

FORM 4B – ACTIVITY DETAIL – HOME OWNERSHIP NATIONAL OBJECTIVE LMH

APPLICANT NAME:

ACTIVITY NAME:

Homeownership: Number Of Households (HH)/Persons To Benefit From Activity			
Median Income**	Home Ownership		Counseling
	# Of		# Of
	HH	Persons	Persons
0-30% of HAMFI			
31-50% of HAMFI			
51-80% of HAMFI			
81% and Above			
Totals			

** HAMFI – HUD Adjusted Median Family Income

Home Ownership: Real Estate Assessment Summary		Totals
# Of Persons On Waiting List and/or Demonstrated An Interest In Participating In The Program:		
Of The Homes Available For Sale To LMI Persons In Program Area:		
Number Available And Affordable To LMI:		
Number That Require Rehabilitation:		
Average Cost of Rehabilitation:		\$
Price Range of Homes:		\$