



# HOUSING ASSESSMENT REQUEST

**Regional Housing Authority**

<b>Tribe &amp; Assessment Contact Information—Please enter your information</b>	
Tribe Name:	
EIN Number:	
Council President:	
Assistance Contact Name:	
Contact Title:	
Tribe Address:	
Contact Phone Number:	
Contact E-mail Address:	
Website Address:	

Has your Tribe applied for an ICDBG grant within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Tribe or City have a Comprehensive Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Housing Assessment Request —Please provide the following information</b>	
Date:	
Project Description:	
Project Target Beneficiaries:	
Potential Sites Identified (Prospect of securing a site and location. Current site owner letter of commitment to sell or transfer ownership.):	
Other Funding Sources – sources and if available project cost estimates:	
Need Indicators - Describe why the project is needed with statistical information or other sources indicating the need exists:	
Detail Assistance Requested: <i>Please provide the information noted as an attachment and any other supplemental materials or electronic links that are informative to the housing assistance request:</i>	(1) Targeted Populations and Problems Being Addressed  (2) Intended/Expected Outcomes  (3) How the Assessment Will Benefit Housing



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I am authorized to submit this request on behalf of my Tribe. I understand and agree THRHA does not guarantee that assistance will be provided. Assistance is limited to activities that benefit THRHA housing mission and goals, no funds will be expended for a Housing Assessment until after THRHA management approves and procurement is approved.

\_\_\_\_\_  
Authorized by - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name / Title

The following is for administrative purpose:

Date request received by THRHA \_\_\_\_\_  
Date & Initial

Date reviewed by THRHA VP \_\_\_\_\_  
Date & Initial

The request must be approved or disapproved by THRHA Management or staff supervisor.

Approved     Disapproved

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

Copy provided to:     THRHA IHP Manager     Originator (Tribe)