

# Rental/Homebuyer/Homeowner Rehab Set Up Form

## CDBG Program (For single and multi-address housing activities)

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|  |       |  |
|--|-------|--|
| Check the appropriate box:<br><input type="checkbox"/> Original Submission <input type="checkbox"/> Revision | Date: | Name and Phone Number of Person Completing Form: |
|--|-------|--|

### A. General Information

|  |                         |  |
|--|-------------------------|--|
| 1. IDIS Activity Number:   | 2. Name of Participant: | 3. Activity Name:  |
| 4. Participant Tax ID Number:  | 5. CHDO Tax ID Number:  | 6. Faith-Based Organization<br>Will this activity be carried out by a faith-based organization<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Non-Profit Organization<br>Will this activity be carried out by a non-profit organization<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Project number:         | Program Year:  |

### Set Up Activity:

#### B. Type of Activity

|  |   |
|--|---|
| Type of Activity Financed:<br><input type="checkbox"/> Rehabilitation Only <input type="checkbox"/> Acquisition and Rehabilitation<br><input type="checkbox"/> Acquisition Only <input type="checkbox"/> New Construction Only <input type="checkbox"/> Acq. and New Const | 1. Indicate type of activity:<br><input type="checkbox"/> Rental Rehab <input type="checkbox"/> Homeowner Rehab<br><input type="checkbox"/> Homebuyer |
|--|---|

#### C. Objective and Outcome

|   |                                |
|---|--------------------------------|
| 1. Objective (Enter Code)               | 2. Outcome (Enter Code)        |
| (1) Create Suitable Living Environments | (1) Availability/Accessibility |
| (2) Provide Decent Affordable Housing   | (2) Affordability              |
| (3) Create Economic Development         | (3) Sustainability             |

#### D. Activity Information

|  |                |                   |                       |                                 |              |
|--|----------------|-------------------|-----------------------|---------------------------------|--------------|
| 1. Homeowners Name                           |                | 2. Street Address |                       |                                 |              |
| 3. City                                      | 4. State<br>TN | 5. Zip Code       | 6. County Code<br>065 | 7. Phone (Including Area Code): |              |
| 8. Mailing Address (If different from above) |                |                   | 9. City and State     |                                 | 10. Zip Code |

#### E. Contractor (For multi-address activities only)

|   |                                |          |
|---|--------------------------------|----------|
| 1. Contractor Type (enter code):<br><br>(1) Individual      (4) Not For Profit<br>(2) Partnership      (5) Publicly Owned<br>(3) Corporation      (9) Other | 2. Contractor's Name           |          |
|   | 3. Contractor's Street Address |          |
|   | 4. City                        | 5. State |

#### F. Homeowner Rehab Activity

|   |   |   |
|---|---|---|
| 1. Property Type (enter code):<br><br>(1) 1-4 Single Family      (5) None of the above<br>(2) Condominium<br>(3) Cooperative<br>(4) Manufactured Home | 2. Proposed Units:<br><br>Total Number:<br><br>CDBG-Assisted Units: | Female Head of Household:<br><br>Is the residence a female headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|

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G. Additional Activity Characteristics

H. Total CDBG Funds for Project: \$

Indicate if this activity is limited to one or more of the following:

- Installing security devices
- Installing smoke detectors
- Performing emergency housing repairs
- Providing supplies and equipment for painting houses
- Operating a Tool Lending Library

| Source of Funds                        | Dollar Amount |
|--|---------------|
|  | \$            |
|  | \$            |
|  | \$            |
|  | \$            |
| <b>Total Estimated Cost of Project</b> | \$            |

1. Activity Location  
(Check All That Apply)

(1) \_\_\_\_\_ One for One Replacement                      (7) \_\_\_\_\_ Float Funded

(2) \_\_\_\_\_ Displacement                                      (8) \_\_\_\_\_ Special Assessment

(3) \_\_\_\_\_ Presidentially Declared Major Disaster Area    (9) \_\_\_\_\_ Revolving Fund

(4) \_\_\_\_\_ Historic Preservation Area                      (10) \_\_\_\_\_ Favored Activity

(5) \_\_\_\_\_ Brownfield Redevelopment Area

(6) \_\_\_\_\_ Conversion of Non Residential to Residential Use

# Rental/Homebuyer/Homeowner Rehab Completion Form

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|                   |         |       |
|-------------------|---------|-------|
| Activity Address: | IDIS #: | Date: |
|-------------------|---------|-------|

