

Rental Completion Report
HOME/HSF/CIPF Programs
 (incorporates HUD HOME Completion data)

Commonwealth of Massachusetts,
Department of Housing & Community
Development
 Housing Development Division

Activity Name	Mark the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision
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Part A: Activity Information

1. IDIS Activity Number	2. Name of Participant	3. Participant's Tax ID Number
4. CHDO Tax ID Number	5. Name & Phone Number (including Area Code) of person completing form	
6. Does Activity Have Rent Exception? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	7. Mixed Income Activity? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	8. Mixed Use Activity? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

B. CHDO Questions. (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. Will activity be funded with CR (Y/N) If yes, CHCO Acting as (enter code) (1) Owner____ (2) Sponsor____ (3) Developer____
3. Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)? (Y/N)____ (If "Y", answer Item 4.)	4. Is the activity going forward? (Y/N): (If "Y", fill out the rest of the form. If "N", only the cost information is needed.)

C. Objective and Outcome.

1. Objective (enter code): (1) Create suitable living environment (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): (1) Availability/accessibility (2) Affordability (3) Sustainability
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D. Special Characteristics.

1. Activity Location Type "Y" next to any that apply (1) __CDBG Strategy Area (2) __Local target area (3) __Presidentially declared major disaster area residential (4) __Historic preservation area	(5) __Brownfield redevelopment area (6) __Conversion of nonresidential to residential use (7) __Colonia (For AZ, CA, NM, TX)	2. Will this activity be carried out by a faith-based organization (Y/N)?
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E. Activity Information.

Type of Activity Financed (check one): (1) <input type="checkbox"/> Rehabilitation Only (2) <input type="checkbox"/> New Construction Only (4) <input type="checkbox"/> Acquisition & Rehabilitation (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition & New Construction			2. Property Street Address:
3. City:			
4. State:	5. ZIP Code	6. County code:	Activity Estimates: 7. HOME Units: _____ 8. HOME Cost: _____
9. Multi-Address (Y/N)?			

F. Property Owner or Developer Information. (For multi-address activities only)

1. Developer Type (Enter code): (1) Individual (4) Not-for-Profit (2) Partnership (5) Publicly Owned (3) Corporation (6) Other	2. Property Owner or Developer's Name:		
	3. Developer's Street Address:		
	4. City:	5. State:	6. Zip Code:

G. Activity Information. If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address - Sections I. J. and K.

1. Type of Activity Financed (check one): (1) <input type="checkbox"/> Rehabilitation Only (2) <input type="checkbox"/> New Construction Only (3) <input type="checkbox"/> Acquisition Only (4) <input type="checkbox"/> Acquisition & Rehabilitation (5) <input type="checkbox"/> Acquisition & New Construction	2. Property Type (enter code): (1) Condominium (2) Cooperative (3) SRO (4) Apartment (5) Other	3. FHA Insured (Y/N)?	4. Type of Housing (check one): (1) <input type="checkbox"/> Assisted Living (2) <input type="checkbox"/> Elderly 55+ (3) <input type="checkbox"/> Elderly 62+ (4) <input type="checkbox"/> CCRC (5) <input type="checkbox"/> Family (non-age restricted) (6) <input type="checkbox"/> Special Needs
5. Mixed Use (Y/N)?	6. Mixed Income (Y/N)?	7. Completed Units: Total number: _____ HOME-assisted: _____	

H. Lead Paint

1. Applicable Lead-based Paint Requirement (1) <input type="checkbox"/> Housing Constructed before 1978 (2) <input type="checkbox"/> Exempt: Housing constructed <i>after</i> 1978 (3) <input type="checkbox"/> Otherwise Exempt	2. Lead Hazard Remediation Actions (1) <input type="checkbox"/> Lead Safe Work Practices (24 CFR 35.930(b)) (2) <input type="checkbox"/> Visual Assessment/Paint Stabilization (24 CFR 35.1015) (3) <input type="checkbox"/> Interim Controls or Standard Practices (24 CFR 35.930(c)) (4) <input type="checkbox"/> Abatement (24 CFR 35.930(d))
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I. Units

