

COMMUNITY GRANT PROGRAM



APPLICATION

Name of Apartment Community: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Email: _____ Office Hours: _____
 Name of Person Completing Application: _____ Title/Position: _____
 Property's Fully-Qualified Occupancy Date: _____ Number of Units: _____

Please complete the itemization of costs associated with the item(s) requested. *Remember to include the corresponding pricing documentation with your application.*

Payment Made To:	Item Description	Quantity	\$ Amount Per Item	Additional Costs (tax, shipping, assembly, etc.)	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL \$					

DOCUMENT CHECKLIST

- Copies of Resident Surveys (a minimum of 51% of units must complete a survey in order for the application to be considered)
- Pricing Documentation

OWNER APPROVAL

By signing below, I indicate my support for this Community Grant Program proposal.

Signature of Owner/Owner Representative _____
Date

SITE APPROVAL

By signing below, I indicate my support for this Community Grant Program proposal.

Signature of Property/Site Manager _____
Date

For office use only:
 Net Equity Contribution: _____