### A. Units

|   |   |                              |
|---|---|------------------------------|
| 1. Of the units completed, indicate the number: |   |                              |
| Meeting Energy Star standards:                  | Units where accessible feature installed: | Units brought up to standard |
| Brought up to compliance with lead safety rules | Date of Lead Inspection:                  |                              |

### B. 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 A, B and C.

|                      |           |                                |                     |
|----------------------|-----------|--------------------------------|---------------------|
| 1. Homeowner's Name: |           | 2. Homeowner's Street Address: |                     |
| 3. City:             | 4. State: | 5. Zip Code:                   | 6. County Code: 065 |

### C. Activity Costs

|   |   |                        |                         |    |    |
|---|---|------------------------|-------------------------|----|----|
| <b>1. CDBG Funds</b><br><small>(Complete appropriate items (1) – (5))</small> | (1) Direct Loan   | Annual Interest Rate % | Amortization Period YRS | \$ |    |
|   | (2) Grant   |                        |                         | \$ |    |
|   | (3) Deferred Payment Loan   | Annual Interest Rate % | Amortization Period YRS | \$ |    |
|   | (4)   |                        |                         |    |    |
|   | (5)   |                        |                         |    |    |
|   | <b>Total CDBG Funds</b> (Total items (1) – (5))                       |                        |                         |    | \$ |
| <b>2. Public Funds</b>  | (1) Other Federal Funds   |                        | \$                      |    |    |
|   | (2) State/Local Appropriated Funds                                    |                        | \$                      |    |    |
|   | (3) State/Local Tax Exempt Bond Proceeds                              |                        | \$                      |    |    |
|   | <b>Total Public Funds</b> (Total items (1) – (3))                     |                        |                         | \$ |    |
| <b>3. Private Funds</b>   | (1) Private Loan Funds  | Annual Interest Rate % | Amortization Period Yrs | \$ |    |
|   | (2) Owner Cash Contribution   |                        |                         | \$ |    |
|   | (3) Net Syndication Proceeds (No Low Income Tax Credit) (Rental Only) |                        |                         | \$ |    |
|   | (4) Private Grants  |                        |                         | \$ |    |
|   | <b>Total Private Funds</b> (Total items (1) – (4))                    |                        |                         | \$ |    |
| <b>4. Low Income Tax Credit Syndication Proceeds (Rental Only)</b>            |   |                        |                         | \$ |    |
| <b>5. CDBG Program Income</b>   |   |                        |                         | \$ |    |
| <b>6. Total Activity Costs</b> (Total items 1 – 5)                            |   |                        |                         | \$ |    |

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### D. Financial Assistance to Homebuyer

### Complete For Homebuyer Activities Only

|  |                           |                            |    |    |
|--|---------------------------|----------------------------|----|----|
| 1. Initial Purchase Price  |                           |                            |    | \$ |
| 2. Appraised Value   |                           |                            |    | \$ |
| 3. Total CDBG Funds for Down Payment Assistance<br>(sum of 3(a) + 3(c) + 3(d)) |                           |                            |    | \$ |
| (a) Direct Loan  | Annual Interest Rate<br>% | Amortization Period<br>yrs | \$ |    |
| (b) Grant  |                           |                            | \$ |    |
| (c) Deferred Payment Loan  |                           |                            | \$ |    |
| (d) Other  |                           |                            | \$ |    |
| 4. CDBG Program Income for Down Payment Assistance                             |                           |                            |    | \$ |
| 5. Total CDBG Funds for Down Payment Assistance (Items 3-4)                    |                           |                            |    | \$ |

### E. Complete for homeowner rehabilitation activities only.

|                                 |    |
|---------------------------------|----|
| 1. After Rehabilitation Value   | \$ |
| 2. Single Family Mortgage Limit | \$ |

### F. Household Characteristics Single Family Rehab and Homebuyer. Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth line(s)) for the rental units, if any. For an unoccupied unit, enter unit number, number of bedrooms, and 9 for occupancy.

| Unit # | # of Bedrooms | Occupancy | Tenant Contribution | Subsidy Amount | Total Rent | % of Area Median | Hispanic | Race-Head of Household | Size of Household | Head of Household | Rental Assistance |
|--------|---------------|-----------|---------------------|----------------|------------|------------------|----------|------------------------|-------------------|-------------------|-------------------|
|        |               |           | N/A                 | N/A            | N/A        |                  |          |                        |                   |                   | N/A               |

