**ATTACHMENT K: NOTICE OF REMARKETING**

If the lottery log has been reviewed for eligibility and it is clear that it will be exhausted before filling all affordable units, the Marketing Agent must complete this form and submit it to the Agency for written approval before commencing any remarketing activities.

Date:

Project Name:

Project Address:

Owner/Marketing Agent Name:

Phone:

Email:

1. **Reason for remarketing activity:**

£ Our projections indicate that the initial lottery for the project did not yield a sufficient number of eligible applicants to fill the building.

£ We presently have \_\_\_\_\_ vacancies in the building that must be filled:

\_\_\_\_\_ 0BRs, \_\_\_\_\_ 1 BRs, \_\_\_\_\_ 2 BRs, \_\_\_\_\_ 3BRs, \_\_\_\_\_ 4BRs

£ Our waiting list is becoming depleted and we wish to replenish it.

£ OTHER. Explain:

1. **Vacant unit information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **# of**  **Available Units** | **Size** | **# of People** | **Rent or Estimated Purchase Price** | **Total Annual Income Range**  **Minimum - Maximum** | **# to Be Filled Through Homeless Referrals\*** | **Agency Signoff** |
|  | 0 BR | 1  2 |  |  |  |  |
|  | 1 BR | 1  2  3 |  |  |  |  |
|  | 2 BR | 2  3  4  5 |  |  |  |  |
|  | 3 BR | 3  4  5  6 |  |  |  |  |
|  | 4 BR | 4  5  6  7 |  |  |  |  |

*\* Complete this column only after consultation with the Agency.*

1. **[For Units Not to Be Filled Through Homeless Referrals] Type of Remarketing Activity Planned (include media outlets, community outreach, etc**.):

1. **How Interested Parties Can Request an Application:**

Applications can be requested until all units are leased up.

Applications can be requested:

£ In person at the following address:

£ Via mail or email by writing to:

Explain any mail-in requirements (i.e. postcard, self-addressed envelopes, etc.):

£ Via phone by calling:

**SIGNATURE OF OWNER/REPRESENTATIVE** **DATE**