

[IF VACANT – INDICATE N/A]

Additional Data for Each Unit to be Assisted

	Unit #	Current Monthly Rent	Name of Head of Family *	Mailing Address	Telephone Number	Elderly Head of Family [yes/no]	Number of Persons Residing in Unit	Is Family Income of Tenant Estimated to be Within Program Income Limits [yes/no]	Is Household Two or More Persons Sharing Unit, but not a Family? [yes/no]
0 BR									
1 BR									
2 BR									
3 BR									
4 BR									
5 BR									

* If units vacant, write "vacant" under Name of Head of Family.

UNIT SURVEY _____

ATTACHMENT 2

PROEJCT-BASED VOUCHER APPLICATION FORM