The City of San José (City) aims to apply for California Department of Housing and Community Development (HCD) project HomeKey funds to address housing needs of individuals and families experiencing homelessness or are at high risk of being homeless, the City is requesting information to bring forth potential property acquisition opportunities that will immediately provide units to meet the goals of HCD's HomeKey requirements.

This is a highly expedited process. The City of San José plans to submit an application for funding by the August 13, 2020 deadline and spend HomeKey funds before the December 30th deadline.

1. **Project Summary**
   Project Name: _____
   Project Address:_____ City:_____ Zip:_____ City
   Council District:_____ Census Tract:_____ Parcel No:_____
   Total Number of Housing Units:_____ Units Set Aside for Homelessness:_____
   Units Set Aside for Homeless are restricted to 30% AMI or below: Yes ___ No ___
   Describe Unit Type: Shelter ___ Transitional ___ Permanent ___
   Please provide a short project description: _____
   _____

2. **Sponsor**
   Sponsor Name:_____
   Contact Person:_____ Phone:_____ Email:_____
   Property Management Company:_____
   PM Co. Contact Person: _____ Phone:_____ Email:_____

3. **Acquisition Schedule**
   HomeKey requires acquisition closing by December 30, 2020, and occupancy within 90 days of closing.
   Could this project meet these timing requirements? Yes_____ No_____
   Projected acquisition closing date:_____
   Projected date of occupancy: _____

4. **Site Control - Please include Site Control documentation with application.**
   Deed, for Fee Ownership _____
   Purchase Agreement - Date of Expiration: _____
   Provision for Extension: Yes:____ No: ____ Cost of Extension: _____
   Option - Date of Expiration: _____
   Provision for Extension: Yes:____ No: ____ Cost of Extension: _____
   Other _____ Date of Expiration: _____
   Provision for Extension: Yes:____ No: ____ Cost of Extension: _____

5. **Budget**
   Estimated Cost of Acquisition: _____
   Estimated Cost of Rehab: _____
   Estimated Request for Operating Subsidy per Year: _____