**FHFC Pre-Application Meeting for Proposed PSN Developments**

Required Information

Name of proposed Development: Click here to enter text.

County: Choose a county.

Contact Person: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Applicant Information

Name of Applicant: Click here to enter text.

|  |  |
| --- | --- |
| Name of natural person Principal attending | Associated Entity: |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

\*If additional lines are necessary, please attach names on a separate page.

Developer Information

|  |  |
| --- | --- |
| Name of natural person Principal attending | Name of Developer: |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

Optional Attendees

Supportive Services Coordinator: Click here to enter text.

Application consultant, if any: Click here to enter text.

To be completed by FHFC staff:

The above Principals/individuals were present at the Pre-Application Meeting, held on \_\_\_\_\_\_\_\_ (date).

Staff Initials:\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

*Once executed by FHFC staff, this form is considered approved and eligible for the Pre-Application Meeting Points in RFA 2021-102.*