

# APPLICATION FOR ONONDAGA COUNTY HOUSING INITIATIVE PROGRAM

## Contact Information

Name of Applicant(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website (if available) \_\_\_\_\_:

## Project Information

Project Location (Town/Village) \_\_\_\_\_

Type of Housing \_\_\_\_\_

Number of Units \_\_\_\_\_

Projected Start Date \_\_\_\_\_

Amount of Funding Requested \_\_\_\_\_

## Documents to Submit

Support letter from municipality where project will occur

Write up explaining why funds are needed and what they will be used for

Any plans and financials that will support your application

Please submit information electronically to [martinskahen@ongov.net](mailto:martinskahen@ongov.net)

**Once an application has been submitted and reviewed, we will contact you if additional information is needed**

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Applicant Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_