

# NYS HOUSING TRUST FUND CORP.

## Homeowner Rehab Set Up and Completion Form HOME Program (For single and multi-address activities)

Check the appropriate boxes: <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  <input type="checkbox"/> COMPLETION Report <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision Date of project completion	<b>SHARS ID # :</b>  Name, Phone #, and Extension # of Person Completing Form:
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### Set Up Activity:

#### 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. Faith-Based Organization Will this activity be carried out by a faith-based organization (Y/N)?
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#### D. Activity Information.

1. Homeowner's Name :	2. Street:		
	Section, Block, Lot #:		SWIS Code:
3. City:	4. State: <b>NY</b>	5. Zip Code:	6. County:
Activity Estimates: 7. HOME Units:      8. HOME Cost:	9. Multi-Address (Y/N)?		10. Loan Guarantee (Y/N)?

#### E. Contractor. (For multi-address activities **only**)

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

### NOTES:

**Complete Homeowner Rehab Activity:**

1. Property Type (enter code): (1) 1-4 Single Family (2) Condominium (3) Cooperative (4) Manufactured Home	2. Completed Units: Total number: _____ HOME-Assisted Units: _____
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**F. Units.**

1. Of the Units Completed; enter the number:	<u>Total</u>	<u>HOME-Assisted</u>
Meeting Energy Star standards:	_____	_____
504-accessible:	_____	_____

**G. Property Address.**

If this is a multi-address activity, make copies of this page so that cost and beneficiary information is reported for each address – sections G, H, I and J.

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

**H. Lead Paint (Required)**

<b>Applicable Lead Paint Requirement:</b> <input type="checkbox"/> Housing constructed before 1978 <input type="checkbox"/> Exempt: housing constructed 1978 or later <input type="checkbox"/> Otherwise exempt	<b>Lead Hazard Remediation Actions:</b> <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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**I. Costs.**

Value after rehab \$ \_\_\_\_\_ HUD 203b Mortgage Limit \$ \_\_\_\_\_

**1. HOME Funds (Including Program Income) Totals**

(1) Amortized Loan	\$	
(2) Grant	\$	
(3) Deferred Payment Loan (DPL)	\$	
(4) Other (describe)	\$	
<b>Total HOME Funds</b>	\$	

**2. Public Funds**

(1) Other Federal Funds (describe )	\$	
(2) State/Local Funds (describe)	\$	
(3) Tax Exempt Bond Proceeds	\$	
<b>Total Public Funds</b>	\$	

**3. Private Funds**

(1) Private Loans (describe)	\$	
(2) Owner Cash Contributions (describe)	\$	
(3) Private Grants (describe)	\$	
<b>Total Private Funds</b>	\$	
<b>4. Activity Total or Total This Address</b>	\$	

# Complete Homeowner Rehab Activity:

J. Beneficiaries. (Use indicated below)

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

FHA Insured (Y/N)?

**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 % Median**  
 1 – 0 to 30%  
 2 – 30+ to 50%  
 3 – 50+ to 60%  
 4 – 60+ to 80%

**d. Race of Head of Household**  
 11 – White  
 12 – Black/African American  
 13 – Asian  
 14 – American Indian/Alaska Native  
 15 – Native Hawaiian/Other Pacific Islander  
 16 – American Indian/Alaska Native & White  
 17 – Asian & White  
 18 – Black /African American & White  
 19 – American Indian/Alaska Native & Black/African American  
 20 – Other Multi Racial

**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

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

# Instructions for Completing the Homeowner Rehab Set-up and Completion Report

## HOME Program

**Applicability.** This report is to be completed for each homeowner rehabilitation activity assisted with HOME funds.

**Timing.** This report form is used to set up an activity in IDIS so that funds may be committed and drawn down and to complete the activity so that the HOME Program reporting requirements are met.

### A. General Information.

1. **Name of Local Program Administrator.** Enter the name of the participating jurisdiction or the agency administering the homeowner rehab activity.
2. **IDIS Activity ID Number.** An id number will be assigned to this activity by the HOME Program. Only enter here for revised setup reports and for completion reports.
3. **Activity Address.** Enter the property address designated to the activity.

### Set Up Activity

#### B. Objective and Outcome.

**Objective.** The system will default the answer to “2” – Decent affordable housing.

1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

**Outcome.** The system will default the answer to “1” – Availability/accessibility.

1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.
3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

#### C. Special Characteristics.

1. **Activity Location.** Type “Y” next to **all that apply**. IDIS will default the answer to “N” if an answer is not typed in the field.
  - (1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy area (NRSA or CRSA), identified in the grantee’s Consolidated/Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).
  - (2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.
  - (3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
  - (4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.
  - (5) Brownfield redevelopment area is defined as an abandoned, idle, or under used property where expansion or redevelopment is complicated by real or potential environmental contamination.
  - (6) Conversion from non-residential or residential use is self explanatory. An example is converting an old warehouse into rental units or condominiums.
2. **Faith-Based Organization.** Will this activity be carried out by a faith-based organization (Y/N)? Enter “Y” if it is known or if the organization declares itself to be a faith-based organization. If not, enter “N”.

