

NYS HOUSING TRUST FUND CORP.

Homeowner Rehab 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 repair assistance and setting up a unit in IDIS, all HOME beneficiaries must execute:

1. Written Agreements with both the LPA and home repair contractor consistent with HOME requirements at 92.504(c)(4).
2. The security instrument (Note & Mortgage OR Restrictive Covenant) chosen at contract execution

*** I certify that all documents are signed by all parties, 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. 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: NY	5. Zip Code:	6. County:

Activity Estimates: 7. HOME Units: 8. HOME Cost:	9. Multi-Address (Y/N)?	10. Loan Guarantee (Y/N)?
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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. 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 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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***I certify the security instrument (Note & Mortgage OR Restrictive Covenant) previously executed at set up has been publicly recorded. **LPA Initials:** _____

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)

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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*** 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:** _____

I. Costs.

Value after rehab \$ _____ HUD After Rehab Value 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 Totals

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

2. Public Funds

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

3. Private Funds

(1) Private Loans (describe)	\$	
(2) Owner Cash Contributions (describe)	\$	
(3) Private Grants (describe)	\$	
Total Private Funds		\$

4. Activity Total or Total This Address		\$
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J. Beneficiaries. (Use indicated below)

Unit #	a. # of Bedrooms	b. Occupant	Household				f. Type	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