1. Building Name:	2. Property Street Address	3. City	4. State:	5. ZIP Code	6. County code:		
5. Of the Completed Units, the number: Meeting Energy Star standards: 504-accessible (mobility & sensory): Designated for persons with HIV/AIDS: Of those, the number for chronically homeless: Designated for the homeless: Of those, the number for the chronically homeless:		Total	HOME-assisted	6. Applicants <u>requesting</u> unit accessible for mobility impairment		Total	HOME-assisted
		_____	_____	Applicants <u>receiving</u> unit accessible for mobility impairment		_____	_____
		_____	_____	Applicants <u>requesting</u> unit accessible for sensory impairment		_____	_____
		_____	_____	Applicants <u>receiving</u> unit accessible for sensory impairment		_____	_____

J. 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.

Activity Costs

1. HOME/HSF/CIPF Funds

	Annual Interest Rate %	Amortization Period Yrs.	\$
(1) Direct Loan			\$
(2) Grant			\$
(3) Deferred Payment Loan (DPL)	Annual Interest Rate %	Amortization Period Yrs.	\$
(4) Community Housing Development Organization (CHDO) Loan			\$
a. TA Loan			\$
b. Seed Loan			\$
Total CHDO Loan (Total Items 4a and 4b)			\$
(5) Other			\$
Total HOME Funds (Total Items 1-5)			\$

2. Public Funds

(1) Other Federal Funds		\$
(2) State/Local Appropriated Funds		\$
(3) State/Local Tax Exempt Bond Proceeds		\$
Total Public Funds (Total Items 1-3)		\$

3. Private Funds

	Annual Interest Rate %	Amortization Period Yrs.	\$
(1) Private Loan Funds			\$
(2) Owner Cash Contribution			\$
(3) Net Syndication Proceeds (No low income tax credit)			\$
(4) Private Grants			\$
Total Private Funds (Total Items 1-4)			\$

4. Low Income Tax Credit Syndication Proceeds		\$
5. HOME Program Income		\$
6. Total Activity Costs (Total All Items)		\$

M/WBE Contract Amount: \$	Section 3 Contract Amount: \$
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Beneficiary Information

	1	2	3	4	5	6	7	8	9	10	11
Household Unit No.											
Accessible Unit: Mobility (Y/N)											
Accessible Unit: Sensory (Y/N)											
No. of Bedrooms											
Occupancy (1,2 or 9)											
Tenant Contribution											
Subsidy Amount											
Total Rent											
% of Area Median (1,2, 3 or 4)											
Hispanic (Y/N)											
Race of Head of Household (see codes)											
At Least One Member a Racial Minority?											
Size of Household											
Head of Household (see codes)											
Number of Children Under Age 6											
Number of Children Age 6-18											
Rental Assistance (see codes)											

No. of Bedrooms Code

- 1 – 1 Bedroom
- 2 – 2 Bedrooms
- 3 – 3 Bedrooms
- 4 – 4 Bedrooms
- 5 – 5 or more Bedrooms

% of Area Median Code

- 1 – 0 – 30%
- 2 – 30 – 50%
- 3 – 50 – 60%
- 4 – 60 – 80%

Race of Head of Household Code

- 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

Head of Household Code

- 1 – Single/non-Elderly
- 2 - Elderly
- 3 – Related/Single Parent
- 4 – Related/Parent
- 5 - Other

Occupancy Code

- 1 – Tenant
- 2 – Owner
- 9 – Vacant

Hispanic

- y – yes
- n – no

Rental Assistance Code

- 1 – Section 8
- 2 – HOME TBRA
- 3 – Other
- 4 – No Assistance

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owner or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and disbursement deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain activity-specific elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and disbursements of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Sensitive Information: Some of the information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Instructions for Completing the Rental Completion Report HOME Program

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. Retain the copy.

Applicability. This report is to be completed for each rental activity assisted with HOME funds. It is to be used only for an activity having no owner occupants or for an activity with an owner occupant and 4 or more rental units. **Note:** Completion of an activity with one owner occupant and zero to three rental units should be reported on the Homebuyer/Homeowner Rehab Completion Report. Completion of an activity with two or more homeowners should be reported on the Multi-Address Completion Report.

