**Application to ITP** **2020-CRF-3 Invitation to Participate in Coronavirus Relief for Permanent Supportive Housing Developments**

Please complete: Development Name: Click here to enter text.

Number of Units in Development: Click here to enter text.

Corporation HPP ID: Click here to enter text

**Section A.** **General Information**

Choose one or more populations served by the above-named property.

Homeless

Elderly and/or frail elderly

Persons with Intellectual Disabilities/Developmental Disabilities

Persons with mental illness and/or substance abuse

Persons with physical disabilities

Persons with other Disabling Conditions

Survivors of domestic violence

Youth aging out of foster care

**Section B**. **Information on specific Development**

Please complete:

Name of Applicant/Owner of Development: Click here to enter text.

Authorized Principal Representative for the Development: Click here to enter text.

**CERTIFICATION and ACKNOWLEDGEMENT**

By completing and submitting this Application to the Corporation,the undersigned certifies he/she is an authorized principal representative of the Development named above. He/She hereby acknowledges and certifies compliance with the Requirements and wishes to reserve CARES Act funding, subject to approval by Florida Housing and execution of a subsequent grant agreement.

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

Email Address: Click here to enter text.

Date: Click here to enter text.