Organization:_____ Report #: _____

Account Number: _____ Prepared By: _____Date_____

Funding Source: _____ Accepted By:_____Date_____
(Indicate CDBG or HOME Units)

NEIGHBORHOOD IMPROVEMENT PROJECT (NIP) 2027 PROPERTY LIST

Property Address and Zip Code	Census Tract	Number of Units	Status		
			Check "√" if work is in Progress	Completed Rehab %	DNS sign-off

Photocopy and attach additional pages as necessary