



HTF 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
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Project

Project Title	
Description	

Objective and Outcome

Objective (check one):	Outcome (check one):
(1) <input type="checkbox"/> Create suitable living environments	(1) <input type="checkbox"/> Availability/accessibility
(2) <input type="checkbox"/> Provide decent affordable housing	(2) <input type="checkbox"/> Affordability
(3) <input type="checkbox"/> Create economic opportunities	(3) <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)
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Project Information

Project Type (check one):
(1) <input type="checkbox"/> Rehab Only (2) <input type="checkbox"/> New Construction Only (3) <input type="checkbox"/> Acquisition Only (4) <input type="checkbox"/> Acquisition & Rehab Construction (5) <input type="checkbox"/> Acquisition & New Construction

Project Street Address				
City	State	Zip Code	County	HTF Units
HTF Award			Multi-Address (Y/N)?	

Developer/Owner Information

Property Owner or Developer Type (check one)
(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Not-for-Profit (5) <input type="checkbox"/> Publicly Owned (6) <input type="checkbox"/> Other

Developer/Owner Name			
Street Address	City	State	Zip Code

Completion Narrative

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Completion Activity Type (check one):	Property Type (check one):
(1) <input type="checkbox"/> Rehab Only (2) <input type="checkbox"/> New Construction Only (3) <input type="checkbox"/> Acquisition Only (4) <input type="checkbox"/> Acquisition & New Construction (5) <input type="checkbox"/> Acquisition & Rehab	(1) <input type="checkbox"/> Condominium (2) <input type="checkbox"/> Cooperative (3) <input type="checkbox"/> SRO (4) <input type="checkbox"/> Apartment (5) <input type="checkbox"/> 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 HTF-Assisted Units:	
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Of the Units Completed, the number:	Total	HTF-assisted
Energy Star Certified Units:		
Section 504 Accessible Units:		
Units Designated for Disabled Individuals or Families for Other than Mobility Impairments:		
Units Designated for Homeless Individuals:		
Of the Units Designated for Homeless Individuals, Number of Units Designated for Chronically Homeless Individuals:		
Of the Units Designated for Homeless Individuals, Number of Units Designated for Homeless Veteran Individuals:		
Units Designated for Homeless Families:		
Of the Units Designated for Homeless Families, Number of Units Designated for Chronically Homeless Families:		
Of the Units Designated for Homeless Families, Number of Units Designated for Homeless Veteran Families:		
Units Designated for Persons with HIV/AIDS:		
Units Designated for Victims of Domestic Violence:		
Units Designated for Homeless Youth:		
Units Designated for Youth Aging out of Foster Care:		

Period of Affordability

If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HTF 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***HTF Funds***

Amortized Loan	
Grant	
Deferred Payment Loan	
Other	
Total NHTF Funds	

Public Funds

HOME Funds	
CDBG Funds	
FHA Funds	
Other Federal Funds	
State/Local Housing Trust Funds	
Other 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	
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Beneficiaries (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% AMI
 2. % of 30+ to poverty line (when poverty line is greater than 30% AMI)
 3. % of the higher of 30+ AMI or poverty line to 50% AMI

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. no assistance
 2. Project-based Section 8
 3. Other federal, state, or local project-based assistance
 4. Tenant-based Section 8 (voucher)
 5. HOME TBRA
 6. Other federal, state, or local tenant-based assistance