



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

Homeowner Rehab Set Up and Completion Form
HOME Program (for single and multi-address activities)

Executed agreement with the grant recipient must be attached with this form.

Check appropriate box:
Original Submission, Change Owner's Address, Ownership Transfer, Revision
Name and Phone Number of Person Completing Form:

SET UP HOMEOWNER REHAB ACTIVITY

A. General information

1. Name of Participant, 2. IDIS Activity ID Number, 3. Activity Name, 4. FAMIS Index Code

B. Objectives and Outcomes (for PHCD use only)

1. Objective (Create suitable living environment, Provide decent affordable housing, Create economic opportunities)
2. Outcome (Availability/accessibility, Affordability, Sustainability)

C. Special Characteristics

1. Activity Location (CDBG Strategy Area, Local target area, etc.)
2. Will this activity be carried out by a faith-based organization?

D. Activity Information

1. Homeowner's Name, 2. Street, 3. City, 4. State, 5. ZIP Code, 6. County Code, 7. HOME Units, 8. HOME Cost, 9. Multi-Address, 10. Loan Guarantee?

E. Contractor (for multi-address activities ONLY)

1. Contractor Type (Individual, Partnership, etc.), 2. Contractor's Name, 3. Contractor's Street Address, 4. City, 5. State, 6. ZIP Code





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COMPLETE HOMEOWNER REHAB ACTIVITY

1. Property Type (check one) <input type="checkbox"/> (1) 1-4 (unit) Single Family <input type="checkbox"/> (2) Condominium <input type="checkbox"/> (3) Cooperative <input type="checkbox"/> (4) Manufactured Home	2. Completed Units: <u>Total Number:</u> <u>HOME-Assisted:</u> _____ _____
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F. Units.

1. Of the Completed Units, the number:	<u>Total:</u>	<u>Home-Assisted:</u>
Meeting Energy Star standards	_____	_____
504-accessible	_____	_____

G. Property Address.

(If this is a multi-address activity, make copies of pages 2 and 3 so that cost and beneficiary information is reported for each address – Sections G, H, and I)

1. Homeowner's Name: _____	2. Homeowner's Street Address _____		
3. City: _____	4. State _____	5. ZIP Code _____	6. County _____

H. Costs:

Value After Rehab: \$0

1. HOME Funds (including Program Income)

		Totals
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other _____	\$0	
Total HOME Funds		\$0

2. Public Funds

(1) Other Federal Funds _____	\$0	
(2) State / Local Funds _____	\$0	
(3) Tax Exempt Bond Proceeds _____	\$0	
Total Public Funds		\$0

3. Private Funds

(1) Private Loans _____	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants _____	\$0	
Total Private Funds		\$0
4. Activity Total or Total This Address		\$0





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I. Beneficiaries (Use codes indicated below.)

Unit #	# of Bdrms	Occu- pant	Household					Assistance Type	Total Monthly Rent
			% Median	Hispanic? Y / N	Race	Size	Type		
		2						N/A	N/A

FHA Insured?

Yes No

of Bdrms
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
9 - Vacant Unit

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or African American
20 - Other Multi Racial

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



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Instructions on Completing the Homebuyer Rehab Set Up and Completion Form

Executed agreement with the grant recipient must be attached with this form

Read the instructions for each item carefully before completing the form. The purpose of this report is to assist with the collection of information to be entered into HUD's Integrated Disbursement and Information System (IDIS).

- **Applicability.** This report is to be completed for each homeowner rehabilitation activity assisted with HOME funds.
- **Timing.** This report form is used to setup an activity in IDIS so that funds may be drawn down and to complete the activity so that the HOME Program reporting requirements are met.
- **Attachments.** Executed agreement with the grant recipient must be attached with this form

A. General Information.

1. **Name of Participant.** Enter the name of the agency administering the homeowner rehab activity.
2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS (*and provided to you by your HOME program officer*).
3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated to the activity.

SET UP ACTIVITY (page 1)

B. Objective and Outcome. (For MDOC use – provided for informational purposes only)

- **Objective.** Check the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the default answer is "Decent affordable housing".
 1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
 2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
 3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.
- **Outcome.** Enter code of the outcome that best describes the benefits resulting from the activity. The default answer is "Affordability".
 1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
 2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.



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HOME Program (for single and multi-address activities)**

Sustainability. Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Special Characteristics.**1. Activity Location.** Check any that apply.

(1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated/Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).

(2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.

(3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

(4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.

(5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.

(6) Conversion from non-residential or residential use is self-explanatory. An example is converting an old warehouse into rental units or condominiums.

(7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.

2. Faith-Based Organization. Will this activity be carried out by a faith-based organization? Check "Yes" if it is known or if the organization declares itself to be a faith-based organization. If not, check "No".**D. Activity Information.**

1. Homeowner's Name. Enter the name of homeowner or other identifying label. For multi-address activities, the name of the development can be entered.