Timing. The Rental Completion Report data are to be input in IDIS within **120 days** of requesting the final disbursement of HOME funds for the activity. If the completion report data are not input within 120 days of the final disbursement for the activity, the PJ's (or State Recipient's) access to the HOME IDIS System may be suspended. An amended completion report should be submitted when all units initially reported vacant are occupied, and the change should be highlighted in yellow.

Part A: Activity Information

- 1. Activity Number.** Enter the activity number assigned by IDIS.
- 2. Name of Participant.** Enter the name of the participant or, for State recipient activities, the name of the State recipient.
- 3. Participant's Tax ID Number.** Enter the Tax (Employer) Identification Number for the participant; for a State recipient project, enter the State recipient's Tax ID Number.
- 4. CHDO Tax ID Number.** Complete only for activities assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO.
- 5. Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
- 6. Rent Exception.** HUD may adjust the qualifying rent established for an activity under §92.252(g) if HUD finds an adjustment is necessary to maintain the financial viability of the activity. Mark one box to indicate whether or not the activity has a rent exception.
- 7. Mixed-Income Activity.** Mark "yes" where less than 100 percent of the activity's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Mark "no" if the activity is not mixed-used.
- 8. Mixed-Use Activity.** Mark "yes" for an activity that is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the activity space. Mark "no" if the activity is not mixed-use.

Part B. CHDO Questions. (Only applicable if the activity is being carried out by a CHDO.)

- 1. Is funding limited to CHDO Operating (CO) or CHDO capacity Building (CC)?** This report does not apply to CO or CC activities. In IDIS, fund and draw after selecting CO/CC on the HOME menu.
- 2. Will the activity be funded with CR (YN)? If yes, CHDO Acting as:** (Enter code) ____
(1) Owner
(2) Sponsor
(3) Developer
- 3. Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)?** (If Y, answer 4)
- 4. Is the activity going forward?** After funding and drawing CL, answer "Y" to proceed to set up a Homebuyer activity or "N" to report costs and complete the activity.

Part C. Objective and Outcome

Objective. Enter the code of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to "2"—Decent affordable housing.

- 1. Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
- 2. Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
- 3. Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

Outcome. Enter code of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to "2"—Affordability.

- 1. Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
- 2. Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.
- 3. Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

Part D. Special Characteristics

- 1. Activity Location. Type "Y" next to any that apply. IDIS will default the answer to "N" if an answer is not typed in the field.**

(1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated/Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).

(2) Local target area is defined as a locally designated nonCDBG strategy area targeted for assistance.

(3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

(4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.

(5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.

(6) Conversion from non-residential or residential use is self explanatory. An example is converting an old warehouse into rental units or condominiums.

(7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.

2. Faith-Based Organization. Will this activity be carried out by a faith-based organization (Y/N)? Enter "Y" if it is known or if the organization declares itself to be a faith-based organization. If not, enter "N". Note: IDIS will enter the default answer of "N" if an answer is not typed in the field.

Part E. Activity Information

1. Activity Type. Enter code to indicate the type of activity.

(1) Rehab Only. A HOME-assisted rehabilitation activity that did not include acquisition of real property.

(2) New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).

(3) Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.

(4) Acquisition & Rehab. A HOME-assisted rehabilitation activity, which included the acquisition of real property.

(5) Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

2. Property Street Address. Self explanatory. For multi address activities enter a general description of the project location.

3. City. Self explanatory.

4. State. Self explanatory.

5. Zip code. Self explanatory.

6. County code. Enter the county name or code. IDIS provides help to select the appropriate code.

7. Activity Estimates. HOME Units. Enter the estimated total number of units (upon completion) that will receive HOME assistance.

8. Activity Estimates. HOME Cost. Enter the total amount of HOME funds requested for the activity.

9. Multi-Address (Y/N)? If the activity consists of more than one home, enter "Y" so that costs and beneficiary information can be reported for each address at completion.

Part F. Property Owner/Developer Information. (For multi address activities only.)

