**Attachment C**

**Public Housing Innovations Application Cover Sheet Form**

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| --- |
| Housing Authority: Development(s) Name:Development Number:Development Address:Program Applied for (PEHO 2 or Gateway Program):(If PEHO 2) Developer Co-Applicant:  |

(Please print)

|  |
| --- |
| LHA Contact Person: |
|  Title:  |
|  Address: Zip Code: |
|  Email: Telephone: |

PEHO 2 ONLY

|  |
| --- |
| Developer Co-Applicant Contact Person: |
|  Title:  |
|  Address: Zip Code: |
|  Email: Telephone: |

|  |
| --- |
| PROJECT SUMMARY: Total Development Cost: $\_\_\_\_\_\_Total Funding Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I approve submission of this application.

Signature of LHA Executive Director Name (print)

 Date

Signature of Developer Co-Applicant Name (print)

 (PEHO 2 applications only)

 Title

 Date