

**ANNUAL PERFORMANCE REPORT  
HOUSING INSTRUCTIONS**

The Annual Performance Report (APR) is the tool used to collect performance data from the Office of Community Renewal's Recipients. The data collected from the APR is required by the U.S. Department of Housing and Urban Development (HUD) and is submitted to HUD annually in New York State's Annual Performance Report.

Recipients must submit an APR for each project where a Final Performance Report has not been submitted to the Office of Community Renewal. The Report consists of seven sections: Recipient Information; Project Status Narrative; Project Team, Beneficiary Data and Performance Measurements; Affirmatively Furthering Fair Housing, Section 3 Summary Information, and Certification. Recipients are required to submit beneficiary data and performance measurement data for **each** activity funded **excluding** program delivery and administration. For those projects with more than one activity and meeting different National Objective Compliance criteria, for example, homeownership assistance with housing rehabilitation, a Beneficiary Data/Performance Measurement subsection must be completed for each of the activities. Please refer to the APR Reminder email which includes a listing of the activities and IDIS Activity numbers funded by the Office of Community Renewal. The entire APR must be returned, **including** forms that may not be applicable to a Recipient's grant.

ALL APRs MUST BE RETURNED TO [OCRREPORTS@NYSHCR.ORG](mailto:OCRREPORTS@NYSHCR.ORG).  
INCLUDE THE COMMUNITY NAME, CDBG PROJECT NUMBER AND APR IN THE SUBJECT LINE.

**I. PROJECT INFORMATION:**

Recipient Name: Provide the Name of the Recipient (i.e. Town/Village/City/County of Name of Community).

Project #: Enter the Office of Community Renewal assigned project number.

Reporting Period: MONTH/DAY/YEAR – MONTH/DAY/YEAR.

Report #: Enter the number of the report submitted.

Final: Recipients who have expended all CDBG project funds and who can report all beneficiary and accomplishment numbers are eligible to submit their Final Performance Report. If this report is the final report and final beneficiaries are being reported, check the box.

**II. PROJECT STATUS NARRATIVE:**

A1 **Housing Activities**

**Housing Rehabilitation**

1. If the complete Environmental Review Record (ERR) has not been submitted **AND** Request for Release of Funds approved, what is the estimated date to complete this?
2. Has the grant /loan agreement been developed? If so, on what dates for each? If not, what are the anticipated dates for these milestones?
3. Status of applications received (include # of applications). Of these, # of projects that have been processed and # of projects that have been awarded.
4. Status of projects that are currently out to bid (include # of projects).
5. Status of projects that are under construction (include # of projects).
6. Status of projects that have been completed to date (include # of projects). Of these, # of projects that have been completed for this reporting period.
7. Status of households on the waiting list (include # of projects). This includes any comments on waiting list; # of households on wait list at beginning of year; how is the Recipient soliciting applications?

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8. Demonstrate how you are complying with LBP regulations. This includes # of projects completed that required lead-based paint assessments and/or clearances.
9. Provide the percent completion of the project and the anticipated completion date.

**Homeownership**

1. If the complete Environmental Review Record (ERR) has not been submitted **AND** Request for Release of Funds approved, what is the estimated date to complete this?
2. Has the grant /loan agreement been developed? If so, on what dates for each? If not, what are the anticipated dates for these milestones?
3. Status of applications received (include # of applications). Of these, # of projects that have been processed and # of potential new homeowners that have been approved.
4. How many potential new homeowners have gone through counseling?
5. Status of projects that are currently in the market actively looking at homes (include # of projects).
6. Status of projects for which an offer on a home has been made and are waiting to close.
7. Status of projects that have closed to date (include # of projects). Of these, # of projects that have closed for this reporting period.
8. Status of households on the waiting list (include # of projects). This includes any comments on waiting list; # of households on wait list that have received counseling; how is the Recipient soliciting application?
9. If the program includes housing rehabilitation assistance, demonstrate how you are complying with LBP regulations. This includes # of projects completed that required lead based paint assessments and/or clearances.
10. Provide the percent completion of the project and the anticipated completion date.

