MaineHousing
MAINE STATE HOUSING AUTHORITY

Pre-Application Inspection Request

To: William F. Kuhl, Asset Manager   **Date:** _____

Legal Name of Applicant Organization: _____

Contact Person: _____

Email Address/Tel #: _____

Project Name: _____

Project Allocation #: _____   (*one pre-application per project allocation number*)

Number of buildings: _____   **# of supportive housing units in each building:**

	Building 1	Beds_____ Units:_____
(*if additional bldgs., please add additional lines*)	**Building 2**	Beds_____ Units:_____
	Building 3	Beds_____ Units:_____

Is Property Currently Occupied? Y/N (*circle***)**

Proposed Rehab for Property:	**MSHA Comments**
1._____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Please include the following if applicable:
- Photos of the sections of the property that are in need of repair.
- Capital Needs Assessment (if one has been conducted)