

# ROC Program Setup and Completion Report

☐ Setup

☐ Completion



Check the appropriate box:  <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision		Name and Phone Number of Person Completing Form:	
1. Name of Service Provider:			
Activity Type (check one): [1] <input type="checkbox"/> Acquisition, Rehab and Resale			
2. Street Address:		3. County:	
4. City:	State:	5. Zip Code:	6. Estimated ROC PROGRAM Unit(s):
7. Pre-Purchase Appraised Value:	8. Purchase Price:	9. Anticipated Sale Price:	
At setup, ESTIMATED Total Project Costs (ROC PROGRAM Funds (including Program Income))		At completion, ACTUAL Activity Costs	

(1) Acquisition/Rehab (total = a + b + c)		
(a) Mortgage (acquire property)	\$	\$
(b) Soft Costs	\$	\$
(c) Rehabilitation Costs (hard costs)	\$	\$
(2) Housing Counseling	\$	\$
(3) Project Management	\$	\$
(4) Total ROC PROGRAM Funds (1 + 2 + 3)	\$	\$
(5) Leverage Funds (Type: )	\$	\$
(6) Total funds for Project (5 + 6)	\$	\$

MFA Contract #	MFA Approval	Date
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