

NORTHWEST GEORGIA REGIONAL COMMISSION
Neighborhood Stabilization Program 3
Proposed Project Questionnaire

Please complete this form for each property in your jurisdiction that you would like to have considered for inclusion in the Neighborhood Stabilization Program 3. Try to be thorough as the more information we have, the better chance we have of including your project. Please return the completed form no later than January 29, 2012 to

Michael M. Miller
Northwest Georgia Regional Commission
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Rome, GA 30162-1798

Fax 706-295-6665
Email mmiller@nwgrc.org

Inquiries can be directed to Michael M. Miller at mmiller@nwgrc.org or 706-295-6485.

Entity responding: _____

Individual responding (please include phone and email address): _____

Date of response: _____

Name of Project: _____

Project Address: _____

Proximity to other projects in your jurisdiction: _____

Description of project (e.g. Acquisition and Rehabilitation, Demolition, Financing Assistance, etc.): _____

Description of property (Number of bedrooms/baths, type of construction, single family vs. multi family, etc.): _____

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Description of how this project meets the goals of the Neighborhood Stabilization Program 3 (how it may impact adjoining properties; what income group is targeted, etc.):

Estimated Cost to acquire: _____

Estimated cost to rehabilitate: _____

Description of needed rehabilitation (paint, replace cabinets, re-roof, etc.) please be thorough: _____

Ultimate disposition (resale or rental), if rental who will own and who will manage the property? : _____

Plan to identify target homeowners: _____