**B-E Provide the information as requested.**

**III. PROJECT TEAM UPDATE:** Response to Project Team Update required, regardless of the source of funds. Failure to submit adequate information may delay the processing of the APR and future requests for funds.

1. **Municipal Information:** Provide the information as requested
2. **Chief Elected Official:** The Chief Elected Official (CEO) is responsible for signing all official documents, agreements, contracts, etc., with OCR.
3. **Local Grant Contact:** Identify the local grant contact, this person **MUST** be a municipal employee, **other than the CEO,** and who has a working knowledge of the project activity(ies).
4. **Municipal Clerk:** Identify the County/City/Town/Village Clerk. Do not enter the Clerk of the Board.
5. **Municipal Treasurer or Chief Financial Officer:** Identify the County/City/Town/Village Treasurer or CFO. This person is responsible for submitting the Federal Assistance Expenditure (FAE) Report and handling audit questions. If the Recipient utilizes a bookkeeper, do not identify the individual as the Treasurer of Financial Officer.
6. **Municipal Attorney:** Identify the County/City/Town/Village Attorney

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7. **Fair Housing Officer:** All Recipients of CDBG funds, regardless of the activity being undertaken, shall be subject to compliance with Fair Housing, and a Fair Housing Officer **must** be identified. It is recommended that this individual be appointed by Board resolution. A Subrecipient can in certain instances act as the Fair Housing Officer; it should not be a consultant.

Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Fair Housing.

8. **Section 3 Coordinator:** All Recipients of CDBG funds in excess of \$200,000 are subject to Section 3 compliance. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing. It is recommended that this individual be appointed by Board resolution.
9. **Subrecipient:** If a Subrecipient is being utilized, please provide requested information. Refer to the OCR Grant Administration Manual *Chapter 1-Getting Started* for further information regarding Subrecipients.
10. **Labor Standards Compliance Officer:** If this project is subject to Federal Davis-Bacon Prevailing Wages, this section must be completed. The individual identified must have an understanding of Davis-Bacon and should be the person reviewing all Certified Payroll and completing the Semi-Annual Labor Standards Enforcement Report.

Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Labor Standards and Davis-Bacon.

11. **Consultant:** If the Recipient has retained the professional services of a consultant to assist with the administration and program delivery services of a program, please provide the requested information.
12. **Engineer:** If the Recipient has retained the professional services of an engineer to provide engineering services, please provide the requested information. If the Engineer is a municipal employee, please indicate.
13. **Lead Based Paint Risk Assessor:** If the project is undertaking any activities that are subject to compliance with lead based paint at 24CFR Part 35 and/or 40CFR Part 745, this section must be completed.

**IV. BENEFICIARY DATA/PERFORMANCE MEASUREMENTS:**

Beneficiary data represents the number of persons and/or households that benefit from the activity. The Beneficiary Data/Performance Measurements section is divided into subsections: Housing Rehabilitation Activities; Homeownership Activities; Housing Units with Leveraged HOME Funds; Building Information for Housing Units Assisted with CDBG Funds. Recipients who have been awarded funding for more than one activity must complete a subsection for each activity.

This section must be completed according to:

1. Single Family Housing Rehabilitation
2. Multi-Family Housing Rehabilitation 2-3 units in a single building. Each building with 2-3 units must be reported as separate activities
3. Multi-Family Housing Rehabilitation 4 or more units in a single building. Each building with 4 or more units must be reported as separate activities.

**A –D. Housing Rehabilitation Activities:**

Recipients receiving funding for housing rehabilitation (single-unit or multi-unit), installation of private wells, septic systems, laterals, replacement of manufactured homes, or the conversion of non-

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residential into residential units, must complete this subsection. If a recipient is undertaking both multi-unit and single-unit rehabilitation activities; a separate form must be submitted for each activity.

Housing rehabilitation activities are deemed complete when the rehabilitation of the unit is complete, the release of liens is signed, final payments have been issued to all contractors and any rental or previously vacant units have been filled.

**Activity Number:** Provide the five (5) digit IDIS Activity number assigned to the activity as identified on Schedule B of the grant agreement.