2. Street. Self-explanatory. For multi-address activities, enter a general description of the project location.

3. City. Self-explanatory.

4. State. Self-explanatory.

5. Zip code. Self-explanatory.

6. County code. Enter the county name or code. IDIS provides help to select the appropriate code. *(Check with your HOME program officer for your county code.)*

7. Activity Estimates. HOME Units. Enter the estimated total number of units (upon completion) that will receive HOME assistance.

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8. **Activity Estimates. HOME Cost.** Enter the total amount of HOME funds requested for the activity.
9. **Multi-Address?** If the activity consists of more than one home, check “Yes” so that costs and beneficiary information can be reported for each address at completion.
10. **Loan Guarantee?** Check “Yes” or “No” to indicate whether this activity is supported by a loan guarantee.

E. Contractor Information (For multi address activities only).

1. **Contractor Type.** Check one box to indicate the type of contractor:
 - (1) Individual
 - (2) Partnership
 - (3) Corporation
 - (4) Not-for-Profit
 - (5) Publicly Owned
 - (6) Other
2. **Contractor’s Name.** Enter the name of the contractor.
3. - 6. **Contractor’s Street Address, City, State and ZIP Code.** Self-explanatory.

COMPLETE HOMEOWNER REHAB ACTIVITY. (pages 2 & 3)

1. **Property Type.** Check the box to indicate the type of property assisted.
 - (1) 1-4 Single Family
 - (2) Condominium
 - (3) Cooperative
 - (4) Manufactured Home
2. **Completed Units. Total number. HOME Assisted.** Enter the total number of completed units for this activity and the number of completed HOME-assisted units.

F. Units.

1. **1. Of the units completed, enter the numbers for:**
 - **Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards. **Energy Star** applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The performance level is certified by third party contractors. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov for more information.
 - **Total and HOME Assisted 504 accessible.** Enter the total number of completed units and completed HOME assisted units that are 504 accessible. Note: The default answer is “0” if the number of units is not provided.

Homeowner Rehab Set Up and Completion Form
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1. **Homeowner's Name.** (Or other identifying label)

2. - 6. **Homeowner's Street Address, City, State, Zip Code and County Code.** Self-explanatory.

H. Costs.

Include all HOME funds used for the activity and all other funds (public and private). *Do not double count.* If private funds are used for construction financing and those funds are later replaced by permanent financing, *do not report both.* Report all HOME funds expended on the activity. (*Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.*) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled "Total HOME funds" (Item (1)) must equal the total amount disbursed through IDIS for this activity.

- **Value After Rehab.** Enter the dollar value of the property. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e. all materials, supplies and labor costs directly related to the rehabilitation of the property).

1. HOME Funds (Including Program Income).

- (1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.
- (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note:** A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)
- (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)
- (4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).
 - **Total HOME Funds.** Enter the total of items (1) through (4) as the amount of HOME funds expended.

2. Public Funds.

- (1) **Other Federal Funds.** Exclude any HOME funds expended.
- (2) **State/Local Funds.**
- (3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.
 - **Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended.

**Homeowner Rehab Set Up and Completion Form
HOME Program (for single and multi-address activities)****3. Private Funds.**

- (1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**
- (2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the homeowner.
- (3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.
 - **Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Activity Total or total this address.** Enter the sum of totals for HOME funds, Public funds and Private funds.

I. Beneficiaries.

Complete one line for the head of household of each residential unit that is receiving homeowner rehab assistance from the HOME Program.

- **Unit Number.** Enter the unit number of each unit that will receive HOME assistance.
- **Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.
- **Occupant.** For homeowner rehab, one unit must be owner (code 2) occupied. If there are tenant occupied units, enter 1 for tenant or 9 for vacant.
- **Percent of Area Median Income.** For each occupied residential unit, enter one **code** only based on the following definitions:
 1. **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 2. **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 3. **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 4. **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

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- **Hispanic?** For each occupied residential unit, enter the ethnicity for the head of household as either “Y” for Hispanic or Latino or “N” if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- **Race of Head of Household.** For each occupied residential unit, enter one **code** only based on the following definitions:
 11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
 12. **Black/African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
 13. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 14. **American Indian/Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
 15. **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
 16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.
 17. **Asian & White.** A person having these multiple race heritages as defined above.
 18. **Black/African American & White.** A person having these multiple race heritages as defined above.
 19. **American Indian/Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
 20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won’t volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.
- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).
- **Household Type.** For each residential unit, enter one **code** only based on the following definitions:
 1. **Single, Non-elderly.** One-person household in which the person is not elderly.
 2. **Elderly.** One or two person household with a person at least 62 years of age.
 3. **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

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4. **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).
 5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.
- **Assistance Type.** For rented units, enter one **code** only to indicate the type of assistance, if any, being provided to the tenant.
 1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
 2. **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.
 3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.
 4. **No assistance.** Self-explanatory.
 - **Total Monthly Rent.** For renters, enter the total monthly rent (tenant contribution plus subsidy amount).
 - **FHA Insured?** Check “Yes” or “No” to indicate whether the property’s mortgage is insured by the FHA.