



Homeowner Rehab Set Up and Completion Form (For single and multi-address activates)

☐ Home Program

☐ CDBG Program

☐ Home and CDBG

Funding Source

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form: Aqwana Long – (214) 670-7310
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A. General Information.

1. Name of Participant:	2. IDIS Activity ID Number	3. Activity Name:
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Set Up Activity:

B. Objective and Outcome.

1. Objective (enter code): _____ (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): _____ (1) Availability/Accessibility (2) Affordability (3) Suitability
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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 non-residential to residential use (7) Colonia (For AZ, CA, NM, TX,)	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 (optional):	2. Street:		
3. City:	4. State	5. Zip Code:	6. County Code:
Activity Estimates: 7. Units: 8. 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 (9) Other	2. Contractor's Name:		
	3. Contractor's Street Address:		
	4. City:	5. State:	6. Zip Code

F. Contractor. (For multi-address activities only)

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: _____ Assisted Units: _____
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I. Units.

1. Of the Units Completed; the number: **Replacement Only**

Total Assisted

Meeting Energy Star standards: _____

504-accessible: _____

J. 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 and I.

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

K. Costs

Value after rehab \$

<i>1.Funds (Including PI)</i>	HOME	CDBG	Totals
(1) Amortized Loan	\$	\$	
(2) Grant	\$	\$	
(3) Deferred Payment Loan (DPL)	\$	\$	
(4) Other	\$	\$	
Total Funds			\$0.00
<i>2. Public Funds</i>			
(1) Other Federal Funds	\$	\$	
(2) State/Local Funds	\$	\$	
(3) Tax Exempt Bond Proceeds	\$	\$	
Total Public Funds			\$ 0.00
<i>3. Private Funds</i>			
(1) Private Loan	\$	\$	
(2) Owner Cash Contributions	\$	\$	
(3) Private Grants	\$	\$	
Total Private Funds			\$ 0.00
4. Activity Total or Total This Address			

L. Beneficiaries. (Use codes indicated below)

Household									
	# of Bdms	Occupant	% Med	Hispanic? Y/N	Race	Size	Type	Assistance Type	Total Monthly Rent

FHA Insured (Y/N)?

# of Bdms 0- SRO/Efficiency 1-1 Bedroom 2-2 Bedrooms 3-3 Bedrooms 4-4 Bedrooms 5-5 or more bedrooms	Occupant 1- Tenant 2- Owner 3- Vacant Unit	Household % Med 1- 0 to 30% 2- 30+ to 50% 3- 50+ to 60% 4- 60+ to 80%	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
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	Household Type 1- Single, non-elderly 2- Elderly 3- Single Parent 4- Two Parents 5- Other	Assistance Type 1- Section 8 2- HOME TBRA 3- Other federal, state or local assistance 4- No Assistance	