1. Developer Type. (Enter code.)

- (1) Individual
- (2) Partnership
- (3) Corporation
- (4) Not-for-Profit
- (5) Publicly Owned
- (6) Other

2. Developer's Name. Enter the name of the developer.

3. - 6. Developer's Street Address, City, State, and Zip Code. Self-explanatory

G. Activity Information.

1. Activity Type. Only if the activity type has changed from set up in E. 1, enter the revised completion activity type in the box.

2. Property Type. Enter code to indicate the type of property assisted:

- (1) Condominium
- (2) Cooperative
- (3) SRO
- (4) Apartment
- (5) Other

3. FHA Insured. (Y/N)? (For single address activities.) Enter Y for yes or N for no to indicate whether the property's mortgage is insured by FHA.

4. Type of Housing. Choose one.

- (1) Assisted living: Assisted living for the elderly
- (2) Elderly 55+: Housing for persons 55 & older
- (3) Elderly 62+: Housing for person 62 & older
- (4) CCRC: Continuing Care Retirement Community
- (5) Family: Non-age restricted housing
- (6) Special needs: Housing for persons who require specialized housing and/or supportive services (excluding housing for the elderly).

5. Mixed Use. (Y/N)? Indicate "Y", if the activity is designated in Part for uses other than residential but where residential living space must constitute at least 51 percent of the activity space. Indicate N, if the activity is not mixed-use.

6. Mixed Income. (Y/N)? Indicate "Y", if less than 100 percent of the activity's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Indicate N, if the activity is not mixed-income.

7. Completed Units: Total Number: HOME Assisted: Enter the total number of completed units and the total number of HOME assisted units.

H. Property Address.

 (For multi address activities.)

1. , 2., 3., 4., 5., and 6. **Building name, Property's Street Address, City, State, Zip Code and County Code.** Self-explanatory.

Note: Each unit or apartment is not to be entered as a separate address. A multi address activity would have more than one building.

I. Units.

1. Of the units completed, the number: Total and Home-Assisted Meeting Energy Star Standards.

Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards.

Energy Star applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. The

performance level is certified by third party contractors. See www.energystar.gov for more information.

Total and HOME Assisted 504 accessible. Enter the total number of completed units and completed HOME assisted units that are 504 accessible.

Note: IDIS will default the answers to zero if units are not entered in these fields.

Of the units completed, Total and HOME-Assisted Designated for Persons with HIV/AIDS. Enter the number of completed units that have been designated for persons with HIV/AIDS and the number of HOME-assisted units designated for persons with HIV/AIDS.

Of those, the number for the chronically homeless. Enter the number of completed units and HOME-assisted units that have been designated for chronically homeless persons with HIV/AIDS. Chronically homeless is defined below.

Of the Units Completed, Total and HOME-Assisted designated for the homeless. Of the total number of rental units in the activity, enter the number designated for the homeless and the number of completed HOME-Assisted units designated for the homeless. Homeless is defined as (1) an individuals or family who lacks fixed, regular, and adequate nighttime residence; or (2) An individual or family who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill, (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Of those, the number designated for the chronically homeless. Of the number of units designated for the homeless, enter the number designated for the chronically homeless. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either: (1) been continuously homeless for a year or more, or (2) has had at least four episodes of homelessness in the past three years. A disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person is an unaccompanied individual sleeping in a place not meant for

human habitation or in an emergency homeless shelter. Note: IDIS will default to zero if units are not entered in these fields.

Of the total applicants who applied for housing, the number:

Requesting a unit accessible for mobility impairment

Receiving a unit accessible for mobility impairment

Requesting a unit accessible for sensory impairment

Receiving a unit accessible for sensory impairment

J. 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.

Activity Costs. Include all HOME funds used for the activity and all other funds (public and private) with one exception. **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent

financing, **do not report both.** Report all HOME funds expended on the activity. (**Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.**) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 6 of Part B should be the total cost of the activity. The total amount of HOME funds reported in the block titled "Total HOME funds (Total Items (1)-(5))" of Part B must equal the total amount disbursed through IDIS for this activity.

1. HOME Funds. Include HOME program income on line 5, below, title "HOME Program Income" only. Do not include HOME program income in any of the following 5 HOME categories.

