# Rental Completion Form

NHTF Program

**Project Name:**

**Contract #:**

**Date Submitted:**

***Submit this form with the final draw after all NHTF units have been initially occupied.***

|  |  |
| --- | --- |
| **Name of Person Completing Form:**      |  **Phone # & Email Address of Person Completing Form:**      |

**SECTION 1. PROJECT**

|  |  |
| --- | --- |
| **Project Type** (check one) [ ]  Rehabilitation Only  [ ]  New Construction Only [ ]  Acquisition Only  [ ]  Acquisition & Rehab. [ ]  Acquisition & New Const.If Project Type is Acquisition Only, Acquisition & Rehab., or Acquisition & New Construction, answer the following:# of Parcels Acquired      Acquisition Cost of All Parcels $      Date Last Parcel Acquired       | **Property Type** (check one) [ ]  Condominium  [ ]  Apartment [ ]  Other  |
| **Project’s Targeted Population** (check one) [ ]  N/A  [ ]  Homeless Persons, including homeless individuals, families, youth and/or veterans [ ]  Persons with Disabilities [ ]  Persons with HIV/AIDS  [ ]  Persons with Substance Abuse Addictions [ ]  Transitional Housing  [ ]  Victims of Domestic Violence  |
| **Project Address** (primary address)Street      City      , State Iowa Zip       | **County**      |
| **Does this project have residential & commercial space? (i.e. mixed use)** [ ]  Yes [ ]  No | **Does this project have market rate units? (i.e. mixed income)**  [ ]  Yes [ ]  No |
| **Year project built**       | **Is the property FHA insured?** [ ]  Yes [ ]  No |
| **Number of businesses displaced as a result of federal funds involvement in the project. (This relates only to businesses required to relocate due to the project.)**      **If number is 1 or more – What is the total relocation cost of the business displacements?**  **$**      |
| **Number of nonprofit organizations displaced as a result of federal funds/involvement in the project. (This relates only to nonprofits required to relocate due to the project.)**      **If number is 1 or more – What is the total relocation cost of the nonprofit displacements?**  **$**      |
| **Number of households temporarily relocated as a result of federal funds involvement in the project.**      **If number is 1 or more – What is the total relocation cost of the temporarily relocated households?**  **$**      |
| **Number of households permanently displaced as a result of federal funds involvement in the project.**      **If number is 1 or more:****A. List number of households that apply to each race below. (Total of all races must match number listed above.)**      Alaskan Native or American Native       Hispanic      Asian or Pacific Islander       White Non-Hispanic       Black Non-HispanicB. List the total relocation costs of the permanently displaced households by race:$      Alaskan Native or American Native $      Hispanic$      Asian or Pacific Islander $      White Non-Hispanic $      Black Non-Hispanic  |

**SECTION 2. UNITS**

|  |  |
| --- | --- |
| **Total Completed Units**       | **Total NHTF-Assisted Units**       |
| **NHTF Units Are:** [ ]  Fixed OR [ ]  Floating  | **If Fixed, # of Fixed NHTF Units**       |

|  |  |  |
| --- | --- | --- |
| **Of the Total Completed Units, list the number for:** | **Total** | **NHTF-Assisted** |
| Energy Star Certified Units |       |       |
| Section 504 Accessible Units |       |       |
| Units Designated for Disabled Individuals or Families for other than Mobility Impairments |       |       |
| Units Designated for Homeless Individuals |       |       |
| A. Of the Units Designated for Homeless Individuals – Number of Units Designated for Chronically Homeless Individuals |       |       |
| B. Of the Units Designated for Homeless Individuals – Number of  Units Designated for Homeless Veteran Individuals |       |       |
| Units Designated for Homeless Families |       |       |
| A. Of the Units Designated for Homeless Families – Number of  Units Designated for Chronically Homeless Families |       |       |
| B. Of the Units Designated for Homeless Families – Number of  Units Designated for Homeless Veteran Families |       |       |
| Units Designated for Persons with HIV/Aids |       |       |
| Units Designated for Victims of Domestic Violence |       |       |
| Units Designated for Homeless Youth |       |       |
| Units Designated for Young Aging out of Foster Care |       |       |

