



# PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

## Rental 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: <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: <input type="text"/>
---	--

### SET UP RENTAL ACTIVITY

#### A. General information

1. Name of Participant <input type="text"/>	2. IDIS Activity ID Number: <input type="text"/>	3. Activity Name: <input type="text"/>
--	---	---

#### B. Objectives and Outcomes (for PHCD use only)

1. Objective <input type="checkbox"/> (1) Create suitable living environment <input type="checkbox"/> (2) Provide decent affordable housing <input type="checkbox"/> (3) Create economic opportunities	2. Outcome <input type="checkbox"/> (1) Availability/accessibility <input type="checkbox"/> (2) Affordability <input type="checkbox"/> (3) Sustainability
---	--

#### C. Special Characteristics

1. Activity Location (Check any that apply) <input type="checkbox"/> (1) CDBG Strategy Area <input type="checkbox"/> (5) Brownfield redevelopment area <input type="checkbox"/> (2) Local target area <input type="checkbox"/> (6) Conversion of nonresidential to residential <input type="checkbox"/> (3) Presidentially declared major disaster area <input type="checkbox"/> (4) Historic preservation area <input type="checkbox"/> (7) Colonia (for AZ, CA, NM, TX only)	2. Will this activity be carried out by a faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

#### D. Activity Information

1. Activity Type <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehabilitation <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY		2. Property Street Address: <input type="text"/>	
3. City: <input type="text"/>	4. State: <input type="text"/>	5. ZIP Code: <input type="text"/>	6. County Code: <input type="text"/>
		Activity Estimates: 7. HOME units: <input type="text"/> 8. HOME Cost: <input type="text"/> \$	
9. Multi-Address: <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### E. Property Owner or Developer Information (ONLY applicable if this is a multi-address activity)

1. Developer Type (check one): <input type="checkbox"/> (1) Individual <input type="checkbox"/> (4) Not-for-Profit <input type="checkbox"/> (2) Partnership <input type="checkbox"/> (5) Publicly Owned <input type="checkbox"/> (3) Corporation <input type="checkbox"/> (6) Other	2. Property Owner or Developer's Name: <input type="text"/>		
	3. Street Address: <input type="text"/>		
	4. City: <input type="text"/>	5. State: <input type="text"/>	6. ZIP Code: <input type="text"/>



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

**COMPLETE RENTAL ACTIVITY**

**F. Activity Information.** If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address – Sections H, I, J, K, and L.

1. Activity Type (check one) <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehab <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY		2. Property Type (check one) <input type="checkbox"/> (1) Condominium <input type="checkbox"/> (4) Apartment <input type="checkbox"/> (2) Cooperative <input type="checkbox"/> (5) Other <input type="checkbox"/> (3) SRO		3. FHA Insured? (For single-address activities.) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mixed Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Mixed Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Completed Units Total Number: <input type="text"/> HOME-Assisted: <input type="text"/>		

**G. Property Address.** (For multi-address activities).

1. Building Name <input type="text"/>	2. Property Street Address <input type="text"/>	3. City <input type="text"/>	4. State <input type="text"/>	5. ZIP Code <input type="text"/>	6. County Code <input type="text"/>
--	--	---------------------------------	----------------------------------	-------------------------------------	--

**H. Units.**

	Total:	Home-Assisted:
1. Of the Completed Units, the number:		
Meeting Energy Star standards	<input type="text"/>	<input type="text"/>
504-accessible	<input type="text"/>	<input type="text"/>
Designated for persons with HIV/AIDS	<input type="text"/>	<input type="text"/>
Of those, the number for the chronically homeless	<input type="text"/>	<input type="text"/>
Designated for the homeless	<input type="text"/>	<input type="text"/>
Of those, the number for the chronically homeless	<input type="text"/>	<input type="text"/>

**I. Period of Affordability:** If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability:  
 Grantee-imposed period of affordability:  years.

**J. Costs:**

		Totals
1. HOME Funds (including Program Income)		
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other <input type="text"/>	\$0	
<b>Total HOME Funds</b>		<b>\$0</b>
2. Public Funds		
(1) Other Federal Funds <input type="text"/>	\$0	
(2) State / Local Funds <input type="text"/>	\$0	
(3) Tax Exempt Bond Proceeds <input type="text"/>	\$0	
<b>Total Public Funds</b>		<b>\$0</b>
3. Private Funds		
(1) Private Loans <input type="text"/>	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants <input type="text"/>	\$0	
<b>Total Private Funds</b>		<b>\$0</b>
4. Low Income Housing Tax Credit Proceeds		\$0
<b>5. Activity Total or Total This Address</b>		<b>\$0</b>







**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

**Instructions on Completing the Rental Set Up and Completion 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 project 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

**SET UP RENTAL ACTIVITY (Page 1)**

**A. General Information.**

1. **Name of Participant.** Enter the name of the agency administering the rental activity.
2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS *and provided to you by your HOME program officer*. If this is the original submission, the IDIS number will be provided after submittal of this form.
3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated to the activity.

**B. Objective and Outcome (provided for informational purposes only)**

- **Objective.** Check the box of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to “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.** Check the box of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to “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.
  3. **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. Check any that apply.



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

- (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. Activity Type.** Check box to indicate the type of activity.

