

NYS HOUSING TRUST FUND CORP.

Homebuyer Set Up and Completion Form (For single and multi-address activities)

Check the appropriate boxes:

SHARS ID # :

<input type="checkbox"/> SETUP Report <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name, Phone #, and Extension # of Person Completing Form:
<input type="checkbox"/> COMPLETION Report <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision Date of project completion	

Set Up Activity

1. Program Requirements

Prior to receiving HOME assistance and setting up a unit in IDIS, all HOME beneficiaries must execute both:

1. A Written Agreement with the LPA consistent with HOME requirements at 92.504(c)(4). A separate Written Agreement is to be executed with the home repair contractor, if applicable.
2. The security instrument (Note & Mortgage OR Restrictive Covenant) chosen at contract execution.

*** I certify that all documents are signed by both the LPA and beneficiary (and contractor as applicable), dated, and on file with the LPA. **LPA Initials:** _____

A. General Information.

1. Name of Local Program Administrator:	2. IDIS Activity ID Number:
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B. Objective and Outcome.

1. Objective (enter code): (1) Create suitable living environment (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): (1) Availability/accessibility (2) Affordability (3) Sustainability
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C. Special Characteristics.

1. Activity Location Type "Y" next to any that apply (1) _____ CDBG Strategy Area (2) _____ Local target area (3) _____ Presidentially declared major disaster area (4) _____ Historic preservation area (5) _____ Brownfield redevelopment area (6) _____ Conversion of nonresidential to residential use	2. Will this activity be carried out by a faith-based organization (Y/N)?
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D. Activity Information.

1. Activity Type (enter code): (2) New Construction Only (4) Acquisition & Rehab (3) Acquisition Only (5) Acquisition & New Construction					
2. Homebuyer's Name:		3. Street:			
		Section, block , lot # :		SWIS code:	
4. City:	5. State: NY	6. Zip Code:	7. County:	Activity Estimates: 8. HOME Units: 9. HOME Cost:	
10. Multi-Address (Y/N)?		11. Loan Guarantee (Y/N)?			

2. Environmental Review

All LPAs are required to submit proof of Tier 2 site specific clearance with set ups.

Check one:

- Tier 2 Checklist (for municipalities)
 EAU Clearance Letter (for non-profits)

E. Developer. (For multi-address activities **only**)

1. Developer Type (Enter code): (1) Individual (4) Not-for-Profit (2) Partnership (5) Publicly Owned (3) Corporation (6) Other	2. Developer's Name:		
	3. Developer's Street Address:		
	4. City:	5. State:	6. Zip Code:

Complete Activity

F. Activity Information. If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address – Sections H, I, J, and K.

***I certify the security instrument (Note & Mortgage OR Restrictive Covenant) previously executed at set up has been publicly recorded. **LPA Initials:** _____

1. Activity Type (enter code): (2) New Construction Only (3) Acquisition Only (4) Acquisition & Rehab (5) Acquisition & New Construction	2. Property Type (enter code): (1) 1-4 Single Family (2) Condominium (3) Cooperative (4) Manufactured Home	3. FHA Insured (Y/N)? (For single address activities.)
4. Lease Purchase? If yes, date of agreement: (For single address activities.)		(5) Completed Units: Total number: HOME-assisted:

G. Units.

1. Of the Completed Units, the number: Meeting Energy Star standards: 504-accessible:	<u>Total</u> <u>HOME-assisted</u> _____ _____ _____ _____
2. Period of Affordability: PJ-imposed period of affordability: ____ years.	

H. Property Address. (For multi-address activities.)

1. Homebuyer's Name :		2. Homebuyer's Street Address:	
3. City:	4. State:	5. Zip Code:	6. County:

I. Lead Paint (Required)

Applicable Lead Paint Requirement: <input type="checkbox"/> Housing constructed before 1978 <input type="checkbox"/> Exempt: housing constructed 1978 or later <input type="checkbox"/> Otherwise exempt	Lead Hazard Remediation Actions: <input type="checkbox"/> Lead Safe Work Practices (24 CFR 35.930(b)) <input type="checkbox"/> Interim Controls or Standard Practices (24 CFR 35.930(c)) <input type="checkbox"/> Abatement (24 CFR 35.930(d))
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Complete Homebuyer Activity:

*** I certify that this project complies with 24 CFR Part 35 and all required records of testing, assessment, and/or clearance are on file. **LPA Initials:** _____

J. Costs.

Purchase Price: \$ _____

HUD Max Purchase Price Limit: \$ _____

<http://www.hudexchange.info/resource/2312/home-maximum-purchase-price-after-rehab-value/>

Method of Determination: (Select one)

- Appraisal
- Real Estate Market Assessment
- Other (as approved by OCR) _____

1. HOME Funds (Including Program Income)

a. Property Costs

		Totals
(1) Amortized Loan	\$	
(2) Grant	\$	
(3) Deferred Payment Loan (DPL)	\$	
(4) Other (describe)	\$	
		\$

b. Down-payment Assistance

(1) Amortized Loan	\$	
(2) Grant	\$	
(3) Deferred Payment Loan (DPL)	\$	
(4) Other (describe)	\$	
HOME Total this address [a + b]		\$

NOTES:

2. Public Funds

(1) Other Federal Funds (describe)	\$	
(2) State/Local Funds (describe)	\$	
(3) Tax Exempt Bond Proceeds	\$	
Total Public Funds [(1) + (2) + (3)]		\$

3. Private Funds

(1) Private Loans (describe)	\$	
(2) Owner Cash Contribution (describe)	\$	
(3) Private Grants (describe)	\$	

Complete Homebuyer Activity:

Total Private Funds [(1) + (2) + (3)]		\$
4. Activity Total (or Total this address)		\$

K. Household Characteristics. (Refer to code below where applicable)

Unit #	a. # of Bedrooms	b. Occupant	Household				g. Assistance Type	Total Monthly Rent
			c. % Median	Hispanic? Y/N	d. Race	e. Size		

1. Homebuyer Counseling Homebuyer received (enter code): (1) No Counseling (3) Post-counseling (2) Pre-counseling (4) Both	2. FHA Insured Y/N?	3. First-time homebuyer Y/N?
4. Coming from subsidized housing Y/N?	5. Lease Purchase Y/N?	If yes, date of agreement:

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
 3 – Vacant Unit

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

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

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