



## Request for Amendment

April, 2015

| Activity Code |                                | Beneficiaries       |           |            |                       |     |          |     |                 |     |          |     |
|---------------|--------------------------------|---------------------|-----------|------------|-----------------------|-----|----------|-----|-----------------|-----|----------|-----|
|               |                                | Total Beneficiaries |           |            | Low & Moderate Income |     |          |     | Very Low Income |     |          |     |
|               |                                | Original #          | Current # | Proposed # | Original              |     | Proposed |     | Original        |     | Proposed |     |
|               | Activity Name                  |                     |           |            | #                     | %   | #        | %   | #               | %   | #        | %   |
| 21A           | Administration                 | N/A                 | N/A       | N/A        | N/A                   | N/A | N/A      | N/A | N/A             | N/A | N/A      | N/A |
| 14A           | Housing Rehab/Demo/Replacement | 11                  | 11        | 11         | 11                    | 100 | 11       | 100 | 2               | 18  | 2        | 18  |
| 08            | Temporary Relocation           | 11                  | 11        | 11         | 11                    | 100 | 11       | 100 | 2               | 18  | 2        | 18  |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |
|               |                                |                     |           |            |                       |     |          |     |                 |     |          |     |

Original

Proposed

20. Total # Unduplicated Beneficiaries: 11 11
21. Total # Unduplicated LMI Beneficiaries: 11 11
22. Total # Unduplicated VLI Beneficiaries: 2 2
23. Total # Unduplicated LMI Households: 11 11
24. Does this amendment reduce any other project funds previously committed as leverage from local or other sources? ☐ Yes ☒ No  
(If **yes**, you must complete and attach the **Sources and Uses of Funds** form, SC-36.)