

EXHIBIT H



**Workforce Housing Multifamily Development
RFP HED.HBLP.2026.1**

REGISTRATION FORM

Name of Project: _____

Project Developer/Applicant: _____

Project Type: _____

Project Location: _____

Total Project Cost: _____

Amount Requested from RFP HED.HBLP.2026.1 _____

Total Number of Units: _____

Proposed Number of County-Assisted Units: _____

Green Building and Sustainability: _____

Contact Person/Title: _____

Contact Phone Number: (____) _____

Contact E-Mail Address: _____

ALL REQUESTED INFORMATION MUST BE COMPLETED

