

HOME Program Homebuyer Completion Report

IHCDA Use ONLY:

IDIS Activity Number: _____

Mark Appropriate Box:

☐

Original Submission

☐

Revision

Part A: Activity Information																		
1. Name of Participant:		2. Contract #:																
3. Type of Property (check one):																		
<input type="checkbox"/> 1-4 Single Family		<input type="checkbox"/> Condominium																
		<input type="checkbox"/> Manufactured House																
4. Type of Activity Financed (check one):																		
<input type="checkbox"/> Acquisition Only Acquisition & New		<input type="checkbox"/> Construction																
<input type="checkbox"/> New Construction Only Acquisition &		<input type="checkbox"/> Rehabilitation																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Total Completed</th> <th style="text-align: center;">HOME-Assisted</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="padding: 5px;">5. Units</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td rowspan="2" style="padding: 5px;">Of the Total Completed Units, the Number of:</td> <td style="padding: 5px;">Units Qualified as Energy Star</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Section as 504 Accessible Units</td> <td></td> <td></td> </tr> </tbody> </table>						Total Completed	HOME-Assisted	5. Units				Of the Total Completed Units, the Number of:	Units Qualified as Energy Star			Section as 504 Accessible Units		
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6. <u>Period of Affordability</u> : If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. If only imposing the HOME regulatory minimum, leave blank.																		
Total Years of Affordability:		Years:																
7. Lead Based Paint Requirement (only applicable for Acquisition/ Rehab activities) Housing Constructed before 1978 Exempt, Housing Constructed 1978 or later Otherwise Exempt: 0 Bedroom, Elderly – disabled with no children under 6, LBP free and/ or used no more than 100 days per year.																		
8. Lead Hazard Remediation Actions (if applicable) Lead Safe Work Practices (24 CFR 35.903 (b)) Interim Controls of Standard Practices (24 CFR 35.903 (c)) Abatement ((24 CFR 35.903 (d))																		
Part B: Financial Structure of Activity																		
1. Purchase Price \$		After Rehab Value (if applicable) \$																
2. HOME Property Costs (Including HOME Program Income)		Amortized Loan \$																
		Grant \$																
		Deferred Payment Loan \$																
		Total \$																
		Amortized Loan \$																

3. HOME Downpayment Assistance (Including HOME Program Income)	Grant	\$
	Deferred Payment Loan	\$
		\$
	Total HOME DPA	
4. Public Funds	Other Federal Funds	\$
	State/Local Appropriated Funds	\$
	Tax Exempt Bond Proceeds	\$
	Total Public Funds	\$

5. Private Funds	Private Loan Funds (Include Buyer's Permanent Financing)	\$
	Owner Cash Contribution	\$
	Private Grants	\$
	Total Private Funds	\$
6. Total Activity Costs		\$

Part C: Household Characteristics

1. Name of Homebuyer:

2.. Property Address:

# of Bedrooms	% of Area Median	Occupant	Hispanic or Latino? (Y/N)	Race-Head of Household	Size of Household	Type of Household	Assistance Type

Part C: Homebuyer Characteristics

1. First-time Homebuyer? ☐ Yes ☐ No

2. Coming from Subsidized Housing? ☐ Yes ☐ No

3. Lease Purchase? ☐ Yes ☐ No If Yes, Date of Agreement

4. Homebuyer Counseling? ☐ No Counseling ☐ Pre-Counseling
☐ Post-Counseling ☐ Both Pre and Post

5. FHA Insured ☐ Yes ☐ No

% of Area Median Code

1= 0-30%
2= 30-50%
3= 50-60%
4= 60-80%

Occupant

1= Owner
2= Vacant

Race of Head of Household Code

11= White
12= Black/African American
13= Asian
14= American Indian/Alaskan Native
15= Native Hawaiian/Other Pacific Islander
16= American Indian/Alaska Native & White
17= Asian & White
18= Black/African American & White
19= American Indian/Alaska Native & Black/
African American
20= Other Multi Racial

Type of Household Code

1= Single/Non-Elderly (Under 62)
2= Elderly (62 age older)
3= Single Parent
4= Two Parents
5= Other

Assistance Type

1= No assistance
2= Section 8
3= HOME/TBRA
4= Other Federal/State/Local Assistance