



Services, Activities and Set-Aside Questionnaire

Project Number:

Project Name:

Member Name:

Sponsor Name:

Below are the services, activities and set-asides committed to in the above-referenced application. Please provide a brief narrative to explain how these services or activities have been or are being fulfilled. Please attach documentation as necessary. Documentation can include announcements or agendas of tenant meetings, meeting rolls, day care enrollment list, agreements with service providers, marketing materials (brochures), or documentation of occupancy or marketing for set-aside units, (such as homeless, disabled, etc.).

Description and number of service/activity/set-aside units	Narrative of fulfillment
SN/Set Asides:	
List unit addresses for set-aside units and indicate which special needs category it fulfills.	

I hereby certify that the services, activities and set-aside commitments made in the application have been satisfied:

Signature

Title

Date:

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