

# M-2 Rental Activity Set Up Form

(Authority Use Only)

HUD Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

CPS #: \_\_\_\_\_ Year: \_\_\_\_\_ UOG Code: \_\_\_\_\_

## SECTION A: General Information

Name of Participant: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Participant Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Participant Address: \_\_\_\_\_ County Project Is Located In: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Activity carried out by a faith-based organization?  Yes  No

**Check the Appropriate Box:**  Original Submission  
 Ownership Transfer  Change Owner's Address  
 Revision

(Authority Use Only)

County Code: \_\_\_\_\_

## Section B: CHDO Information (if applicable)

CHDO Acting As:  Owner  Developer  Both

## Section C: Activity Information

**Activity Type (check one)**

Rehabilitation Only  Acquisition & Rehabilitation  Acquisition & New Construction  
 New Construction Only

Property Street Address: \_\_\_\_\_ Estimated HOME Cost: \$ \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Estimated HOME Units: \_\_\_\_\_

Number of Section 504 units: \_\_\_\_\_

Number of units designated for persons with HIV/AIDS: \_\_\_\_\_ Of those, how many are chronically homeless: \_\_\_\_\_

Number of units designated for the homeless: \_\_\_\_\_ Of those, how many are chronically homeless: \_\_\_\_\_

## Section D: Developer Information (Only applicable if this is a multi-address activity)

**Developer Type (check one):**

Not-for-Profit  Corporation  Publicly Owned  
 Partnership  Other

Developer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_