**Exhibit A to ITP** **2020-CRF Invitation to Participate in Coronavirus Relief Funding to provide rental assistance for residents in Developments currently in Florida Housing’s Portfolio**

**A. Acknowledgement and Certification**

By submitting this Application, the undersigned hereby acknowledges and certifies it will comply with the requirements set forth in this Invitation to Participate in the Coronavirus Aid, Relief and Economic Security (CARES) Act Relief Funds (CRF) program. The Applicant agrees to provide the Corporation with any documentation requested in order to process the request for funding.

**B. Applicant/Owner Entity, Management Company, and Contact Person**

1. Applicant/Owner Name: Click here to enter text.

2. Name of Development: Click here to enter text.

(Note: Only one Development per Application)

3. Original Funding Application Number Assigned by Florida Housing: Click here to enter text

4. Property Key Number: Click here to enter text

(Note: Only one Property Key Number should be entered)

5. Is the Principal of the Applicant/Owner Entity a Public Housing Authority or an instrumentality of a Public Housing Authority?

Choose an item.

If the Principal of the Applicant/Owner Entity is an instrumentality of a Public Housing Authority, state the name of the Public Housing Authority:

Click here to enter text.

6. Name of the Management Company: Click here to enter text.

Management Company Contact Person: Click here to enter text.

Telephone: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

7. Applicant/Owner Contact Person

Authorized Principal Representative contact information (required)

Name: Click here to enter text.

Relationship to Applicant: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

Operational Contact Person information (optional)

Name: Click here to enter text.

Relationship to Applicant: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

**C. Location of Development**

1. County: Choose a county.

2. Address of Development:

Click here to enter text.

City of Development:

Click here to enter text.

3. Does the Development consist of Scattered Sites?

Choose an item.

**D. Funding**

1. Indicate which of the following apply(ies):

[ ]  The Applicant intends to seek funding under CRF for the months of April, May, or June 2020.

[ ]  The Applicant intends to seek funding under CRF for the months of July through December 2020.

2. Estimated number of currently affected tenant households: Click here to enter text.

(Note: Please enter numerical numbers)

3. Non-Corporation Funding

If the Development or its residents are assisted with the United States Department of Housing and Urban Development (HUD) Project Based Rental Assistance, HUD Housing Choice Voucher Program, United States Department of Agriculture Rural Development Rental Assistance, or any other rental assistance (RA) program, indicate the applicable program(s) below.

[ ]  PBRA [ ]  HCV [ ]  RD RA [ ]  Other RA

4. The Applicant will be required to provide the Corporation with documentation for receipt of electronic payment of funds via the Automated Clearing House (ACH) Network upon acceptance of this Application.

**E. Applicant Certification**

By submitting this Application, the undersigned hereby acknowledges and certifies it will comply with the requirements set forth in the Invitation to Participate in the Coronavirus Aid, Relief and Economic Security (CARES) Act Relief Funds (CRF) program. The Applicant agrees to provide the Corporation with any documentation requested in order to process the request for funding.

Submitted by:

Applicant/Owner Authorized Principal Representative: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

Date: Click here to enter text.