(1) Direct Loan. Enter the amount of HOME funds provided for this activity in the form of a direct loan. Enter the loan's interest rate and amortization period. If there are multiple loans, enter the interest rate and term of the largest loan.

(2) Grant. Enter the amount of HOME funds provided without any repayment requirements. (**Note:** A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

(3) Deferred Payment Loan (DPL). Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

(4) Community Housing Development Organization (CHDO) Loan.

a. Technical Assistance (TA) Loan.

Enter the amount of HOME funds provided as a CHDO TA loan for the activity. Reference 24 CFR 92.301(a).

b. Seed Money Loan. Enter the amount of HOME funds provided as a CHDO seed loan. Reference 24 CFR 92.301(b).

Total CHDO Loan. Enter the total of the amounts entered on cited on 4a and 4b.

(5) Other. Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed as (1) through (4).

Total HOME Funds. Enter the total of items (1) through (5) as the amount of HOME funds expended.

2. Public Funds. Enter in blocks (1) through (3), the total amount of public funds expended.

(1) Other Federal Funds. Exclude any HOME funds expended.

(2) State/Local Appropriated Funds.

(3) State/Local Tax Exempt Bond Proceeds.

Total Public Funds. Enter the total of items (1) through (3) as the amount of Public Funds expended.

3. Private Funds.

(1) Private Loan Funds. Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings

and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**

(2) Owner Cash Contributions. Enter the amount of all cash contributions provided by the project owner.

(3) Net Syndication Proceeds. Enter the net amount of syndication proceeds, excluding low-income tax credits, provided in financing this activity.

(4) Private Grants. Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

Total Private Funds. Enter the total of items (1) through (4) as the amount of Private Funds expended.

4. Low Income Tax Credit Syndication Proceeds. Enter the total amount of syndicated Low Income Tax Credits provided.

5. HOME Program Income. Enter the total amount of funds provided from HOME repayment income.

6. Total Activity Cost. Enter the sum of totals for HOME funds, Public funds and Private funds, Low Income Tax Credit Syndication Proceeds, and HOME Program Income. (Totals from above lines 1 through 5.)

Household Characteristics.

Complete one line for each unit assisted with HOME funds and enter one code only in each block. For activities which include multiple addresses, complete this part for each address. For an unoccupied unit, enter unit number, number of bedrooms and occupancy code as 9 vacant.

Unit Number. Enter the unit number of each unit assisted with HOME funds.

Accessible Unit: Mobility. Answer Yes or No as to whether the unit is accessible for tenant with mobility impairments

Accessible Unit: Sensory. Answer Yes or No as to whether the unit is accessible for tenant with sensory impairments

Number of Bedrooms. Enter "0" for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

Occupancy Code. Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

Monthly Rent (Including Utilities).

Tenant Contribution. Enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of activity completion. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

Subsidy Amount. Enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter zero.

Total Rent. Enter the total monthly rent (tenant contribution plus subsidy amount).

Income Data.

Percent of Area Median. For each occupied residential unit, enter one code only based on the following definitions:

1. **0–30** Percent of Area Median means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

2. **30–50** Percent of Area Median means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

3. **50–60** Percent of Area Median means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

4. **60–80** Percent of Area Median means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

Household Data.

Hispanic Y/N: For each occupied residential unit, enter the ethnicity for the head of household as either "Y" for Hispanic or Latino or "N" for Not Hispanic or Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Race – Head of Household: For each occupied residential unit, enter one code only based on the following definitions:

11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

12. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

13. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

14. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.

15. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

16. **American Indian or Alaska Native & White.** A person having these multiple race heritages as defined above.

17. **Asian & White.** A person having these multiple race heritages as defined above.

18. **Black or African American & White.** A person having these multiple race heritages as defined above.

19. **American Indian or Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.

20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

At least one racial minority? Answer Yes or No as to whether the unit houses at least one racial minority

Size of Household. Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households or more than 8, enter 8).

Type of Household. For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One-person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two-parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

Number of Children Under Age 6: Self-explanatory

Number of Children Age 6-18: Self-explanatory

Rental Assistance: Enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.
4. **No Assistance.** Self-explanatory.