpart has its own page limit as identified in the Notice.

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## H. Leveraging Resources

This part is not required. Please indicate "N/A" in this section when submitting this form.

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## I. Achieving Results and Program Evaluation

This part is not required. Please indicate "N/A" in this section when submitting this form.

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## J. Memorandum of Understanding

For Part J, PHAs submit MOUs and other documentation.

Only one Part J will be submitted per application. This part has no page limit. All additional pages should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 2."

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## K. Other Information Required in the NOFA or Funding Notice

For Part K, submit information on which eligibility category the application meets (A, B, C, or D).

Only one Part K will be submitted per application. This part has no page limit. All additional pages should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 1."

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## L. Program Specific Certifications (enter here any certification required in the NOFA or Funding Notice)

For Part L, submit certifications.

All PHAs submit a Part L. This part has no page limit. All additional pages should be submitted in the separate attachment entitled "[PHAcodes]\_attachment 3."