



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: Original Submission, Change Owner's Address, Ownership Transfer, Revision. Name and Phone Number of Person Completing Form: Aqwana Long - (214) 670-7310

A. General Information.

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

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

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

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, (2) Partnership, (3) Corporation, (4) Not-for-Profit, (5) Publicly Owned, (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:

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>I. 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