Housing Trust Fund Corporation

New York State HOME Program

CHDO Home Ownership Project Setup/Completion Report

form HOME-06, rev. 25 May 2011

A. General Information

Select the status of this report from the following drop-down list:

SHARS ID:		Date submitted:		IDIS Actvity ID #:	
Contact Person:		email:			
Local Program Administrator:		County:			
Will you request a predevelopment advance for this project?:		Phone (area code and ext. #):			

B. Project Commitment Information

Activity Type:		Project Street Address:			
City:		State:	NY	Zip:	
Estimated HOME units:		Estimated HOME cost:			
section/block/lot number:		SWIS Code:			

C. Builder/Developer Information. (Only applicable if CHDO is co-developing or sponsoring another NFP developer)

Developer Type:		Developer's Name:			
Developer's Address:		City:		State:	Zip:

D. Construction Budget - (uses per project)

1. Site Acquisition		
a) Land and structures		
b) Closing costs		
c) Other:		
d) Other:		
D1. Subtotal - Site Acquisition		$0.00
2. Construction Costs		
a) Site Preparation Infrastructure		
b) Construction (contractor costs)		
c) Other:		
d) Contingency		
D2. Subtotal - Construction Costs		$0.00
3. Soft Costs		
a) Appraisal		
b) architect/engineer		
c) energy audit (rehab only)		
d) environmental		
e) lead hazard testing (rehab only)		
f) financing (specify):		
g) legal		
h) market study		
i) relocation		
j) sales/marketing		
k) Other:		
D3. Subtotal - Soft Costs		$0.00
D4. Developer Fee		

D5. TOTAL DEVELOPMENT COST (Sum of lines 1, 2, 3, and 4)	$0.00

SHARS ID:		Date submitted:		IDIS Actvity ID #:	
Contact Person:		email:			

E. Sources of Construction Financing

List each source of funds that will support the above construction budget, the dollar amount requested and/or committed from each source, type, and the term of the

1. Source Name	2. Amount	3. Assistance Type	4. Financing Term
Total	$0.00		*Variance between Total sources and TDC

F. Affordability Analysis - project

1. Development cost (this number will be entered automatically)	$0.00
2. Development Subsidy	
a. HOME	
b. Other: (describe)	
c. Other: (describe)	
Total development subsidy	$0.00
3. Purchase price	
4. Subsidies provided to buyer	
a. HOME	
b. Other: (describe)	
c. Other: (describe)	
Total subsidy to buyer	$0.00
Subtotal (sales price minus subsidies)	$0.00
6. Buyer's anticipated downpayment	
7. Buyer's anticipated private mortgage (amount to be financed)	
8. Annual cost to buyer	
a. Annual principal and interest (based on mortgage amount in line 7)	
b. Estimated annual taxes and insurance	
c. Estimated annual utility and condo/co-op common charges.	
d. Estimated rental income to buyer	
Total Annual cost to buyer	$0.00
9. Annual income needed to afford unit	
10. Area median income	
11. This unit is affordable to households at what percent of area median income?	0%

Buyer's anticipated closing costs	

G. Homebuyer Activity Information

Activity Type:		Property Type:		Purchase price:	
Total completed units:	# HOME assisted?:	# 504-accessible?:		Appraised value (new construction)	
Homebuyer's name:		# Units Energy Star?:		Appraised value after rehab:	
Street address:		City:		State: **NY**	Zip:

H. Final Project Costs (enter at time of completion)

HOME Funds Summary	
1. Subsidy Costs	
a. Grant	$0.00
b. Deferred payment loan	
2. Downpayment Assistance	
a. Grant	
b. Deferred payment loan	
H1. Total HOME funds disbursed	$0.00
Public Funds	
3. Other Federal Funds	
4. State/Local Funds	
Private Funds	
5. Private Loans	
6. Owner Cash Contributions	
7. Private Grants	
H2. Total Public and Private Funds	$0.00
H3. Total Final Project Costs	$0.00

I. Household Characteristics

First-time homebuyer?:		Coming from subsidized housing?:		Counseling?:	
Lease Purchase?:		If lease purchase, enter date of agreement:			

Unit #	# Bed rooms	Occupant	Percent of median	Hispan	Race	Household Size	Household Type	Assistance Type	Total Monthly Rent

J. Lead Paint

1. Applicaticable Lead Paint Requirement:

a) Housing constructed before 1978 _____

b) Exempt: housing constructed 1978 or later _____

c) Otherwise exempt _____

2. Lead Hazard Remindiation Actions:

a) Lead Safe Work Practicies (24 CFR 35.930(b)) _____

b) Interim Controls or Standard Practices (24 CFR 35.930(c)) _____

c) Abatement (24 CFR 35.930(d)) _____

a. # of Bedrooms
0 – SRO/Efficiency
1 – 1 bedroom
2 – 2 bedrooms
3 – 3 bedrooms
4 – 4 bedrooms
5 – 5 or more bedrooms

b Occupant
1 – Tenant
2 – Owner
9 – Vacant Unit

c Household % of Median
1 – 0 to 30%
2 – 30+ to 50%
3 – 50+ to 60%
4 – 60+ to 80%

d. 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 & Black or African American
20 – Other Multi Racial

g. Assistance Type
1 – Section 8
2 – HOME TBRA
3 – Other federal, state or local assistance
4 – No assistance

e. 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

f. Household Type
1 – Single, non-elderly
2 – Elderly
3 – Single parent
4 – Two parents
5 – Other