

Homeowner Rehab 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:
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Set Up Homeowner Activity:

A. General Information.

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

B. Activity Information.

1. Homeowner's Name (optional):		2. Homeowner's Street Address:		
3. City:	4. State:	5. Zip Code:	5. Estimated HOME Units:	6. Estimated HOME Cost:
7. Loan Guarantee? Y/N:				

C. Contractor Information. (Only applicable if this is a multi-address activity)

1. Contractor 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. Contractor's Name:		
	3. Contractor's Street Address:		
	4. City:	5. State:	6. Zip Code:

Complete Homeowner Activity:

D. General Information. (Same as set up)

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:
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E. Activity Information. (Sections E, F, and G 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 E, F, and G information.)

1. 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		2. Total Completed Units: HOME-assisted Units: 504-accessible Units:	
3. Homeowner's Name (optional):		4. Homeowner's Street Address:	
5. City:	6. State:	7. Zip Code:	8. Value After Rehab:

F. Activity Costs.

1. HOME Funds (Including Program Income)

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$
Total HOME Funds [(1) + (2) + (3) + (4)]	\$

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)]	\$

4. Activity Total (Sum All Totals)

\$

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

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

FHA Insured? Y/N:

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

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 – Other Federal, State, or Local Assistance
 4 – No Assistance