**SECTION 3. BENEFICIARY** (Complete beneficiary info. on each NHTF unit when it is initially occupied.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Income/Rent Data** | **Household** |  |
| **Fixed Unit Y/N** | **Unit #** | **Building Address & City\*** | **# Bdrm** | **Occupant** | **Total Monthly Income** | **Total Rent** **(inc. tenant paid utilities)** | **% Area Median****Income** | **Hispanic or****Latino (Y/N)** | **Race** | **Size** | **Type** | **Project’s Targeted Population (Y/N)** | **Assistance****Type** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# of Bdrms Race HH Size Assistance Type

0 = Effcny or SRO, 1 = American Indian or Alaskan Native 1, 2, 3, 4, 5, 6, 7, 8+ 1 = No Assistance

1, 2, 3, 4, 5+ 2 = American Indian or Alaskan Native & Black or African Am. 2 = Project Based Section 8

 3 = American Indian or Alaskan Native & White HH Type 3 = Other Fed, State or Local

Occupant 4 = Asian 1 = Single, non-elderly Project Based Assistance

T = Tenant 5 = Asian & White 2 = Elderly 4= Tenant Based Section 8

O = Owner 6 = Black or African American 3 = Single parent 5 = HOME TBRA

 7 = Black or African American & White 4 = Two parents 6 = Other Fed, State or Local

 8 = Native Hawaiian or Other Pacific Islander 5 = Other Tenant Based Assistance

% Area Median Income 9 = White

1 = 0 to 30% 10 = Other Multi-Racial

2 = % of 30+% to poverty line (when poverty line is higher than 30%)

3 = % of the higher of 30+% or poverty line to 50% \*List address & city for unit only if different from project address in Section 1.

**SECTION 4. COSTS**

**NHTF Funds**

**Forms of Assistance**

|  |  |
| --- | --- |
| Amortized Loan | $       |
| Grant | $       |
|  TOTAL | $       |

**Public Funds**

**Forms of Assistance**

|  |  |
| --- | --- |
| HOME Funds | $       |
| CDBG Funds | $       |
| FHA Funds | $       |
| Other Federal Funds | $       |
| State Local Housing Trust Funds | $       |
| Other State/Local Funds | $       |
| Tax-Exempt Bond Proceeds | $       |
|  TOTAL | $       |

**Private Funds**

**Forms of Assistance**

|  |  |
| --- | --- |
| Private Loans | $       |
| Owner Cash Contributions | $       |
| Private Grants | $       |
|  TOTAL | $       |

**Other**

**Forms of Assistance**

|  |  |
| --- | --- |
| Low-Income Housing Tax Credit Proceeds | $       |
|  TOTAL | $       |

**ACTIVITY TOTALS**

|  |  |
| --- | --- |
| NHTF Funds  | $       |
| All Funds *( = Total NHTF Funds + Total Public Funds + Total Private Funds + Total Other Funds)* | $       |
| Total NHTF Draws Requested to Date | $       |

NOTE: "NHTF Funds" must equal "Total NHTF Draws Requested to Date".

**SECTION 5. COMPLETED BY IFA PROJECT MANAGER**

|  |  |
| --- | --- |
| **Date Rcvd by IFA**       | **PM Initials**       |
| **Affordability Period**       **Years** | **Is affordability period longer than the regulatory minimum?**  Y / N |
| **Applicable Lead Paint Requirement** (check one) [ ]  Housing constructed before 1978  [ ]  Exempt: Housing constructed 1978 or later  [ ]  Otherwise exempt [ ]  Not applicable to this Project Type | **Lead Hazard Remediation Actions**(check one if housing constructed before 1978) [ ]  Lead Safe Work Practices (24 CFR 35.93(b))  [ ]  Visual Assessment/Paint Stabilization (24 CFR 35.1015) [ ]  Interim Controls or Standard Practices (24 CFR 35.930(c)) [ ]  Abatement (24 CFR 35.930(d)) |
| **Verified that NHTF Funds Equal Drawn Amount** [ ]  NHTF funds equal drawn amount |  |

10/31/18