

**LOCAL OFFICIAL NOTIFICATION FORM
PROPOSED HOUSING DEVELOPMENT-WHEDA**

Project Name: _____

Address: _____

City: _____ **WI** **ZIP:** _____

Proposed # Units: _____ **Proposed # Affordable Units:** _____

Proposed Population: family elderly homeless physically disabled
 other: _____

	Type of Building:	Number of Buildings:
<input type="checkbox"/>	Townhouse	
<input type="checkbox"/>	Detached two-family rental	
<input type="checkbox"/>	Detached single-family rental	
<input type="checkbox"/>	Non-Elevator building	
<input type="checkbox"/>	Elevator building	
<input type="checkbox"/>	Other	

Commercial space square footage (if any): _____

Intended commercial use: _____

Proposed Units will include:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Disposal |
| <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Kitchen exhaust fan | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Washer & dryer hookup | <input type="checkbox"/> Other: _____ |

Potential income ranges of residents:

County Median Income (CMI)	Approx. Annual income – sample 2 BR unit	# of units currently proposed
30%		
40%		
50%		
60%		
Market		

IMPORTANT!

City/town/village should indicate it is aware of this proposed housing development. Signing this document does NOT signify support of the development.

Applicant-SUBMIT THE ORIGINAL SIGNED COPY OF THIS COMPLETED DOCUMENT TO WHEDA

City/Town/Village- SIGNATURE

DATE

City/Town/Village- TITLE
