



HOME Rental Set Up and Completion Form

MHC Use Only

Approved by		Date Complete in IDIS	
Date		IDIS Activity ID Number	
MHC Contract ID		Environmental ID	
Section 3?		BABA?	

Check the appropriate box

<input type="checkbox"/> Original Submission	<input type="checkbox"/> Ownership Transfer	<input type="checkbox"/> Change Owner's Address	<input type="checkbox"/> Revision
---	--	--	--

Project

Project Title	
Description	

Community Housing Development Organizations (CHDO)

Will the project be funded with CHDO Reserve (CR)? If no, skip this section.	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No
Will initial funding be a CHDO Site Control and/or Seed Money Loan?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

Objective and Outcome

Objective (check one):	Outcome (check one):
(1) <input type="checkbox"/> Create suitable living environments	(3) <input type="checkbox"/> Availability/accessibility
(2) <input type="checkbox"/> Provide decent affordable housing	(4) <input type="checkbox"/> Affordability
(3) <input type="checkbox"/> Create economic opportunities	(5) <input type="checkbox"/> Sustainability
Will a faith-based organization carry out this project?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

Special Characteristics

Project Location Type "Y" next to any that apply:	(1) <input type="checkbox"/> CDBG Strategy Area (2) <input type="checkbox"/> Local target area (3) <input type="checkbox"/> Presidentially declared major disaster area (4) <input type="checkbox"/> Historic preservation area (5) <input type="checkbox"/> Brownfield redevelopment area (6) <input type="checkbox"/> Conversion of nonresidential to residential use (7) <input type="checkbox"/> Colonia (For AZ, CA, NM, TX)
--	--

Project Information

Project Type (check one):				
(1) _____ Rehab Only				
(2) _____ New Construction Only				
(3) _____ Acquisition Only				
(4) _____ Acquisition & Rehab Construction				
(5) _____ Acquisition & New Construction				
Project Street Address				
City	State	Zip Code	County	HOME Units
HOME Award			Multi-Address (Y/N)?	

Developer/Owner Information

Property Owner or Developer Type (check one)	
(1) _____ Individual	
(2) _____ Partnership	
(3) _____ Corporation	
(4) _____ Not-for-Profit	
(5) _____ Publicly Owned	
(6) _____ Other	

Developer/Owner Name			
Street Address	City	State	Zip Code

Completion Narrative

--

Completion Activity Type (check one):		Property Type (check one):	
(1) _____ Rehab Only		(1) _____ Condominium	
(2) _____ New Construction Only		(2) _____ Cooperative	
(3) _____ Acquisition Only		(3) _____ SRO	
(4) _____ Acquisition & New Construction		(4) _____ Apartment	
(5) _____ Acquisition & Rehab		(5) _____ Other	
Mixed Use (Y/N)?		Mixed Income (Y/N)?	

Property Address. (For multi-address activities: Complete the following pages for each property site)

Property Name:		Property Street Address:	
City:	State:	Zip Code:	County:

Units

Total Completed Units:		Total HOME-Assisted Units:	
-------------------------------	--	-----------------------------------	--

Of the Units Completed, the number:	Total	HOME-assisted
Energy Star Certified Units:		
Section 504 Accessible Units:		
Units Designated for Persons with HIV/AIDS:		
Of the Units Designated for Persons with HIV/AIDS, Number of Units for the Chronically Homeless:		
Units Designated for Homeless Persons and Families:		
Of the Units Designated for Homeless Person and Families, Number of Units Designated for the Chronically Homeless:		

Period of Affordability

If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability.

PJ-imposed period of affordability: _____ years

Section 3

Total Labor Hours	
Section 3 Worker Hours	
Targeted Section 3 Worker Hours	

Lead Paint

If rehabilitation, was housing constructed before 1978? ____ YES ____ NO

If YES, please choose one of the below lead hazard remediation actions:

- _____ Lead Safe Work Practices (24 CFR 35.930(b))
 _____ Visual Assessment/Paint Stabilization (24 CFR 35.1015)
 _____ Interim Controls or Standard Practices (24 CFR 35.930(c))

FHA Insured? ____ YES ____ NO

Costs***HOME Funds***

Amortized Loan	
Grant	
Deferred Payment Loan	
Other	
Total HOME Funds	

Public Funds

Other Federal Funds	
State/Local Funds	
Tax-Exempt Bond Proceeds	
Total Public Funds	

Private Funds

Private Loans	
Owner Cash Contributions	
Private Grants	
Total Private Funds	

Other

Low-Income Housing Tax Credit Proceeds	
--	--

Beneficiaries (Assisted Units Only - Use codes indicated below)

Line	Unit				Household					Assistance
	Unit #	# of Bdrms	Occupant	Total Monthly Rent	% Med	Hispanic? Y/N	Race	Size	Type	Assistance Type
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

# of Bdrms 1. SRO/Efficiency 2. 1 bedroom 3. 2 bedrooms 4. 3 bedrooms 5. 4 bedrooms 6. 5 or more bedrooms	Occupant 1. Tenant 2. Owner V. Vacant Unit	% Median Income 1. 0 to 30% 2. 30+ to 50% 3. 50+ to 60% 4. 60+ to 80%	Household Race 11 – White 12 – Black or African American 13 – Asian 14 – American Indian or Alaska Native 15 – Native Hawaiian or Other Pacific Islander 16 – American Indian or Alaska Native & White 17 – Asian & White 18 – Black or African American & White 19 – American Indian or Alaska Native & Black or African American 20 – Other multi-racial
--	--	--	---

Household Size 1. 1 person 2. 2 persons 3. 3 persons 4. 4 persons 5. 5 persons 6. 6 persons 7. 7 persons 8. 8 or more persons	Household Type 1. Single, non-elderly 2. Elderly 3. Single parent 4. Two parents 5. Other	Assistance Type 1. Section 8 2. HOME TBRA 3. HOME-ARP TBRA 4. Other federal, state, or local assistance 5. no assistance
--	---	--