

HOME Rehabilitation Program IDIS Set Up and Completion Form (rev 2/2025)

<input type="checkbox"/> SETUP <input type="checkbox"/> COMPLETION		Original Submission Date:		Revision Date:	
Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision		Name & Phone Number of Person Completing Form:			

A. General Information

IDIS Project No.		Contract No.		Written Agreement Execution Date (Date Three-Party Agreement was signed): ____/____/____	
1. Name of Participant: (Subgrantee)		2. Program Year	3. IDIS Activity ID:	4. Activity Name (property address)	
5. Is this participant a faith-based organization? <input type="checkbox"/> Y <input type="checkbox"/> N		6. Is this activity subject to Section 3 reporting? <input type="checkbox"/> Y <input type="checkbox"/> N		7. 2 CFR 200 Question: <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	8. Is this an infrastructure project, as defined by BABA? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
9. Environmental Review: <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Exempt <input type="checkbox"/> Underway			10. HEROS Environmental Review ID:		

B. Activity Information

1. Multi Address: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		2. Loan Guarantee: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3. Homeowner Name:			
4. Homeowner Street Address (same as #4 above):			5. City:	6. State: NM	7. Zip Code:		8. County Code:
9. Estimated HOME Units: 1		10. Estimated HOME Cost \$		11. Revised HOME Cost: \$			

C. Activity Completion (To be completed upon project completion)

Property Type: 1-4 Single Family	Total Complete d Units: 1	HOME-Assiste d Units: 1	Applicable Lead Paint Requirement:		Lead Hazard Remediation Actions (if constructed before 1978):	
			<input type="checkbox"/> Housing was constructed before 1978		<input type="checkbox"/> Lead Safe Work Practices (24 CFR 35.930(b))	
			<input type="checkbox"/> Exempt: housing constructed 1978 or later		<input type="checkbox"/> Interim Controls or Standard Practices (24 CFR 35.93(c))	
			<input type="checkbox"/> Otherwise exempt		<input type="checkbox"/> Abatement (24 CFR 35.930(d))	
FHA Insured? <input type="checkbox"/> Y <input type="checkbox"/> N			Value After Rehabilitation: \$			

Activity Costs

1. HOME Funds (Including Program Income) Soft Costs + Hard Costs below must equal Box 7 OR Box 10 if revised above	
(1) Amortized Loan	\$ Not Applicable
(2) Grant	\$ Not Applicable
(3) Deferred Payment Loan (Hard Cost)	\$
(4) Other (Soft Costs/Project Delivery)	\$
Total HOME Funds (must equal box 10 OR if revised must equal box 11) [(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)]	\$
Activity Total (Sum all totals)	\$

Household Characteristics

# of Bedrooms	Occupant	% Median Income	Hispanic/Latino	Race	Household Size	Household Type	Female HOH? Y/N	HOH Disabled? Y/N
	2-Owner							

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

% Median Income
1 – 0 to 30% AMI
2 – 30+ t 50% AMI
3 – 50+ to 60 % AMI
4 – 60+ to 80% AMI

Household Race
11 – White
12 – Black/African American
13 – Asian
14 – American Indian/Alaska Native
15 – Native Hawaiian/Other Pacific Islander
16 – American Indian/Alaska Native & White
17 – Asian & White
18 – Black/African American & White
19 – American Indian/Alaska Native & Black
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

Funding Certification	Restrictive Period (Years)	Approval Signature (MFA)	Signature Date
HOME			