

**APPLICATION**

**Affordable Housing Trust Fund Intensive Technical Assistance program**

**TRUST NAME** *(if applicable):* Click here to enter trust name. **DATE:** Click here to enter a date.

**YOUR NAME:** Click here to enter your name. **EMAIL:** Click here to enter email.

**PHONE NUMBER:** Click here to enter phone number.

**Person or Entity to provide leadership for this project:** Click here to enter person or entity.

**What type of housing plan do you have?** Choose an item. **Other:** Identify other.

**How has the community expanded housing options, including affordable housing?**

Click here to add response.

**Project Description**

1. Identify either an affordable housing trust fund goal or project the community can make reasonable progress on during this six month period, or the community’s interest to create a trust fund. If the project is to create an affordable housing trust fund, describe what the community has already done toward this goal.

Click here to add response.

1. Provide background on the community’s key housing needs and goals, as well as why the community is focused on the goal or project identified above.

Click here to add response.

1. Describe the assistance that can help move this goal or project forward.

Click here to add response.