- (1) Rehab Only. A HOME-assisted rehabilitation activity that did not include acquisition of real property.
- (2) New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).
- (3) Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.
- (4) Acquisition & Rehab. A HOME-assisted rehabilitation activity, which included the acquisition of real property.
- (5) Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

**2. Property Street Address.** 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.



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

6. **County code.** Enter the county name or 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.
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.

**E. Property Owner/Developer Information.**

1. **Property Owner/Developer Type.** Enter code to indicate the type of property owner/developer:
  - (1) Individual
  - (2) Partnership
  - (3) Corporation
  - (4) Not-for-Profit
  - (5) Publicly Owned
  - (6) Other
2. **Property Owner’s/Developer’s Name.** Enter the name of the property owner or developer.
3. - 6. **Owner’s/Developer’s Street Address, City, State, and ZIP Code.** Self-explanatory.

**COMPLETE RENTAL ACTIVITY (pages 2 & 3)**

**F. Activity Information.**

1. **Activity Type.** Only if the activity type has changed from set up in D.1, check the revised completion activity type in the box.
2. **Property Type.** Check box to indicate the type of property assisted:
  - (1) Condominium
  - (2) Cooperative
  - (3) SRO
  - (4) Apartment
  - (5) Other
3. **FHA Insured.** (For single address activities.) Check “Yes” or “No” to indicate whether the property’s mortgage is insured by FHA.
4. **Mixed Use.** Check “Yes”, if the activity is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the activity space. Check “No” if the activity is not mixed-use.
5. **Mixed Income.** Check “Yes”, if less than 100 percent of the activity’s housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Check “No” if the activity is not mixed-income.
6. **Completed Units: Total Number: HOME Assisted:** Enter the total number of completed units and the total number of HOME assisted units.

**G. Property Address.** (For multi address activities.)



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

1. - 6. **Building name, Property’s Street Address, City, State, Zip Code and County Code.**  
Self-explanatory.

Note: Each unit or apartment is not to be entered as a separate address. A multi address activity would have more than one building.

**H. Units.**

1. **Of the units completed, enter the number 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](http://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.
- **Total and HOME Assisted Designated for Persons with HIV/AIDS.** Enter the number of completed units that have been designated for persons with HIV/AIDS and the number of HOME-assisted units designated for persons with HIV/AIDS.
  - **Of those, the number for the chronically homeless.** Enter the number of completed units and HOME-assisted units that have been designated for chronically homeless persons with HIV/AIDS. (*Chronically homeless is defined below*).
- **Number of units designated for the homeless.** Of the total number of rental units in the activity, enter the number designated for the homeless. Homeless is defined as:
  - (1) an individual or family who lacks fixed, regular, and adequate nighttime residence; or
  - (2) An individual or family who has a primary nighttime residence that is:
    - (a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
    - (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or
    - (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
  - **Of those, the number designated for the chronically homeless.** Of the number of units designated for the homeless, enter the number designated for the **chronically homeless**. A **chronically homeless person** is defined as an unaccompanied homeless individual with a disabling condition who has either:
    - (1) been continuously homeless for a year or more, or
    - (2) has had at least four episodes of homelessness in the past three years.

**A disabling condition** is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person an unaccompanied individual sleeping in a place not meant for human habitation or in an emergency homeless shelter.





**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

**I. Period of Affordability.** If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. Grantee imposed period of affordability: \_\_\_\_\_ years.

**J. 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 (Total Items (1))" must equal the total amount disbursed through IDIS for this activity.

**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.

**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 project owner.



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

(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. **Low-Income Housing Tax Credit Proceeds.** Enter the total amount of syndicated Low Income Housing Tax Credits provided.

5. **Activity Total or Total this Address.** Enter the sum of totals for HOME funds, Public funds, Private funds, and Low-Income Housing Tax Credit Proceeds.

**K. Beneficiaries.**

Complete one line for the head of household of each residential unit that occupies a HOME-assisted rental unit.

- **Unit Number.** Enter the unit number of each HOME-assisted unit.
- **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.** Enter 1 if the unit is occupied by a tenant, 2 if it is owner-occupied, and 9 if it is vacant. Note: No more than one HOME-Assisted rental unit can be owner occupied.
- **Total Monthly Rent.** Enter the actual rent, including utilities, to be paid by the tenant at the time of activity completion (to the nearest whole dollar). If the rent includes utilities, or, if the rent includes partial utilities, *e.g., heat, but not electricity, these utility costs must be added to the rent.* Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule produced by the Montana Department of Commerce Section 8 Program. Note: For owners, enter 0; for tenants, enter the total monthly rent (tenant contribution plus subsidy amount).
- **Household % of Med.** For each occupied residential unit, enter one **code** only based on the following definitions:
  1. **0 to 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+ to 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+ to 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+ to 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.
- **Household Hispanic?** For each household assisted with HOME funds, enter the ethnicity of the head of household as either “Y” for Hispanic or Latino or “N” for not Hispanic nor Latino. Hispanic or Latino ethnicity is defined as a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”



**Rental Set Up and Completion Form  
HOME Program (for single and multi-address activities)**

- **Household Race.** For each household assisted with HOME funds, 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 or 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 or 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 or 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 (for households of more than 8, enter 8).
- **Household Type.** For each household assisted with HOME funds, 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).
  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.



**Rental Set Up and Completion Form**  
**HOME Program (for single and multi-address activities)**

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.