Number of disabled persons in the household:

Physically Disabled       Visually/Hearing Disabled

#### No. of Bedrooms Code

- 0 = SRO
- 1 = 1 Bedroom
- 2 = 2 Bedrooms
- 3 = 3 Bedrooms
- 4 = 4 Bedrooms

#### % of Area Median Code

- 1 = 0-30%
- 2 = 30 - 50%
- 3 = 50 - 60%
- 4 = 60 - 80%

#### Race of Head of Household Code

- 11 = White
- 12 = Black/African American
- 13 = Asian
- 14 = American Indian/Alaskan 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

#### Head of Household Code

- 1 = Single/Non-Elderly
- 2 = Elderly
- 3 = Related/Single Parent
- 4 = Related/Parent
- 5 = Other

#### Occupancy Code

- 1 = Tenant
- 2 = Owner
- 3 = Vacant

#### Hispanic

- Y = Yes
- N = No

#### Rental Assistance Code

- 1 = Section 8
- 2 = HOME TBRA
- 3 = Other
- 4 = No Assistance

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|   |   |   |  |
|---|---|---|--|
| <b>G. Complete for rental rehabilitation only</b>     |   |   |  |
| Type of Property (Check One)                          |   |   |  |
| <input type="checkbox"/> Condominium                  | <input type="checkbox"/> Single Room Occupancy        | <input type="checkbox"/> Cooperative                  | <input type="checkbox"/> None of the above   |
| Does this property have rent exception?               | Mixed Income Activity?                                | Mixed Use Activity?                                   | Number of Disabled Tenants   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Physically Disabled<br><input type="checkbox"/> Visually/Hearing Disabled |

| <b>H. Household Characteristics Rental Rehab.</b> Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth line(s) for the rental units, if any. For an unoccupied unit, enter unit number, number of bedrooms, and 9 for occupancy. |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|--|---------------|-----------|---------------------|----------------|------------|------------------|----------|------------------------|-------------------|-------------------|-------------------|
| Unit #   | # of Bedrooms | Occupancy | Tenant Contribution | Subsidy Amount | Total Rent | % of Area Median | Hispanic | Race-Head of Household | Size of Household | Head of Household | Rental Assistance |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |
|  |               |           |                     |                |            |                  |          |                        |                   |                   |                   |

- |  |  |   |  |
|--|--|---|--|
| <p><b>No. of Bedrooms Code</b></p> <ul style="list-style-type: none"> <li>0 = SRO</li> <li>1 = 1 Bedroom</li> <li>2 = 2 Bedrooms</li> <li>3 = 3 Bedrooms</li> <li>4 = 4 Bedrooms</li> </ul> <p><b>Occupancy Code</b></p> <ul style="list-style-type: none"> <li>1 = Tenant</li> <li>2 = Owner</li> <li>3 = Vacant</li> </ul> | <p><b>% of Area Median Code</b></p> <ul style="list-style-type: none"> <li>1 = 0-30%</li> <li>2 = 30 - 50%</li> <li>3 = 50 - 60%</li> <li>4 = 60 - 80%</li> </ul> <p><b>Hispanic</b></p> <ul style="list-style-type: none"> <li>Y = Yes</li> <li>N = No</li> </ul> | <p><b>Race of Head of Household Code</b></p> <ul style="list-style-type: none"> <li>11 = White</li> <li>12 = Black/African American</li> <li>13 = Asian</li> <li>14 = American Indian/Alaskan Native</li> <li>15 = Native Hawaiian/Other Pacific Islander</li> <li>16 = American Indian/Alaska Native &amp; White</li> <li>17 = Asian &amp; White</li> <li>18 = Black/African American &amp; White</li> <li>19 = American Indian/Alaska Native &amp; Black/African American</li> <li>20 = Other Multi Racial</li> </ul> | <p><b>Head of Household Code</b></p> <ul style="list-style-type: none"> <li>1 = Single/Non-Elderly</li> <li>2 = Elderly</li> <li>3 = Related/Single Parent</li> <li>4 = Related/Parent</li> <li>5 = Other</li> </ul> <p><b>Rental Assistance Code</b></p> <ul style="list-style-type: none"> <li>1 = Section 8</li> <li>2 = HOME TBRA</li> <li>3 = Other</li> <li>4 = No Assistance</li> </ul> |
|--|--|---|--|