

HOUSING PRESERVATION GRANT PROGRAM
 STATE OFFICE LISTING OF PREAPPLICATIONS

FmHA Instruction 1944-N
 Exhibit G

NAME OF APPLICANT (Please Print)	TYPE	REVIEW	RATING	RANKING	AMOUNT OF GRANT APPLIED FOR - PREAPPLICATION	NUMBER OF PROPOSED UNITS	RECOMMENDED GRANT AMOUNT STATE OFFICE
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____
_____	[]	[]	_____	_____	_____	_____	_____

TYPE OF ASSISTANCE: [H] = Individual Homeowner; [R] = Rental Property; or [C] = Cooperative Housing (Co-op).
 REVIEW: For ALL preapplications received, indicate either: [I] = Incomplete; [+] = Eligible; or [-] = Ineligible
 Ratings are done by District Offices OR State Office. Rankings are done by State Office.
 Incompletes/ineligibles are not ranked. Only applicants determined eligible are ranked.
 No applicant can receive the same numerical ranking.

 Signature of Preparer