

**FORM 1-4B
HOUSING ASSISTANCE SUMMARY FORM**

Section I – CDBG Recipient Information				Construction Draw #	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Recipient Name				CDBG #			
Section II – Housing Unit Information							
Owner(s)				Project Number			
Street Address				Section-Block-Lot:			
City or Town				ZIP	Units		
Village*				County			
Applicable Lead Paint Requirement:		Pre-1978 <input type="checkbox"/>	Post-1978 <input type="checkbox"/>	Otherwise Exempt <input type="checkbox"/> (Explain below)			
Lead Based Paint Risk Assessment Date (if applicable):							
Lead Based Paint Clearance Date (if applicable):							
SHPO Clearance Date:				SHPO N/A <input type="checkbox"/> (Explain below)			
THPO Clearance Date:				THPO N/A <input type="checkbox"/> (Explain below)			
Tier 2 Environmental Review Completion Date:							
Final Request for Funds for this site?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Project Completion Date:			
Section III – Project Cost Information							
Use of Funds	Source of Funds					Subtotal	
	NYS CDBG	HOME	State/Other	Owner/Other			
Housing Rehabilitation (SU)							
Housing Rehabilitation (MU)							
Mobile Home Replacement							
Wells-Septic-Lateral							
Homeownership							
LBP/Energy Audit/Other Testing**							
Change Orders (OCR Approved)							
Total Costs							
**does not apply to 3 construction draw maximum							
Total Requested This Disbursement							
Less Retainage (if applicable)							
Total Prior Requested							
Balance to Completion							
% of Total Project Cost							
Section IV –Prepared by							
Name							
E-Mail							
Phone				Date			
Prior Assistance	CDBG <input type="checkbox"/>	HOME <input type="checkbox"/>	AHC <input type="checkbox"/>	WX <input type="checkbox"/>	No Prior <input type="checkbox"/>		
Building Registration Number							

*For Villages, provide Village name and Town where property is located, all addresses must match tax records