**Activity Name:** Enter the name of the activity.

**Owner-Occupied Units:**

Complete this section for units that are owner-occupied.

**For this reporting period, the total number of:**

**Units Completed:** Enter the total number of owner-occupied units that were rehabilitated during the reporting period.

**Completed Units Occupied by LMI:** Enter the total number of the owner-occupied units that were rehabilitated that are occupied by low- and moderate-income (LMI) persons.

**Persons Benefiting:** Enter the total number of persons residing in the owner-occupied units that were rehabilitated during the reporting period.

**LMI Persons Benefiting:** Enter the total number of LMI persons residing in the owner-occupied units that were rehabilitated.

**Units Occupied by the Elderly:** Enter the total number of elderly persons residing within the owner-occupied units that were rehabilitated.

**Units moved from substandard to standard condition (HQS or Local Code):** Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

**LEED Certified Energy Star Units:** Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

**Units Made Accessible:** Enter the total number of rehabilitated units where accessibility improvements were made (i.e. installation of grab bars, ramps, etc.)

**For the following questions, please refer to the OCR Grant Administration Manual Chapter 5 for guidance.**

**# Of Units Completed That Were Constructed Before 1978:** Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

**# Of Units Completed That Were Constructed Post 1978:** Enter the total number of rehabilitated units where rehabilitation activities were undertaken and the units were constructed post 1978.

**# Of Units Completed with Hard Costs ≤ \$5,000:** Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

**# Of Units Completed that Were Exempt:** Enter the total number of rehabilitated units where activities were undertaken and which were determined to be exempt from lead based paint requirements.

- Housing exclusively for the elderly or people with disabilities, unless a child under age 6 is expected to reside there **(EXEMPT)**

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- This may include, for example a senior assisted living housing complex or a facility exclusively for persons with disabilities.
- This does not include, for example, a private home occupied by an elderly person
  
- This does not include, for example, a private home with a disabled family member
- Zero-bedroom dwellings, including efficiency apartments, single-room occupancy housing, dormitories, or military barracks (**EXEMPT**)
- Property that has been found to be free of lead-based paint by a certified lead-based paint inspector (**EXEMPT**)
- Unit is used no more than 100 days per year (**EXEMPT**)
- Please contact the assigned Community Developer with any questions or clarification.

**Please note, the total number of pre-1978 units, post-1978 and exempt units MUST equal the total number of units being reported for the period.**

# Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs ≤\$5,000.

# Of Units Completed in Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

# Of Units Completed in Compliance with Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with abatement at 24CFR35.930(d).

**Please note, the total number of units completed in compliance with 24CFR35.930(b) AND 24CFR35.930(d) must equal total of pre-1978 units reported for the period**

**Rental Units:**

Complete this section for units that are renter occupied.

**For this reporting period, the total number of:**

Units Completed: Enter the total number of renter-occupied units that were rehabilitated during the reporting period.

Completed Units Occupied by LMI: Enter the total number of renter-occupied units that were rehabilitated that are occupied by LMI persons.

Persons Benefiting: Enter the total number of persons residing in the renter-occupied units that were rehabilitated during the reporting period.

LMI Persons Benefiting: Enter the total number of LMI persons residing in the renter-occupied units that were rehabilitated.

Affordable Units: Enter the total number of rehabilitated units that have occupancy restrictions based on income or that are currently occupied by LMI persons.

Units moved from substandard to standard condition (HQS or Local Code): Enter the total number of rehabilitated units that are no longer substandard as defined by Housing Quality Standards or Local Code.

LEED Certified Energy Star Units: Enter the total number of rehabilitated units that now meet the Energy Star whole-house building and inspection standard. Refer to Exhibit 1 for HUD's Energy Star definition.

Section 504 Accessible Units: Enter the total number of rehabilitated units that meet the requirements of Section 504.

**Please refer to OCR Grant Administration Manual Chapter 5 for guidance on the following:**

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# Of Units Completed That Were Constructed Before 1978: Enter the total number of rehabilitated units where activities were undertaken to control known or presumed lead hazards and the units were constructed prior to 1978.

# Of Units Completed That Were Constructed Post 1978: Enter the total number of rehabilitated units where rehabilitation activities were undertaken and the units were constructed post 1978.

# Of Units Completed with Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken to control known lead hazards and the unit cost was ≤ \$5,000.

# Of Units Completed that Were Exempt: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be exempt from lead based paint requirements.

- Housing exclusively for the elderly or people with disabilities, unless a child under age 6 is expected to reside there **(EXEMPT)**
  - This may include, for example a senior assisted living housing complex or a facility exclusively for persons with disabilities.
  - This does not include, for example, a private home occupied by an elderly person
  - This does not include, for example, a private home with a disabled family member
- Zero-bedroom dwellings, including efficiency apartments, single-room occupancy housing, dormitories, or military barracks **(EXEMPT)**
- Property that has been found to be free of lead-based paint by a certified lead-based paint inspector **(EXEMPT)**
- Unit is used no more than 100 days per year **(EXEMPT)**
- Please contact the assigned Community Developer with any questions or clarification.

**Please note, the total number of pre-1978 units, post-1978 and exempt units MUST equal the total number of units being reported for the period.**

# Of Units Completed In Compliance With 24CFR35.930(b) With Hard Costs ≤ \$5,000: Enter the total number of rehabilitated units where activities were undertaken and which were determined to be in compliance with lead based paint requirements at 24CFR35.930(b) with hard costs ≤\$5,000.

# Of Units Completed in Compliance With 24CFR35.930(b) With Hard Costs \$5,000 to \$25,000: Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with lead-based paint requirements at 24CFR35.930(b) with hard costs of \$5,000 to \$25,000.

# Of Units Completed in Compliance with Abatement at 24CFR35.930(d): Enter the total number of rehabilitated units where activities were undertaken, and which were determined to be in compliance with abatement at 24CFR35.930(d).

**Please note, the total number of units completed in compliance with 24CFR35.930(b) AND 24CFR35.930(d) must equal total of pre-1978 units reported for the period**

Units Created Through the Conversion of Non-Residential Buildings: Enter the total number of units that were created as a result of conversion of non-residential space.

Of the Affordable Units, the number of:

Units Occupied by the Elderly: Enter the total number of affordable units that are currently occupied by elderly persons.

Years of Affordability: Enter the average number of years that the units are required to be affordable.

Units Subsidized with Project Based Rental Assistance by Another Federal, State or Local Program: Enter the total number of affordable units that are provided **project-based** rental assistance. **DO NOT** include units subsidized by section 8 Voucher or HOME tenant-based rental assistance.

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Of the Total Rental Units, the Number of:

Permanent Housing Units Designated for Homeless Persons and Families Including Units Receiving Assistance for Operations: Enter the total number of permanent rental units designated specifically for the homeless.

Of the Units for Homeless Person, the Number:

Specifically for the Chronically Homeless: Enter the total number of rental housing units designated for the homeless that are specifically designated for the chronically homeless, defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

**Racial/Ethnic Composition:** This information must be provided for all households occupying the owner-occupied and rental units that were rehabilitated during the reporting period.

The racial/ethnic categories represented are designated by HUD, which has designated “Hispanic” as an ethnic group not a racial category. For example, a household can be identified as both a member of a racial category and ethnic group but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each household (owner and renter) benefiting from the housing rehabilitation activity for this reporting period. Enter the total number of households (both owner and renter) in the cell that represents the racial category of the household and provide the total for each column. For households who identify with more than one racial category, select one designation to represent the household. For households that do not provide racial category information, enter the number of households (owner and renter) in the Other Multi-Racial cells.

Hispanic: For each household (owner and renter identified with a racial category, enter the total number of households (owner and renter) for this reporting period that also identify that they are of “Hispanic” ethnicity and provide the total for the column.

**Beneficiary Income Data:**

Median Income: For each household (owner and renter) enter the total number of households benefiting from the rehabilitation activities for each income range (0-30%, 31-50%, 51-80%, and 81% and Above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of households who are elderly, female head of household, and disabled.

**E. Homeownership Activities:**

Recipients receiving CDBG funding for homeownership assistance activities including down payment and closing cost assistance, principal reduction, and counseling activities must complete this subsection.

