

Homebuyer Set Up and Completion Form

HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 OMB Approval No. 2506-0171
 (Exp. 03/31/2005)

| | |
|---|--|
| Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision | Name and Phone Number of Person Completing Form: |
|---|--|

Set Up Homebuyer Activity:

A. General Information.

| | | | |
|-------------------------|-----------------|-----------------------------|-------------------|
| 1. Name of Participant: | 2. County Code: | 3. IDIS Activity ID Number: | 4. Activity Name: |
| | | | |

B. CHDO Information. (Only if applicable)

| | |
|---|--|
| 1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC)? Y/N: (If Yes, STOP. DO NOT FILL OUT THIS FORM.) | 2. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one): (1) <input type="checkbox"/> Owner (2) <input type="checkbox"/> Sponsor (3) <input type="checkbox"/> Developer |
| 3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.) | 4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.) |

C. Activity Information.

| | | | | | |
|---|-----------|--------------------------------|--------------------------|-------------------------|--|
| 1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (4) <input type="checkbox"/> Acquisition & Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition & New Construction | | | | | |
| 1. Homebuyer's Name (optional): | | 2. Homebuyer's Street Address: | | | |
| 3. City: | 4. State: | 5. Zip Code: | 5. Estimated HOME Units: | 6. Estimated HOME Cost: | |
| 7. Loan Guarantee? Y/N: | | | | | |

D. Developer Information. (Only applicable if this is a multi-address activity)

| | | | | |
|---|--------------------------------|-----------|--------------|--|
| 1. Developer Type (check one): (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other | 2. Developer's Name: | | | |
| | 3. Developer's Street Address: | | | |
| | 4. City: | 5. State: | 6. Zip Code: | |

Complete Homebuyer Activity:

E. General Information. (Same as set up)

| | | | |
|-------------------------|-----------------|-----------------------------|-------------------|
| 1. Name of Participant: | 2. County Code: | 3. IDIS Activity ID Number: | 4. Activity Name: |
|-------------------------|-----------------|-----------------------------|-------------------|

F. Activity Information. (Sections F, G, and H are to be filled out for each property address. If this is a multi-address activity, make copies of this form so that each address has separate F, G, and H information.)

| | | | | |
|---|-----------|---|--------------------|--|
| 1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (4) <input type="checkbox"/> Acquisition & Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition & New Construction | | 2. Property Type (check one): (1) <input type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home | | 3. Total Completed Units: HOME-assisted Units: 504-accessible Units: |
| 4. Homebuyer's Name (optional): | | 5. Homebuyer's Street Address: | | |
| 6. City: | 7. State: | 8. Zip Code: | 9. Purchase Price: | 10. Value After Rehab (only applicable for Acquisition/Rehab activities): |

G. Activity Costs.

1. HOME Funds (Including Program Income)

| | |
|---|----|
| a. Property Costs | |
| (1) Amortized Loan | \$ |
| (2) Grant | \$ |
| (3) Deferred Payment Loan (DPL) | \$ |
| (4) Other | \$ |
| b. Downpayment Assistance | |
| (1) Amortized Loan | \$ |
| (2) Grant | \$ |
| (3) Deferred Payment Loan (DPL) | \$ |
| (4) Other | \$ |
| c. CHDO Loan | \$ |
| Total HOME Funds [a + b + c] | \$ |
| 2. Public Funds | |
| (1) Other Federal Funds | \$ |
| (2) State/Local Funds | \$ |
| (3) Tax Exempt Bond Proceeds | \$ |
| Total Public Funds [(1) + (2) + (3)] | \$ |

3. Private Funds

| | |
|--|----|
| (1) Private Loans | \$ |
| (2) Owner Cash Contribution | \$ |
| (3) Private Grants | \$ |
| Total Private Funds [(1) + (2) + (3)] | \$ |
| <hr/> | |
| 4. Activity Total (Sum All Totals) | \$ |

H. Household Characteristics. (Refer to code below where applicable)

| Unit # | # of Bdrms | Occupant | Household | | | | Assistance Type | Total Monthly Rent |
|--------|------------|----------|-----------|---------------|------|------|-----------------|--------------------|
| | | | % Med | Hispanic? Y/N | Race | Size | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | |
|---|-------------------------------|----------------------|
| 1. Homebuyer Counseling? (check one): (1) <input type="checkbox"/> No Counseling (3) <input type="checkbox"/> Post-counseling (2) <input type="checkbox"/> Pre-counseling (4) <input type="checkbox"/> Both | 2. First-time Homebuyer? Y/N: | 3. FHA Insured? Y/N: |
| 4. Lease Purchase? Y/N: If yes, date of agreement: | | |

of Bdrms
 0 – SRO/Efficiency
 1 – 1 bedroom
 2 – 2 bedrooms
 3 – 3 bedrooms
 4 – 4 bedrooms
 5 – 5 or more bedrooms

Occupant
 1 – Tenant
 2 – Owner
 9 – Vacant Unit

Household % of Med
 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

Assistance Type
 1 – Section 8
 2 – HOME TBRA
 3 – Other Federal, State, or Local Assistance
 4 – No Assistance

Household Type
 1 – Single, non-elderly
 2 – Elderly
 3 – Single parent
 4 – Two parents
 5 – Other