

**The Affordable Housing Group of NC, Inc.**  
1300 Baxter Street, Ste 215  
Charlotte, NC 28204  
Phone (704) 342-3316 Fax (704) 376-8709

**Technical Assistance Request Form**

Date of request: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Name of Board Chairperson: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person and phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Date of 501 (c) 3 / Non-profit Designation: \_\_\_\_\_

Is your organization (circle if applicable): CHDO CDC CAA Faith-Based PHA PJ

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Current year approved budget total: \_\_\_\_\_

Date of last audit (if applicable): \_\_\_\_\_

Description of current Housing Program: \_\_\_\_\_

\_\_\_\_\_

What technical assistance are you requesting (Circle all that apply): Staff and Board Training

Strategic Planning Single Family Development Multi-family Development

Housing Counseling & Education Program Development Organizational Development

Other (please specify): \_\_\_\_\_

\_\_\_\_\_