

**PROJECT DISCLOSURE STATEMENT**

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

STATE OF OHIO

APPLICATION #

203-092

COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Samantha A. Shulerof (COMPLETE ADDRESS) 957 E. Broad Street, Cols, OH 43205

deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME

COMPLETE MAILING ADDRESS

Community Housing Network, Inc. 957 E. Broad Street
Columbus, OH 43205

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 3 day of November, in the year 2003

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

10/31/04

This Project Disclosure Statement expires six months after date of notarization.

Notary Seal Here



RONALD E. LEE
 Notary Public, State of Ohio
 My Commission Expires 10-21-04