HOUSING PRESERVATION GRANT PROGRAM
STATE OFFICE LISTING OF PREAPPLICATIONS

NAME OF APPLICANT (Please Print)	TYPE	REVIEW	RATING	RANKING	AMOUNT OF GRANT APPLIED FOR - PREAPPLICATION	NUMBER OF PROPOSED UNITS	RECOMMENDED GRANT AMOUNT STATE OFFICE
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					
	[___]	[___]					

TYPE OF ASSISTANCE: [H] = Individual Homeowner; [R] = Rental Property; or [C] = Cooperative Housing (Co-op).
REVIEW: For ALL preapplications received, indicate either: [I] = Incomplete; [+] = Eligible; or [-] = Ineligible
Ratings are done by District Offices OR State Office. Rankings are done by State Office.
Incompletes/ineligibles are not ranked. Only applicants determined eligible are ranked.
No applicant can receive the same numerical ranking.

Signature of Preparer