# Rental Completion Form

HOME Program

**Project Name:**

**Contract #:**

**Date Submitted:**

***Submit this form with the final draw after all HOME 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-Hispanic  B. 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 HOME-Assisted Units** |
| **HOME Units Are:**  Fixed OR  Floating | **If Fixed, # of Fixed HOME Units** |

|  |  |  |
| --- | --- | --- |
| **Of the Total Completed Units, list the number for:** | **Total** | **HOME-Assisted** |
| Energy Star Certified Units |  |  |
| Section 504 Accessible Units |  |  |
| Units Designated for Persons with HIV/Aids |  |  |
| Of the Units Designated for Persons with HIV/Aids, List the Number of Units for the Chronically Homeless |  |  |
| Units Designated for Homeless Persons and Families |  |  |
| Of the Units Designated for Homeless Persons and Families, List the Number of Units for the Chronically Homeless |  |  |

**SECTION 3. BENEFICIARY** (Complete beneficiary info. on each HOME 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** |
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# 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 = Section 8

1, 2, 3, 4, 5+ 2 = American Indian or Alaskan Native & Black or African Am. 2 = HOME TBRA

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

Occupant 4 = Asian 1 = Single, non-elderly Local Assistance

T = Tenant 5 = Asian & White 2 = Elderly 4= No Assistance

O = Owner 6 = Black or African American 3 = Single parent

7 = Black or African American & White 4 = Two parents

% Area Median Income 8 = White 5 = Other

1 = 0 to 30% 9 = Other Multi-Racial

2 = 30+ to 50%

3 = 50+ to 60%

4 = 60+ to 80% \*List address & city for unit only if different from project address in Section 1.

**SECTION 4. COSTS**

**HOME Funds (Including Program Income)**

**Forms of Assistance**

|  |  |
| --- | --- |
| Amortized Loan | $ |
| Grant | $ |
| Deferred Payment Loan | $ |
| Other | $ |
| TOTAL | $ |

**Public Funds**

**Forms of Assistance**

|  |  |
| --- | --- |
| Other Federal Funds | $ |
| State/Local Funds | $ |
| Tax-Exempt Bond Proceeds | $ |
| TOTAL | $ |

**Private Funds**

**Forms of Assistance**

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

**Other**

**Forms of Assistance**

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

**ACTIVITY TOTALS**

|  |  |
| --- | --- |
| HOME Funds  *( = Total HOME Funds (Including Program Income))* | $ |
| All Funds  *( = Total HOME Funds(Including Program Income)) + Total Public Funds + Total Private Funds + Total Other Funds)* | $ |
| Total HOME Draws Requested to Date | $ |

NOTE: "HOME Funds" must equal "Total HOME 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 HOME Funds Equal Drawn Amount**  HOME funds equal drawn amount |  |

11/7/17