

SECTION 202 CAPITAL ADVANCE PROGRAM  
APPLICATION FOR FUND RESERVATION  
INITIAL SCREENING REVIEW CHECKLIST FORMAT

Instructions:

1. The MHR shall check all applications to determine if the relevant exhibits are complete, missing, or incomplete. NOTE: During initial screening, the contents of the exhibits are not to be reviewed only the inclusion of the material.
2. If an exhibit or part or an exhibit is missing, it should be identified on the review sheet.
3. When completed, the MHR shall draft a letter to the sponsor either acknowledging receipt of a complete application or identifying missing exhibits.

Project Sponsor: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Project No.: \_\_\_\_\_ Number or Units: \_\_\_\_\_

INITIAL SCREENING SUMMARY

Date Received for Screening: \_\_\_\_\_

Date Screening Completed: \_\_\_\_\_

Application is complete.

Date of acknowledgement letter: \_\_\_\_\_

OR

Application is incomplete.

Date of deficiency letter (attach copy): \_\_\_\_\_

Date of response to deficiency letter: \_\_\_\_\_

Date Application Placed into Technical Processing: \_\_\_\_\_

\_\_\_\_\_  
(Signature of MHR)

\_\_\_\_\_  
Date

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Section 202 - Application for Fund Reservation  
Initial Screening Review Checklist  
Multifamily Housing Representative

Sponsor Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Project No.: \_\_\_\_\_

The following Exhibits must be checked for completeness by the MHR.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
1	_____	_____	_____
2a	_____	_____	_____
2b	_____	_____	_____
2c	_____	_____	_____
2d	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20a	_____	_____	_____
20b	_____	_____	_____
20c	_____	_____	_____
20d	_____	_____	_____
20e	_____	_____	_____
20f	_____	_____	_____

