



EXPRESSION OF INTEREST

The use of Program Funds may require the payment of State Prevailing Wages.

Developer: _____

Sponsor: _____

Name of Project: _____

Project Address: _____

Number of SNHP Units: _____ **Total # of Project Units:** _____

SNHP Target Population (check options below):

_____ Adults 18 Years and older

_____ Other **Targeted Rents:** _____ 30% AMI

Type of Development:

_____ Rental **N/A** _____ Shared Housing _____ New Construction
(not a local priority this round)

_____ Acquisition/Rehab* _____ Other: _____
* (vacant units-occupied units will trigger relocation plan)

Type of Building:

_____ Apartment **N/A** _____ Shared Housing

_____ Other: **Number Bedrooms:** _____ studio _____ 1bd

_____ 2bd _____ 3bd _____ Other: _____

Est. Total Cost of Development: _____

Est. Total Cost of SNHP Units: _____

Amount of SNHP Loan Funds Requested: _____

SNHP Capitalized Operating Subsidy Funds Requested:

_____ Yes _____ \$ Amount _____ No

Other Sources of Project Funding: _____

Developer/Borrower Contact Information:

Name _____ **Title** _____
E-Mail _____ **Phone** _____



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Description of proposed project: Target population(s), location of project, type of housing and number of units, special features, status of site control, readiness, project team's affordable housing experience (list recent affordable housing projects), roles and responsibilities of partners, leverage funding sources, and total request of SNHP capital and COSR funds.



MHSA Local Government Special Needs Housing Program

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Applicant (Authorized Signer) Name & Title _____
Signature _____ Date _____