

THDA NEW START ALLOCATION REQUEST

FY 2023-2024

	New Start Participant: _____ Primary Contact: _____ Telephone: _____ Email: _____					
	FY 2022-2023			FY 2023-2024		
	Actual Builds: Street/ZIP	Funding Source Name	Amount	Projected Builds-Est. Start	Funding Source Name	Amount
Ex.	123 Main St. 35555	Primary Bank	100,000	2nd Qtr. 2019	THDA	100,000
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
* If more lines are needed, please submit duplicate form.			THDA ALLOCATION REQUEST:			\$

NOTES/COMMENTS:

THDA USE ONLY: