

NYS HOUSING TRUST FUND CORP.

Rental Set Up and Completion Form

<p>Check the appropriate boxes:</p> <input type="checkbox"/> SETUP Report <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	<p>SHARS ID # :</p>
<input type="checkbox"/> COMPLETION Report <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision Date of project completion _____	Name, Phone #, and Extension # of Person Completing Form

Set Up Activity

1. Program Requirements

Prior to receiving HOME assistance and setting up a unit in IDIS, all HOME beneficiaries must execute both:

1. A Written Agreement with the LPA consistent with HOME requirements at 92.504(c)(4). A separate Written Agreement is to be executed with the contractor, if applicable.
2. The security instrument (Note & Mortgage OR Restrictive Covenant) chosen at contract execution

*** I certify that all documents are signed by all parties, dated, and on file with the LPA.
LPA Initials: _____

A. General Information.

1. Name of Local Program Administrator:	2. IDIS Activity ID Number:
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B. Objective and Outcome.

1. Objective (enter code): (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): (1) Availability/accessibility (2) Affordability (3) Sustainability
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C. Special Characteristics.

1. Activity Location Type "Y" next to any that apply (1) _____ CDBG Strategy Area (2) _____ Local target area (3) _____ Presidentially declared major disaster area (4) _____ Historic preservation area (5) _____ Brownfield redevelopment area (6) _____ Conversion of nonresidential to residential use	2. Will this activity be carried out by a faith-based organization (Y/N)?
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D. Activity Information.

1. Activity Type (check one): (1) Rehab Only (4) Acquisition & Rehab (2) New Construction Only (5) Acquisition & New Construction (3) Acquisition Only				2. Property Street Address:			
			Section, block, lot #:		SWIS code:		
3. City:	4. State: NY	5. Zip Code:	6. County:	7. HOME Units:	8. HOME Cost:		
9. Multi-Address (Y/N)?							

2. Environmental Review

All LPAs are required to submit proof of Tier 2 site specific clearance with set ups.

Check one:

- Tier 2 Checklist (for municipalities)
 EAU Clearance Letter (for non-profits)

E. Property Owner or Developer Information. **(Required)**

1. Property Owner or Developer Type (enter code): ____ (1) Individual (4) Not-for-Profit (2) Partnership (5) Publicly Owned (3) Corporation (6) Other	2. Property Owner or Developer's Name:		
	3. Street Address:		
	4. City:	5. State:	6. Zip Code:
NOTES:			

F. Activity Information. (If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each building (Sections H, I, J, K, L and M.)

1. Activity Type (enter code): (1) Rehab Only (4) Acquisition & Rehab (2) New Construction Only (5) Acquisition & New Construction (3) Acquisition Only	2. Property Type (enter code): (1) Condominium (4) Apartment (2) Cooperative (5) Other (3) SRO	3. FHA Insured (Y/N)?
4. Mixed Use (Y/N)?	5. Mixed Income (Y/N)?	6. Completed Units: Total Number: HOME-assisted Units:

G. Property Address. (For multi address activities **ONLY**)

1. Building Name:	2. Property Street Address:	3. City:	4. State: NY	5. Zip Code:	6. County
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Complete Activity

***I certify the security instrument (Note & Mortgage OR Restrictive Covenant) previously executed at set up has been publicly recorded. **LPA Initials:** _____

H. Units

Of the Units Completed, the number:	Total	HOME Assisted
Meeting Energy Star standards:		
504-accessible:		
Designated for persons with HIV/AIDS:		
Of those, the number for chronically homeless:		
Designated for the homeless:		
Of those, the number for the chronically homeless:		

I. Period of Affordability. PJ-imposed period of affordability: _____ years

J. Lead Paint (Required)

Applicable Lead Paint Requirement:

- Housing constructed before 1978
- Exempt: housing constructed 1978 or later
- Otherwise exempt

Lead Hazard Remediation Actions:

- Lead Safe Work Practices (24 CFR 35.930(b))
- Interim Controls or Standard Practices (24 CFR 35.930(c))
- Abatement (24 CFR 35.930(d))

*** I certify that this project complies with 24 CFR Part 35 and all required records of testing, assessment, and/or clearance are on file. **LPA Initials:** _____

K. Costs.

1. HOME Funds (Including Program Income)

(1) Amortized Loan	\$	
(2) Grant	\$	
(3) Deferred Payment Loan	\$	
(4) Other (describe)	\$	
(5) CHDO Loan	\$	
Total HOME Funds		\$

2. Public Funds

(1) Other Federal Funds (describe)	\$	
(2) State/Local Funds (describe)	\$	
(3) Tax Exempt Bond Proceeds	\$	
Total Public Funds		\$

3. Private Funds

(1) Private Loans (describe)	\$	
(2) Owner Cash Contribution	\$	
(3) Private Grants (describe)	\$	
Total Private Funds		\$
4. Low-Income Housing Tax Credit Proceeds		\$
5. Activity Total or Total This Address		\$

L. Household Characteristics. (Use codes indicated below)

Unit #	a. # of Bedrooms	b. Occupant	Total Monthly Rent	Househol				g. Assistance Type
				c. % Median	Hispanic? Y/N	d. Race	e. Size	

a. # of Bedrooms
 0 – SRO/Efficiency
 1 – 1 bedroom
 2 – 2 bedrooms
 3 – 3 bedrooms
 4 – 4 bedrooms
 5 – 5 or more bedrooms

b. Occupant
 1 – Tenant
 2 – Owner
 3 – Vacant Unit

c. Household % of Median
 1 – 0 to 30%
 2 – 30+ to 50%
 3 – 50+ to 60%
 4 – 60+ to 80%

d. Household Race
 11 – White
 12 – Black or African American
 13 – Asian
 14 – American Indian or Alaska Native
 15 – Native Hawaiian or Other Pacific Islander
 16 – American Indian or Alaska Native & White
 17 – Asian & White
 18 – Black or African American & White
 19 – American Indian or Alaska Native & Black or African American
 20 – Other Multi Racial

e. Household Size
 1 – 1 person
 2 – 2 persons
 3 – 3 persons
 4 – 4 persons
 5 – 5 persons
 6 – 6 persons
 7 – 7 persons
 8 – 8 or more persons

f. Household Type
 1 – Single, non-elderly
 2 – Elderly
 3 – Single parent
 4 – Two parents
 5 – Other

g. Assistance Type
 1 – Section 8
 2 – HOME TBRA
 3 – Other federal, state, or local assistance
 4 – no assistance