Received by:	Applic. #:		
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1.	Applicant Information:	
	Organization:	
	Address:	
	City:	Zip:
	Telephone:	Fax:
	Contact Person:	Title:
	Email:	Phone:
2.	*	nd that to the best of my knowledge and belief, all of true, and the application has been authorized by the
2.	I certify that I have reviewed this application a the information provided in this application is	•
2.	I certify that I have reviewed this application a the information provided in this application is organization's Board of Directors.	true, and the application has been authorized by the Date
	I certify that I have reviewed this application at the information provided in this application is organization's Board of Directors. Signature of Authorized Representative	Date Title
3.	I certify that I have reviewed this application at the information provided in this application is organization's Board of Directors. Signature of Authorized Representative Print Name	Date Title
3.	I certify that I have reviewed this application a the information provided in this application is organization's Board of Directors. Signature of Authorized Representative Print Name Requested Funding Amount:	Date Title
3.	I certify that I have reviewed this application at the information provided in this application is organization's Board of Directors. Signature of Authorized Representative Print Name Requested Funding Amount: Types of project activities requested in the second content of the secon	Title Title Title Tenant-Based Rental Assistance

- 5
- 6. Please include all attachments labeled as below:
 - Exhibit A Organization Chart
 - Exhibit B List of current Board of Directors
 - Exhibit C Completed Budget Page (Template provided below)
 - Exhibit D Copy of audit or management letter and management response for organization's most recently completed fiscal year
 - Exhibit E Current Certificate of Good Standing from the State of Missouri showing 501(c)(3) status.