



Name of Organization: _____

Type of Business: Church Corporation Non-Profit Private Entity

Client Name: _____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

Address: _____

City/State/Zip: _____

Email Address: _____

How long in business? _____

Scheme you are interested in? Scheme 1 Scheme 2

Number of families you plan to accommodate? _____

Number of units needed:

Scheme 1: _____ (from 8 to 276 units. If you need more please specify)

Scheme 2: _____ (from 4 to 111 units. If you need more please specify)

How soon do you plan to build? _____

Do you have land? If so, please answer below.

Land size? _____

Land location? _____

City? _____

County? _____

Funds Available? _____

Is program existing? Yes No

Number of years the program has existed? _____

Name of program after development is built? _____

Criteria for your program? _____

Is it a city approved program? Yes No

Mission statement for program (attach to application if needed)

Vision for the program



Application Instructions

Once application is completed please mail it certified to

**C.H.S.H.D.D.
c/o Angell Brown
P.O. Box 680172
Marietta, GA 30068**

Please allow 2-3 weeks for us to receive and process your application. You will be notified of the status and if you are approved initially via email. A hard copy will be sent by U.S. Mail.

Applications are subject for approval and CHS reserves the right to deny any application submitted based on qualifications.

C.H.S.H.D.D. thanks you in advance for your interest in Helping the Homeless.

If one person is homeless then no one is really free