



APPLICANT DISCLOSURE REPORT (PAGE 1 OF 3)

PART I APPLICANT/GRANTEE INFORMATION	
APPLICANT/GRANTEE NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
FEDERAL EMPLOYEE IDENTIFICATION NUMBER:	
PHONE:	
INDICATE WHETHER THIS IS AN: <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> UPDATED REPORT	
PROJECT ASSISTED/TO BE ASSISTED – FISCAL YEAR:	
TYPE OF PROJECT:	
<input type="checkbox"/> COMPETITIVE GRANT <input type="checkbox"/> NON-COMPETITIVE GRANT/LOAN	
AMOUNT REQUESTED/RECEIVED:	
PROGRAM INCOME TO BE USED WITH ITEM 10 ABOVE:	
TOTAL OF ITEMS 10 AND 11:	
PART II THRESHOLD DETERMINATION	
1. IS THE AMOUNT LISTED IN ITEM 12 ABOVE MORE THAN \$200,000? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. HAVE YOU RECEIVED OR APPLIED FOR OTHER HUD ASSISTANCE (THROUGH PROGRAMS LISTED IN ATTACHMENT A OF THE INSTRUCTIONS) WHICH, WHEN ADDED TO ITEM 12 (PART 1), IS MORE THAN \$200,000? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF THE ANSWER TO EITHER 1 OR 2 OF PART II IS “YES,” THEN THE REMAINDER OF THIS REPORT MUST BE COMPLETED.	
IF THE ANSWER TO BOTH 1 AND 2 OF PART II IS “NO,” THEN THE REMAINDER OF THIS REPORT IS NOT REQUIRED TO BE COMPLETED, BUT THE FOLLOWING CERTIFICATION MUST BE EXECUTED.	
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	
TYPED NAME (CHIEF ELECTED OFFICIAL):	
SIGNATURE, CHIEF ELECTED OFFICIAL:	DATE:

