

**HOME House by House Reservation Set Up and Completion Form INSTRUCTIONS:**

\*Please ensure that **ALL** sections of this form are filled out completely, otherwise, it will be returned for corrections that will delay the start or completion of the project.

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

- Check off box if this is a Set Up or a Completion.  
A Set Up is done at the beginning of a project and a Completion is done when the project is complete.
- List the date of the Original Submission and check off the Original Submission box.
- If this is a revision to the original submission (usually involving a change in funds) then a new Set Up form will need to be completed.
  - a. Place a Check in the Set Up Box
  - b. Enter the Revision Date
  - c. Place a Check in the Revision Box
- Enter the name and phone number of the person completing this form (usually the agency Rehab program manager)

**Set Up Homeowner Activity:**

**Contract No.**

**A. General Information.**

**IDIS Project No. 2 (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			
2 CFR 200 Question: <input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor			
<b>FOR MFA USE ONLY</b>	<b>OBJECTIVE:</b> <input type="checkbox"/> 1 Suitable Living Environments	<b>OUTCOME:</b> <input type="checkbox"/> 1 Availability/Accessibility <input checked="" type="checkbox"/> 2 Affordability	
	<input checked="" type="checkbox"/> 2 Decent Affordable Housing <input type="checkbox"/> 3 Create economic opportunities	<input type="checkbox"/> 3 Sustainability	

- Contract No. Please list the agency contract number with MFA here. This will indicate in which contract you are using these funds. Ex: 18-01-ABC-HOR-001
- 1. Name of Participant (Subgrantee) – Name of the Agency (Service Provider)
- 2. County Code – This code can be obtained from the attached NM County Codes list provided by MFA. Please list the county code for the county that the project is located. This is not where the agency is located, but the specific project site for this Set Up/Completion.
- 3. IDIS Activity ID will ONLY be listed on Revised Set Up forms and Completion forms.
- 4. Activity Name (Project Address- where is work being completed)
- 5. Is your agency a faith-based organization? Please check Yes or No.

2 CFR 200 Question: Is the agency a subrecipient or a contractor. This will be filled out by the Program Manager at MFA and determined by the annual subrecipient/contractor assessment form completed in the agency file.

For MFA Use ONLY Section: - This is completed by the MFA Accounting Department

**B. Activity Information.**

1. Homeowner's Name:		2. Homeowner's Street Address (same as 4. above):				
3. City:		4.State: <b>NM</b>	5. Zip Code:	6. Est. HOME UNITS: <b>1</b>	7. Est. HOME Cost: \$	
8. Loan Guarantee? <input type="checkbox"/> YES <input checked="" 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: <b>1</b> HOME-assisted Unit: <input checked="" 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: \$	

1. Homeowner's First and Last Name (Project Name)
2. Homeowner's Street Address (Project Address- where work is being completed)
3. City
4. State (will always be NM)
5. Zip Code
6. Est. HOME UNITS (will always be 1)
7. Est. HOME Cost (Calculated by adding Deferred Payment Loan + Soft Costs in Section C1 + C2 below)
8. Loan Guarantee (will always be NO)
9. After Rehab Value (Calculated from 95% Form – See Attached)
10. Revised HOME Cost (will ONLY be listed on Revised Set Up forms and Completion forms if change orders have been submitted and approved by MFA Rehab Program Manager)
11. Property Type – Should only be (1) 1-4 Single Family or (4) Manufactured Home. Please check one only
12. Total Completed Units -Will always be 1 and will always be HOME assisted unit
13. LBP Cost (this will only be applicable to homes built before 1975 and will come from the LEAD Based Paint Assessment Invoice provided by the agency prior to the Set Up)
14. Environmental Assessment Code:
  - a. ER Submission Date (write directly on the form the date that the assessment was submitted)
  - b. A – Exempt date (if applicable write EXEMPT directly on the form)
  - c. Completed (write directly on the form the date that the assessment was completed)
15. Special Characteristics (Check only ONE – Although " Check Any" is indicated)
16. Revised LBP Cost - will ONLY be listed on Revised Set Up forms and Completion forms and only if there was a revision to the initial assessment.

**C. Activity Costs.**

<b>1. HOME Funds (Including Program Income)</b>	
(1) Soft Costs	\$
(2) Deferred Payment Loan (DPL)	\$
(3) Grant (LBP)	\$
(5) Other	\$
<b>Total HOME Funds [(1) + (2) + (3) + (4)+(5)]</b>	<b>\$ 0.00</b>
<b>2. Public Funds</b>	
(1) Other Federal Funds	\$
(2) State/Local Funds	\$
<b>Total Public Funds [(1) + (2) + (3)]</b>	<b>\$ 0.00</b>
<b>3. Private Funds</b>	
(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
<b>Total Private Funds [(1) + (2) + (3)]</b>	<b>\$ 0.00</b>
<b>4. Activity Total (Sum All Totals)</b>	<b>\$ 0.00</b>

**B. Activity Information.**

1. Homeowner's Name:	2. Homeowner's Street Address (same as 4. above): <i>B1+B2=B</i>		
3. City:	4. State: NM	5. Zip Code:	6. Est. HOME UNITS: 1 <i>B</i>
8. Loan Guarantee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. After Rehab Value: <i>A \$115,960.00</i>	7. Est. HOME Cost: <i>B \$65,910.70</i>	
11. Property Type (check one only): (1) <input checked="" 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 checked="" type="checkbox"/> 504-accessible Unit: <input type="checkbox"/> Meets Energy Star Std.: <input type="checkbox"/>		10. Revised HOME Cost: \$ 13. LBP Cost: \$857.61
14. Environmental Assessment Code: ER Submission Date: <i>12-16-19 aces</i> <input type="checkbox"/> A-Exempt (date) <input checked="" type="checkbox"/> C-Completed (08/01/2019) <input type="checkbox"/> D-Underway	15. Special Characteristics (Check any): <input checked="" type="checkbox"/> COBG 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 checked="" type="checkbox"/> Colonia <i>comes from A-9590 Form</i>		16. Revised LBP Cost: <i>C \$4123.61</i>

**C. Activity Costs.**

<b>1. HOME Funds (Including Program Income)</b>	
(1) Soft Costs <i>Comes from Schedule K</i>	\$ <i>B</i> { 11,000.00 <i>BA</i>
(2) Deferred Payment Loan (DPL) <i>This amt. can never go over 55k without approved revision</i>	\$ <i>B</i> { 54,910.70 <i>BI</i>
(3) Grant (LBP) <i>Built 1940 aces</i>	\$ <i>C</i> 4,123.61
(5) Other	\$ <i>B1+BA+C=D</i>
<b>Total HOME Funds [(1) + (2) + (3) + (4) + (5)]</b>	<b>\$ 70,034.31</b>
<b>2. Public Funds</b>	
(1) Other Federal Funds	\$
(2) State/Local Funds	\$
<b>Total Public Funds [(1) + (2) + (3)]</b>	<b>\$ 0.00</b>
<b>3. Private Funds</b>	
(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
<b>Total Private Funds [(1) + (2) + (3)]</b>	<b>\$ 0.00</b>
<b>4. Activity Total (Sum All Totals)</b>	<b>\$ 70,034.31</b>

EXAMPLE ONLY!

1. HOME Funds (Including Program Income) (See the Set Up Form below for Calculation Examples)
  1. Soft Costs (Calculated from Schedule K – See Attached)
  2. Deferred Payment Loan (DPL)
    - i. (This amount should not exceed \$55,000 without prior approval from MFA Rehab Program Manager)
  3. Grant (LBP) (this amount comes from Section 13 B Activity Information)
    - i. Please write directly on the form in this section, what year the house was built
  4. Other

TOTAL HOME FUNDS = (1) Soft Costs+(2) Deferred Payment Loan (DPL)+(3) Grant (LBP)

2. Public Funds

1. Other Federal Funds (Ex. CDBG funding will be listed here)
2. State/Local Funds

Activity TOTAL (Sum of all TOTALS)

<b>D. Household Characteristics.</b> (Refer to code below where applicable) <span style="float: right;">□</span>								
HOUSEHOLD								
# of Bedrooms	Occupant	% Med	Hispanic? Y/N	Race	Size	Type	Female Head of Household? Y/N	Is Head Disabled? Y/N
2								

  

<b># of Bedrooms</b> 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms	<b>Occupant</b> 1 – Tenant 2 – Owner 9 – Vacant Unit  <b>Household % of Med</b> 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%	<b>Household Race</b> 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	<b>Household Size</b> 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	<b>Household Type</b> 1 – Single, non-elderly 2 – Elderly 3 – Single parent 4 – Two parents 5 – Other
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Fill out all Sections in D. Household Characteristics ABOVE Accordingly – This information is obtained from the Project Set Up Packet and from the application.

The last section below will be filled out by the MFA Rehab Program Manager:

FUNDING CERTIFICATION	FEDERAL COMPLIANCE PERIOD (YRS)	APPROVED	DATE
	0		

**Funding Certification** – This will be signed by the MFA Rehab Program Manager Ex: HOME *aeg*

**Federal Compliance Period (YRS)** (will always be 0)

**Approved** – This will be the signature of the MFA Rehab Program Manager and Initials of their immediate supervisor (this confirms that all of the information on this form has been verified for accuracy)

**Date** – Date of approval by the MFA Program Manager and date of submission to the MFA Accounting Department