

**Multifamily Housing Assisted  
Living Conversion Program  
APPLICATION SUMMARY SHEET**

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

OMB Approval No. 2502-0542  
(exp. 11/30/2016)

**Public reporting burden** for this collection of information is estimated to average 2 hours 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. HUD 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 Assisted Living Conversion Program (ALCP). This program is authorized under Section 522(c) of the Appropriations Act of 2000. The information is necessary to assist HUD in determining applicant eligibility and ability to convert multifamily housing projects designated for the elderly (in whole or in part) into assisted living facilities. 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.

Owner (Funds Recipient) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

Grant Contact Person (Name) \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

E-mail address \_\_\_\_\_

List the specific development(s) targeted for assistance under this grant. Use additional sheets as needed.

Development Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FHA/Project Number \_\_\_\_\_ Sec.8 Number \_\_\_\_\_

Project Type (e.g., 236) \_\_\_\_\_ No of Units \_\_\_\_\_

Location (Urban, suburban, or rural) \_\_\_\_\_

Number of Residents \_\_\_\_\_ Estimated Number of Frail Elderly \_\_\_\_\_

Estimated Number of Non-elderly People with Disabilities \_\_\_\_\_

Estimated Number of At-risk Elderly \_\_\_\_\_

Are you applying for a Service Coordinator Grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will this development share a service coordinator with other developments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give name and address of the development(s) if different.

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\_\_\_\_\_

Senators 1. \_\_\_\_\_ 2. \_\_\_\_\_

Congressional Representative(s) Name(s) 1. \_\_\_\_\_ District(s) 1. \_\_\_\_\_

2. \_\_\_\_\_

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