

Application



Applicant's Name: _____

Title: _____

Company Name: _____

Number of Employees: _____

Company Address: _____

City, State, Zip: _____

Phone: ____/____/____ Fax: ____/____/____

E-mail: _____

Please check membership category for which you are qualified:

Corporate - \$3,750/year

Individuals and companies interested in the constructions and rehabilitation of affordable housing through the Multifamily Mortgage Revenue Bond Program, the State Apartment Incentive Loan Program, the HOME Investment Partnership Program and the Housing Credits Program. These individuals and companies include developers, builders, lenders, equity providers, attorneys, and advisors.

Financial/Bank Member - \$3,750/year

Banking institution members interested in the construction and rehabilitation of affordable housing through the Multifamily Mortgage Revenue Bond Program, the State Apartment Incentive Loan Program, the HOME Investment Partnership Program and the Housing Credit Program.

Small Developer- \$2,250/year

Developers that would otherwise fall under the classification of Corporate Member, but whose companies are made up of three (3) or fewer employees.

Consultant - \$2,250/year

Individuals and companies with three (3) or fewer employees that do not directly apply for funding for the construction or rehabilitation of affordable housing.

Non-Profit - \$2,000/year

Non-profit organizations interested in developing affordable housing in the State of Florida.

Associate (non-voting) - \$500/year

Construction or Rehabilitation businesses interested in providing services to companies constructing or rehabilitating affordable housing. These individuals and companies include property construction

contractors, subcontractors, maintenance supply and other related vendors.

CAHP MEMBERSHIP

Application for membership is hereby made to the Coalition of Affordable Housing Providers. As part of this process, it is agreed this application is checked in the correct membership category and has corresponding dues enclosed; that applicant will respect and abide by CAHP's governing documents.

Signed: _____

Date: _____

METHOD OF PAYMENT

1. Credit Card:

I authorize CAHP to charge my credit card \$ _____

MasterCard VISA AmEx

Card No. _____

Expiration Date: _____

3 digit security code: _____

Name of Cardholder: _____

Address of Cardholder: _____

City/State/Zip: _____

Signature: _____

I understand my billing statement will read "Association Office."

2. Check:

Check No. _____ Date: _____

Amount Enclosed: \$ _____

Made payable to "CAHP"

Date of Application: _____