

HOME Rehabilitation Program Set Up and Completion Form (rev 06/2021)

SETUP **COMPLETION**

Original Submission Date: _____

Revision Date: _____

Check the appropriate box:

Original Submission Revision

Name and Phone Number of Person Completing Form: _____

Set Up Homeowner Activity:

Contract No. _____

A. General Information.

IDIS Project No. _____

(FOR MFA USE ONLY)

1. Name of Participant: (Subgrantee)	2. County Code:	3. IDIS Activity ID:	4. Activity Name (property address only):
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			
2 CFR 200 Question: <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor			

FOR MFA USE ONLY	OBJECTIVE: <input type="checkbox"/> 1 Suitable Living Environments	OUTCOME: <input type="checkbox"/> 1 Availability/Accessibility	<input type="checkbox"/> 2 Affordability
	<input type="checkbox"/> 2 Decent Affordable Housing	<input type="checkbox"/> 3 Create economic opportunities	<input type="checkbox"/> 3 Sustainability

B. Activity Information.

1. Homeowner's Name:		2. Homeowner's Street Address (same as 4. above):				
3. City:			4. State: NM	5. Zip Code:	6. Est. HOME UNITS:	7. Est. HOME Cost: \$
8. Loan Guarantee? <input type="checkbox"/> YES <input type="checkbox"/> NO			9. After Rehab Value: \$		10. Revised HOME Cost: \$	
11. Property Type (check one only): (1) <input type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home		12. Total Completed Units: 1 HOME-assisted Unit: <input type="checkbox"/> 504-accessible Unit: <input type="checkbox"/> Meets Energy Star Std.: <input type="checkbox"/>			13. LBP Cost: \$	
14. Environmental Assessment Code: ER Submission Date: <input type="checkbox"/> A-Exempt (date) <input type="checkbox"/> C-Completed (date) <input type="checkbox"/> D-Underway		15. Special Characteristics (Check any): <input type="checkbox"/> CDBG Strategy Area <input type="checkbox"/> Local Target Area <input type="checkbox"/> Brownfield Redevelop <input type="checkbox"/> Presidential Declared Major Disaster <input type="checkbox"/> Historic Preservation Area <input type="checkbox"/> Conversion-Non-Residential to Residential Use <input type="checkbox"/> Colonia <input type="checkbox"/> Tribal <input type="checkbox"/> Other			16. Revised LBP Cost: \$	

C. Activity Costs.

1. HOME Funds (Including Program Income)

(1) Soft Costs	\$
(2) Deferred Payment Loan (DPL)	\$
(3) Grant (LBP)	\$
(5) Other	\$
Total HOME Funds [(1) + (2) + (3) + (4)+(5)]	\$

2. Public Funds

(1) Other Federal Funds	\$
(2) State/Local Funds	\$
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)

	\$
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D. Household Characteristics. (Refer to code below where applicable)

HOUSEHOLD								
# of Bedrooms	Occupant	% Med	Hispanic? Y/N	Race	Size	Type	Female Head of Household? Y/N	Is Head Disabled? Y/N

of Bedrooms
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 & 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

FUNDING CERTIFICATION

FEDERAL COMPLIANCE PERIOD (YRS)

APPROVED

DATE