

**KENTUCKY INTERGOVERNMENTAL REVIEW PROCESS**  
**HOUSING ASSISTANCE FORM REQUESTING HOME or RISK-SHARING FUNDS ONLY**

1. Project Title:	State Application Identifier Number (SAI#)
2. Applicant:	(Previously Submitted SAI#)
3. Applicant's Address:	
4. Name of the person to be contacted on matters involving this application. Name: Street: City & State: Telephone:	
5. Impacted City(ies):	
6. Impacted County(ies):	
7. Project Description (Nature, Purpose, Location, including adjacent street names):	
8. Type of Assistance:  Grant (Amount) \$ _____ Rent Subsidy <span style="float:right">Mortgage Insurance</span> Loan (Amount) \$ _____ Loan Guarantee <span style="float:right">Other (Specify)</span>	
9. Federal Program Name and Number (From Catalog of Federal Domestic Assistance (CFDA):  (a) Name: <span style="margin-left: 200px;">(b) Number:</span>	
10a. Project size, single-family subdivision: <span style="margin-left: 100px;">10b. Project size, multi-family project:</span>  Size of Subdivision: _____ Size of Parcel (in acres): _____ Total Units: _____ Number of planned lots: _____ No. of efficiency units: _____ No. of 3 BR units: _____ Typical lot size (in acres): _____ No. of 1 BR units: _____ No. of 4 BR units: _____ Size of Parcel (in acres): _____ No. of 2 BR units: _____ No. of 5 BR units: _____	
11. Local Planning Commission? <span style="margin-left: 50px;">Yes _____</span> <span style="margin-left: 50px;">No _____</span> <span style="margin-left: 100px;">(If yes, give name.)</span>  Action Taken: <span style="margin-left: 50px;">Reviewed</span> <span style="margin-left: 50px;">Yes _____</span> <span style="margin-left: 50px;">No _____</span> <span style="margin-left: 100px;">Approved</span> <span style="margin-left: 50px;">Yes _____</span> <span style="margin-left: 50px;">No _____</span>	

12.	<p>How and where will the project's waste water be disposed? Some communities have more than one wastewater server.</p> <p>If by a public wastewater treatment plant (publicly owned treatment work, POTW), give name of plant and of owning entity plus Kentucky Pollutant Discharge Elimination System (KPDES) permit number of treating plant.</p> <p>If by non-POTW (a package sewage treatment plant), is it ____ proposed or ____ existing? If existing, give LEGAL name of owner and KPDES number.</p> <p>If by an onsite system, give local health department name and its permit number for the system.</p> <p>NOTE: Most communities are covered by a wastewater treatment facility plan (WWTFP.201 Plan). For a community with a WWTFP, proposed wastewater treatment facilities must conform to the WWTFP.</p>															
13.	<p>What type of water facilities will be utilized?</p> <p>Public: _____ Legal Name: _____</p> <p>Individual: (wells) _____ Other: ____ (Explain)</p>															
14.	<p>If a privately-owned water or wastewater system is to be developed, what is the name and telephone number of the registered professional engineer in charge of the project?</p>															
15.	<p>Where will the project's solid waste be disposed? If county landfill is to be used, please provide name of landfill, permit number, and method of transportation to landfill. Please submit a copy of the contact.</p>															
16.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Are recreational facilities proposed for the project?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">_____</td> <td style="width: 10%;">No</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>Are police and fire protection services available?</td> <td>Yes</td> <td>_____</td> <td>No</td> <td>_____</td> </tr> <tr> <td>Are health services available, i.e., doctors and ambulances?</td> <td>Yes</td> <td>_____</td> <td>No</td> <td>_____</td> </tr> </table>	Are recreational facilities proposed for the project?	Yes	_____	No	_____	Are police and fire protection services available?	Yes	_____	No	_____	Are health services available, i.e., doctors and ambulances?	Yes	_____	No	_____
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17.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Have you obtained and attached all required attachments?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">_____</td> <td style="width: 10%;">No</td> <td style="width: 10%;">_____</td> </tr> </table> <p style="margin-left: 40px;">If no, explain.</p>	Have you obtained and attached all required attachments?	Yes	_____	No	_____										
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18.	<p>Signature of authorizing official: _____</p> <p style="margin-left: 100px;">Title: _____</p> <p style="margin-left: 100px;">Date: _____</p>															

Several attachments must be included with the Housing Assistance Form. These attachments have been held to a minimum and are essential for a thorough review of your project.

**ATTACHMENTS:**

- (A) 7.5 minute U.S.G.S. topographical map showing site location with streams and roads clearly identified. (Note: A photocopy (8 1/2 x 11) of a 7.5 minute (at the scale 1:24,000-- do not enlarge or reduce) U.S.G.S. topographical map is acceptable.)
- (B) Wastewater Information:
- 1) If utilizing a public system:  
  
Please obtain and attach a statement from the public wastewater authority which:  
  
-- Shows acceptance of the developer's plans for wastewater disposal into the system.  
  
-- Identifies the major wastewater collection lines and the facility which will be used to treat the discharge. (Some communities have more than one wastewater treatment plant; please determine serving one.)  
  
-- Comments on the wastewater treatment system capability to handle the proposed flow from the project.
  - 2) If utilizing a proposed package sewage treatment plant, attach information describing treatment and plant capacity. The plant and discharge site must be showed on the topographical map.
  - 3) If utilizing an onsite system, attach the results of the percolation test per acre conducted by a Registered Professional Engineer or Registered Land Surveyor.
- (C) Layout or plat of the proposed project.
- (D) If the project is to be served by a public water supply, obtain and attach a statement from a public water authority indicating that it will supply the quantity of water needed.

**IMPORTANT**

**The applicant must supply the State Clearinghouse with one original and fifteen (15) copies of the summary project description, project cost summary, signed Housing Assistance form, and each attachment listed above.**

Kentucky State Clearinghouse  
Governor's Office of Local Development  
1024 Capital Center Drive, Suite 340  
Frankfort, Kentucky 40601-8204  
Telephone: 502-573-2382  
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