**HOME/HTF Affordable Housing Development Grant Administration Manual Tools and Resources**

**Project Set Up and Completion Report – Multifamily Development**

This report must be completed and submitted in order for Commerce to set up and complete projects in HUD’s Integrated Disbursement and Information System (IDIS).

|  |  |
| --- | --- |
| Commerce Use Only  *Activity Objective* *Activity Outcome*  [ ] Create suitable living environment [ ] Availability/accessibility  [ ] Provide decent affordable housing [ ] Affordability  [ ] Create economic opportunities [ ] Sustainability | |
| IDIS Activity ID: |  |
| Activity Name[[1]](#footnote-1): |  |
| Written Agreement Execution Date: |  |

**SET UP**

[ ] CDBG Strategy Area

[ ] Local Target Area

[ ] Presidentially Declared Major Disaster Area

[ ] Historic Preservation Area

[ ] Brownfield Redevelopment Area

[ ] Conversion of Nonresidential to Residential

Will this activity be carried out by a faith-based organization?

[ ] Yes

[ ] No

Will the project meet the environmental provisions under the Property Standards at 93.301(f)(1) or 93.301(f)(2) at project completion? (HTF only)

[ ] Yes

[ ] No

*Activity Type*

[ ] Rehabilitation Only

[ ] New Construction Only

[ ] Acquisition Only

[ ] Acquisition and Rehabilitation

[ ] Acquisition and New Construction

*Multi-address*

[ ] Yes

[ ] No

*Loan Guarantee*

[ ] Yes

[ ] No

*Activity Address*

|  |  |
| --- | --- |
| Address Line 1: |  |
| Address Line 2: |  |
| Address Line 3: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| County: |  |

*Activity Estimates*

|  |  |
| --- | --- |
| Estimated HTF Units: |  |
| Estimated HOME Units: |  |
| Estimated HTF Cost: |  |
| Estimated HOME Cost: |  |

*Property Owner*

[ ] Individual

[ ] Partnership

[ ] Corporation

[ ] Not-for-Profit

[ ] Publicly Owned

[ ] Other

*Property Owner Name*

|  |  |
| --- | --- |
| First Name: |  |
| Middle Initial: |  |
| Last Name: |  |

*Property Owner Address*

|  |  |
| --- | --- |
| Address Line 1: |  |
| Address Line 2: |  |
| Address Line 3: |  |
| City: |  |
| State: |  |
| Zip Code: |  |

**COMPLETION**

*Activity Type*

[ ] Rehabilitation Only

[ ] New Construction Only

[ ] Acquisition Only

[ ] Acquisition and Rehabilitation

[ ] Acquisition and New Construction

*Property Type*

[ ] Condominium

[ ] Cooperative

[ ] SRO

[ ] Apartment

[ ] Other

*Mixed Use*

[ ] Yes

[ ] No

*Mixed Income*

[ ] Yes

[ ] No

*Units*

|  |  |
| --- | --- |
| Total Completed Units: |  |
| HTF Units: |  |
| HOME Units: |  |

| *Of the total completed units, the number of:* | **Total** | **HTF-Assisted** | **HOME-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 |  |  |  |
| Of the Units Designated for Homeless Individuals, Number of Units Designated for Chronically Homeless Individuals |  |  |  |
| Of the Units Designated for Homeless Individuals, Number of Units Designated for Homeless Veteran Individuals |  |  |  |
| Units Designated for Homeless Families |  |  |  |
| Of the Units Designated for Homeless Families, Number of Units Designated for Chronically Homeless Families |  |  |  |
| Of the Units Designated for Homeless Families, Number of Units Designated for Homeless Veteran Families |  |  |  |
| Units Designated for Persons with HIV/AIDS |  |  |  |
| Of the Units Designated for Persons with HIV/AIDS, Number of Units Designated for the Chronically Homeless |  |  |  |
| Units Designated for Victims of Domestic Violence |  |  |  |
| Units Designated for Homeless Youth |  |  |  |
| Units Designated for Youth Aging out of Foster Care |  |  |  |

*Period of Affordability*

If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HTF/HOME minimum + additional) of affordability.

|  |  |
| --- | --- |
| Total Years of Affordability |  |

Costs

**HTF**

|  |  |
| --- | --- |
| Amortized Loan |  |
| Grant |  |
| Deferred Payment Loan |  |
| Other |  |
| Total |  |

**HOME (Including Program Income)**

|  |  |
| --- | --- |
| Amortized Loan |  |
| Grant |  |
| Deferred Payment Loan |  |
| Other |  |
| Total |  |

**Public Funds**

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

**Private Funds**

|  |  |
| --- | --- |
| Private Loans |  |
| Owner Cash Contributions |  |
| Private Grants |  |
| Total |  |

**Other**

|  |  |
| --- | --- |
| Low Income Housing Tax Credit Proceeds |  |
| Total |  |

**Activity Totals**

|  |  |
| --- | --- |
| HTF Funds |  |
| HOME Funds |  |
| All Funds |  |
| Total HTF Funds Disbursed |  |
| Total HOME Funds Disbursed |  |

Beneficiaries

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit #** | **# of Bedrooms[[2]](#footnote-2)** | **Occupant[[3]](#footnote-3)** | **Total Monthly Rent** | **% Median Income[[4]](#footnote-4)** | **Hispanic/ Latino (Y/N)** | **Race[[5]](#footnote-5)** | **Size[[6]](#footnote-6)** | **Type[[7]](#footnote-7)** | **Assistance Type[[8]](#footnote-8)** |
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1. Activity name is the name of the grantee, followed by a “-”, followed by the name of the project. For example, “Missoula Housing Authority - Cornerstone Apartments” [↑](#footnote-ref-1)
2. SRO/Efficiency, 1 bedroom, 2 bedrooms, 3 bedrooms, 4 bedrooms, 5+ bedrooms [↑](#footnote-ref-2)
3. Tenant, Owner, Vacant [↑](#footnote-ref-3)
4. HTF: 0-30% AMI, % of 30+ to poverty line (when poverty line is higher than 30% AMI), % of the higher of 30+% AMI or poverty line to 50% AMI; HOME: 0 to 30% AMI, 30+ to 50% AMI, 50+ to 60% AMI, 60+ to 80% AMI [↑](#footnote-ref-4)
5. White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native and White, Asian and White, Black/African American and White, American Indian/Alaskan Native and Black/African American, Other Multi-Racial [↑](#footnote-ref-5)
6. 1 person, 2 persons, 3 persons, 4 persons, 5 persons, 6 persons, 7 persons, 8+ persons [↑](#footnote-ref-6)
7. Single, Non-Elderly; Elderly; Single Parent; Two Parents; Other [↑](#footnote-ref-7)
8. No Assistance; Project-Based Section 8; Other Federal, State, or Local Project-Based Assistance; Tenant-Based Section 8 (Voucher); HOME TBRA; Other Federal, State, or Local Tenant-Based Assistance [↑](#footnote-ref-8)