#### D. Activity Information.

1. **Homeowner’s Name.** Enter the name of homeowner. For multi address activities the name of the development can be entered.
2. **Street.** Self explanatory. For multi address activities enter a general description of the project location.
3. **City.** Self explanatory.
4. **State.** Self explanatory.
5. **Zip code.** Self explanatory.
6. **County.** Enter the county name.
7. **Activity Estimates. HOME Units.** Enter the estimated total number of units (upon completion) that will receive HOME assistance.
8. **Activity Estimates. HOME Cost.** Enter the total amount of HOME funds requested for the activity.
9. **Multi-Address (Y/N)?** If the activity consists of more than one home, enter “Y” so that costs and beneficiary information can be reported for each address at completion.
10. **Loan Guarantee (Y/N)?** Enter Y or N to indicate whether this activity is supported by a loan guarantee.

#### E. Contractor Information (For multi address activities only).

1. **Contractor Type.** Enter code to indicate the type of contractor:
  - (1) Individual
  - (2) Partnership
  - (3) Corporation
  - (4) Not-for-Profit
  - (5) Publicly Owned
  - (6) Other
2. **Contractor’s Name.** Enter the name of the contractor.
3. **4., 5., and 6. Contractor’s Street Address, City, State and Zip Code.** Self-explanatory.

#### Complete Homeowner Rehab Activity.

1. **Property Type.** Enter the code to indicate the type of property assisted.
  - (1) 1-4 Single Family
  - (2) Condominium
  - (3) Cooperative
  - (4) Manufactured Home
2. **Completed Units. Total number. HOME Assisted.** Enter the total number of completed units for this activity **and** the number of completed HOME-assisted units.

#### F. Units.

1. **Of the units completed, the number:**  
**Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards **and** the number of completed HOME-Assisted units that meet Energy Star standards.

Energy Star applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. The performance level is certified by third party contractors. See [www.energystar.gov](http://www.energystar.gov) for more information.

**Total and HOME Assisted 504 Accessible.** Enter the total number of completed units **and** completed HOME assisted units that are 504 accessible.

2. **PJ imposed period of affordability.** Homeowner rehab activities do not have a statutory or regulatory minimum period of affordability. If you are imposing a period of affordability enter the number of years here. To indicate a period of affordability in perpetuity enter “99”.

#### G. Property Address

1. **Homeowner’s Name.**
2. **6. Homeowner’s Street Address, City, State, and Zip Code, and County Code.** Self-explanatory.

#### H. Lead Based Paint

**Applicable Lead Paint Requirement:** Select the appropriate lead based paint classification. Select only one.

1. Housing Constructed Before 1978 – Select if the housing unit was constructed before 1978 and cannot be otherwise determined to be exempt.
2. Exempt: housing constructed after 1978 – Select only if the housing unit was constructed after 1978.
3. Otherwise exempt – select only if the housing unit meets one of the other exemptions as outlined in the lead based paint rule (i.e. SRO; housing specifically built for the elderly etc.)

**Lead Hazard Remediation Actions:** If the unit is not exempt from the Lead Hazard Rule, select the lead hazard remediation action that was completed on the unit.

1. Lead Safe Work Practices (24 CFR 35.930(b))
2. Interim Controls or Standard Practices (24 CFR 35.930 (c))
3. Abatement (24 CFR 35.930(d))

**I. Costs.**

Include all HOME funds used for the activity and all other funds (public and private). *Do not double count.* If private funds are used for construction financing and those funds are later replaced by permanent financing, *do not report both.* Report all HOME funds expended on the activity. (Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled “Total HOME funds” (Item (1)) must equal the total amount disbursed through IDIS for this activity.

**Value After Rehab.** Enter the dollar value of the property. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e. all materials, supplies and labor costs directly related to the rehabilitation of the property).

**1. HOME Funds (Including Program Income).**

- (1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.
- (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (Note: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)
- (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)
- (4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).

**Total HOME Funds.** Enter the total of items (1) through (4) as the amount of HOME funds expended.

**2. Public Funds.**

- (1) **Other Federal Funds.** Exclude any HOME funds expended.
- (2) **State/Local Funds.**
- (3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.

**Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended.

**3. Private Funds.**

- (1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (Do not double count.)
- (2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the homeowner.
- (3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

**Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Activity Total or total this address.** Enter the sum of totals for HOME funds, Public funds and Private funds.

**J. Beneficiaries.**

Complete one line for the head of household of each residential unit that is receiving homeowner rehab assistance from the HOME Program.

**Unit Number.** Enter the unit number of each unit that will receive HOME assistance.

**Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupant.** For homeowner rehab, one unit must be owner occupied. If there are tenant occupied units, enter 1 for tenant or 9 for vacant.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

**Hispanic? Y/N.** For each occupied residential unit, enter the ethnicity for the head of household as either “Y” for Hispanic or Latino or “N” if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

**Race of Head of Household.** For each occupied residential unit, enter one code only based on the following definitions:

11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
12. **Black/African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
13. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
14. **American Indian/Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
15. **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.
17. **Asian & White.** A person having these multiple race heritages as defined above.
18. **Black/African American & White.** A person having these multiple race heritages as defined above.
19. **American Indian/Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

**Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

**Household Type.** For each residential unit, enter one code only based on the following definitions:

1. **Single, Non-elderly.** One-person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

**Assistance Type.** For rented units, enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME T BRA.** Tenants receiving HOME tenant-based rental assistance.
3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.
4. **No assistance.** Self-explanatory.

**Total Monthly Rent.** For renters, enter the total monthly rent (tenant contribution plus subsidy amount).

**FHA Insured (Y/N)?** Enter "Y" for Yes or "N" for No to indicate whether the property's mortgage is insured by the FHA.