

**FORM 1-4B
HOUSING ASSISTANCE SUMMARY FORM**

Section I – CDBG Recipient Information				Construction Draw #	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Recipient Name				CDBG #			
Section II – Housing Unit Information							
Street Address				Section-Block-Lot:			
				NY	ZIP + 4		
Total # of Housing Units in Building:				SWIS CODE:			
Applicable Lead Paint Requirement:		Pre-1978 <input type="checkbox"/>	Post-1978 <input type="checkbox"/>	Otherwise Exempt <input type="checkbox"/> (Explain below)			
Lead Based Paint Risk Assessment Date (if applicable):							
Lead Based Paint Clearance Date (if applicable):							
SHPO Clearance Date:				SHPO N/A <input type="checkbox"/> (Explain below)			
THPO Clearance Date:				THPO N/A <input type="checkbox"/> (Explain below)			
Tier 2 Environmental Review Completion Date:							
Final Request for Funds for this site?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Project Completion Date:			

Section III – Project Cost Information						
Use of Funds	Source Of Funds					
	NYS CDBG	HOME	State/Other	Owner/Other	Subtotal	
Housing Rehabilitation (SU)						
Housing Rehabilitation (MU)						
Mobile Home Replacement						
Wells-Septic-Lateral						
Homeownership						
Change Orders (OCR Approved)						
Total Costs						
Total Requested This Disbursement						
Less Retainage (if applicable)						
Total Prior Requested						
Balance to Completion						
% of Total Project Cost						
Section IV –Prepared by						
Name						
E-Mail						
Phone				Date		
For OCR USE ONLY SHARS Building Registration Number						