primary market area submission form

project

Project Name			
Address	City	State	Zip
If no address is available please provide the following:			
Location Description			
Parcel Number(s)	Coordinates		

population

Description, if necessary, i.e. single mothers, individuals with traumatic brain injuries, 10 units age restricted, and 5 units reserved for veterans, etc.

Please check all that apply.

- ☐ Individuals/Family
- ☐ Homeless
- ☐ Special Needs
- ☐ Veterans
- ☐ Supportive Housing
- ☐ Older Adult

property

Unit Type	20%	30%	40%	50%	60%	70%	80%	Market	Total	Average Size
1br										
2br 1 ba										
2br 2ba										
3br 1ba										
3br 2ba+										
4br										
Total										

pma

*Attach your PMA map, or include in your email submission. Please include the full census tract number for each CT in the space below.