

## HOME Rehabilitation Program IDIS Set Up and Completion Form (rev 8/2025)

<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:						
<b>A. General Information</b>								
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 activity subject to Section 3 reporting? <input type="checkbox"/> Y <input type="checkbox"/> N		6. 2 CFR 200 Question: <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		7. Is this an infrastructure project, as defined by BABA? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
8. Environmental Review: <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Exempt <input type="checkbox"/> Underway		9. HEROS Environmental Review ID: 900000010370378						
<b>B. Activity Information</b>								
1. Is this participant a faith-based organization? <input type="checkbox"/> Y <input type="checkbox"/> N		2. Multi Address: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Loan Guarantee: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Homeowner Name:				
5. Homeowner Street Address (same as #4 above):		6. City:	7. State: NM	8. Zip Code:	9. County Code:			
10. Estimated HOME Units: 1		11. Estimated HOME Cost \$		12. Revised HOME Cost (from Change Orders): \$				
<b>C. Activity Completion</b> (To be completed upon project completion)								
Property Type: 1-4 Single Family	Total Completed Units: 1	HOME-Assisted Units: 1	<b>Applicable Lead Paint Requirement:</b> <input type="checkbox"/> Housing was constructed before 1978 <input type="checkbox"/> Exempt: housing constructed 1978 or later <input type="checkbox"/> Otherwise exempt		<b>Lead Hazard Remediation Actions (if built before 1978):</b> <input type="checkbox"/> Lead Safe Work Practices (24 CFR 35.930(b)) <input type="checkbox"/> Interim Controls or Standard Practices (24 CFR 35.93(c)) <input type="checkbox"/> Abatement (24 CFR 35.930(d))			
FHA Insured? <input type="checkbox"/> Y <input type="checkbox"/> N			Value After Rehabilitation: \$					
<b>Activity Costs</b>								
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)				\$				
<b>Household Characteristics</b>								
# of Bedrooms	Occupant	% Median Income	Hispanic/Latino	Race	Household Size	Household Type	Female HOH? Y/N	HOH Disabled? Y/N
	2-Owner							
<b># of Bdrms</b> 0 – Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more	<b>% Median Income</b> 1 – 0 to 30% AMI 2 – 30+ to 50% AMI 3 – 50+ to 60 % AMI 4 – 60+ to 80% AMI	<b>Household Race</b> 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	<b>Household Size</b> 2 – 2 persons 3 – 3 persons 4 – 4 persons 5 – 5 persons 6 – 6 persons 7 – 7 persons 8 – 8 or more persons	<b>Household Type</b> 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								

