Funding Application

Housing Choice Voucher Program

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169 (exp: 7/31/2022)

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.

| A. Name and Mailing Address of the Public Housing Agency (PHA) | | B. PHA Code |
|--|---|-------------|
| Sample Housing Authority 123 Sample Way Sampletown, SA 00000 | | SA099 |
| C. Number of Vouchers Requested | D. Geographic Area/Jurisdiction (describe the area in which assisted may live) | |
| 100 | Any voucher issued by SHA may be used to lease through the state of Samplevania without the use of portability. | |

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.

| Signature of PHA Representative | Print or Type Name of Signatory | |
|---------------------------------|--|-----------------|
| Signature | Sammy Sample Executive Director Sampletown Housing Authority | |
| Email Address | Phone Number | Date |
| Sammy.Sample@SHA.org | 888-000-0000 | August 15, 2019 |

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| E. | Capacity of the Organization |
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| F. | Need/Extent of the Problem |
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| Sa | mpletown Housing Authority estimates that it has an unmet need for vouchers that exceeds the maximum |
| | quested 100 vouchers. We currently have 400 families on our waiting list that meet the requirements for the NED |
| | ucher program. These families would also be eligible to receive a Mainstream voucher. Additionally, Social |
| | curity Administration data show that there are approximately 41,000 people in the state of Samplevania receiving |
| | pplemental Security Income. Aside from the 100 NED vouchers that we currently administer, there are no known |
| | ograms in our area that serve this population. |
| G. | Soundness of Approach |
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| Н. | Leveraging Resources |
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| Ī. | Achieving Results and Program Evaluation |
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| J. | Memorandum of Understanding |
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| ĸ | Other Information Required in the NOFA or Funding Notice |
| ۲۸. | Other information required in the Nor A of Funding Notice |
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| L. | Program Specific Certifications (enter here any certification required in the NOFA or Funding Notice) |
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