**Form E: Special Needs Population Referral Agreement**

This form is required for Rental Projects claiming points under Option 2 of the Target Populations scoring category. Submit in Tab M: Project Characteristics.

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| Development Name and Location | | | |
| Development Name: |  | | |
| Street Address: |  | | |
| City: |  | County: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Development Summary | | | | |
| Construction Type: | [NC/Rehab] | Property Type: | | [Family/Elderly] |
| Total Number of Units: |  | Total Number of Special Need Units: | |  |
| Estimated Month/Year Of First Certificate Of Occupancy: | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Information | | | |
|  | Owner | Management Agent | Referral Agency |
| Organization |  |  |  |
| Address |  |  |  |
| City, State, Zip |  |  |  |
| Primary Contact |  |  |  |
| Title |  |  |  |
| Phone 1 |  |  |  |
| Phone 2 |  |  |  |
| Email |  |  |  |

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| Set-aside Special Housing Needs Population (place a “X” next to the targeted population) | | | |
| Persons with physical or development disabilities |  | Persons with mental impairments |  |
| Persons with chemical addictions |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Information | | | |
|  | Total # of Units | Total # of Accessible Units | Smallest Sq. Ft Unit |
| 0 - BR |  |  |  |
| 1 - BR |  |  |  |
| 2 - BR |  |  |  |
| 3 - BR |  |  |  |
| 4 - BR |  |  |  |

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| Describe any adaptability, accessibility, assistive technology, or security features. |
|  |
| Describe any community space being developed or rehabbed. |
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| --- | --- | --- | --- | --- | --- |
| List the number of units in the property supported by each type of subsidy. | | | | | |
| HUD PBRA |  | USDA PBRA |  | Medicaid Waiver |  |
| McKinney-Vento |  | Public Housing |  | Other |  |
| Describe “Other” Subsidy |  | | | | |

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| Describe the eligibility criteria (income limit, etc.) for subsidy programs. |
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| Explain how the special needs referrals will be given preference in relationship to any wait list and preference policies of subsidies. |
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| Describe the services that are administered and provided to the Special Housing Need Population checked above by the Local Referral Agency. |
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