

RENTAL COMPLETION REPORT

HOME PROGRAM

ACTIVITY #:		PROGRAM: ___ RRP ___ RHD	
SUBMISSION DATE:		CONTRACT #:	
<input type="checkbox"/> Original Submission		<input type="checkbox"/> Revision	
AGENCY NAME:			
AGENCY CONTACT:		PHONE:	

Type of Property: _____	Type of Activity: _____	Rent Exceptions Activity?	YES	NO
1-Condominium	1 Rehab Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cooperative	2 New Construction Only	Mixed Income Activity?	<input type="checkbox"/>	<input type="checkbox"/>
3 Single Room Occupancy	3 Acquisition Only	Mixed Use Activity?	<input type="checkbox"/>	<input type="checkbox"/>
4 None of the Above	4 Acquisition & Rehab	Accessible Activity?	<input type="checkbox"/>	<input type="checkbox"/>
	5 Acquisition & New Construction			

Total Units Completed _____ **HOME Assisted Units Completed** _____

ACCESSIBLE Units _____

1. HOME FUNDS FOR REHAB OR DEVELOPMENT

Direct Loan	Annual Interest Rate:	Amortization Period-Years:	\$
Grant:			\$
Deferred Payment Loan (DPL)	Annual Interest Rate:	Amortization Period-Years:	\$
Relocation Cost		\$	-----
TOTAL HOME FUNDS			\$

2. OTHER FEDERAL FUNDS (Specify what funds were used)

Federal Funds		\$
Other Federal Funds		\$
Other Federal Funds		\$
TOTAL FEDERAL FUNDS		\$

3. STATE/LOCAL FUNDS (Specify what funds were used)

Housing Trust Funds		\$
State/Local Appropriated Funds		\$
State/Local Tax Exempt Bond Proceeds		\$
Net/Syndication Proceeds (No low income tax credit)		\$
TOTAL PUBLIC FUNDS		\$

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4. TAX CREDITS

Low Income Tax Credit Syndication Proceeds		\$
TOTAL TAX CREDIT		\$

5. PRIVATE FUNDS

Lender Name:			
Loan Type: ___fixed ___variable	Lock In Date:	Interest Rate:	No. of Years:
Private Loan Amount			\$
Owner Cash Contribution			\$
Foundation Grants			\$
Individual Donations (specify who/what)			\$
TOTAL PRIVATE FUNDS			\$

6. PROGRAM INCOME

TOTAL Program Income Used on this Activity	\$
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TOTAL ACTIVITY COSTS (Total Items of 1 through 6)	\$
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7. DONATIONS

Description *

Site Preparation		\$
Construction Materials		\$
Donated Labor		\$
Owner Sweat Equity		\$
Counseling/Professional Services		\$
TOTAL DONATIONS		\$

*Provide the documentation

8. FORGONE TAXES & FEES

Description *

Forgone Taxes		\$
Waived Fees		\$
Waived Charges		\$
TOTAL FORGONE TAXES AND FEES		\$

* Provide the documentation

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9. DONATED LAND Description *

Publicly owned land	\$
Private Owned	\$
Foreclosed Property	\$
TOTAL DONATED LAND	\$

* Provide the necessary documentation

10. INFRASTRUCTURE Description *

	\$
	\$
	\$
TOTAL INFRASTRUCTURE	\$

* Provide the necessary documentation

11. LOCATION

ACTIVITY ADDRESS:
COUNTY in which activity is located:

12. HOUSEHOLD CHARACTERISTICS

Unit No	No. of Bedrooms	Occupant	Monthly Rent (including Tenant Paid Utilities)*			Income Data		Race of Head of Household	Household Data		
			Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income*	% of Area Median		Size of Household	Type of Household	Rental Assistance
	0-efficiency 1-1Bdrm 2-2 Bdrms 3-3 Bdrms 4-4 Bdrms 5-5 or more Bdrms	1-Tenant 2-Owner 9-Vacant							1-1 Person 2-2 Persons 3-3 Persons 4-4 Persons 5-5 Persons 6-6 Persons 7-7 Persons 8-or more Persons 9-Vacant	1-Single/non-Elderly 2-Elderly 3-Related/1 parent 4-Related/2 parent 5-Other 9-Vacant Unit	1-Section 8 2-HOME TBA 3-Other 4-Nono 9-Vacant Unit
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			
			\$	\$	\$	\$		<input type="checkbox"/>			

*Round to the nearest dollar

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13. Number of households with a member with a disability: _____
14. Did this project involve a faith-based organization?
 Yes No
15. Did this project involve interim controls (lead-safe work) or abatement of lead-based paint?
 Yes No
16. Did you contract with any MBE/WBE contractors/subcontractors for this project?
 Yes No
(If "Yes" please attach the MBE/WBE reporting form)
17. Did you contract with any Section 3 businesses for this project?
 Yes No

(If "Yes" please attach the Section 3 Reporting form)
18. Submit an amended HOME Completion Report when any units previously reported as vacant are filled.
19. Was this activity completed in conjunction with the "Main Street" Program?
 Yes No