Homeownership activities are deemed complete when the mortgage closing has taken place. Homeownership counseling activities are deemed complete when the households have completed all required counseling sessions.

**For all projects that complete homeownership with housing rehabilitation, the appropriate housing rehabilitation activity detail, single family, multi-family (2-3 unit) or multi-family (4 or more unit) must be completed and submitted with this report.**

Activity Number: Provide the five (5) digit IDIS Activity number assigned to the activity as identified on Schedule B of the grant agreement.

Activity Name: Enter the name of the activity.

**Homeownership Assistance:**

For this reporting period, the total number of: Provide the information for the entire reporting period.

Receiving Homebuyer Assistance: Provide the total number of households receiving direct financial assistance for the purchase of a home.

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Of the Number Receiving Assistance, the Number:

Qualified as Low- and Moderate-Income: Enter the number of households who meet the definition of low- and moderate-income (less than 80% of the median household income).

Receiving Counseling: Enter the number of households who receive counseling (either one-on-one or classroom) in addition to the direct financial assistance.

Receiving Down Payment/Closing Cost Assistance: Enter the number of households receiving assistance that is limited to down payment and closing cost assistance.

Who are first time buyers: Enter the number of households receiving assistance who have not owned a home during the three-year period prior to the purchase of the current home; displaced homemakers and single parents who owned a home with their spouse, but no longer reside there; or individuals who owned and resided within a substandard house or in a dwelling that was not permanently affixed to a foundation prior to the purchase of their current residence.

Of the Number of First Time Buyers, the Number:

Receiving Counseling: Of the first time home buyers, enter the number who also received counseling.

**Racial/Ethnic Composition:** This information must be provided for all households occupying the purchased units during the reporting period.

The racial/ethnic categories represented are designated by HUD. HUD has designated "Hispanic" as an ethnic group not a racial category. For example, a household can be identified as both a member of a racial category and ethnic group but cannot be identified solely as an ethnic group.

Racial Category: Identify the racial category of each household benefiting from the homeownership activity for this reporting period. Enter the total number of households in the cell that represents the racial category of the household and provide the total for each column. For households who identify with more than one racial category, select one designation to represent the household. For households that do not provide the racial category information, enter the number of households in the Other Multi-Racial cells.

Hispanic: For each household identified with a racial category, enter the total number of households for this reporting period that also identify that they are of "Hispanic" ethnicity and provide the total for the column.

**Beneficiary Income Data:**

Median Income: For each household enter the total number of households benefiting from the rehabilitation activities for each income range (0-30%, 31-50%, 51-80%, and 81% and Above). Provide the total numbers for each column.

Of the Total Benefiting, the Number of: Provide the total number of households who are elderly, female head of household, and disabled.

**V. Affirmatively Furthering Fair Housing**

Please read this section carefully, efforts to Affirmatively Further Fair Housing applies to all NYS CDBG funded activities and projects. Complete the report as provided. For any questions regarding Fair Housing or completing this section, please contact the Fair and Equitable Housing Office (FEHO) at [FEHO@nyshcr.org](mailto:FEHO@nyshcr.org).

**VI. Utilization of Section 3 Residents & Business Report**

Please review this section carefully. Reporting for Section 3 applies to all NYS CDBG awards in excess of \$200,000 and with any contract in excess of \$100,000. For any questions regarding this Section # Utilization or completing this section, please contact the Fair and Equitable Housing Office (FEHO) at [Section3MWB@nyshcr.org](mailto:Section3MWB@nyshcr.org).

**VII. CERTIFICATION OF THE ANNUAL PERFORMANCE REPORT:**

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Enter the requested information. The Chief Elected Official must not sign and date the form until after all information has been verified and the Report has been signed and dated by the preparer. An electronic signature is acceptable.

**PLEASE NOTE:**

**EFFECTIVE APRIL 1, 2019, ALL RECIPIENTS OF NYS CDBG FUNDS WILL BE REQUIRED TO SUBMIT AN ANNUAL PROGRAM INCOME REPORT. IF A NYS CDBG FUNDED PROJECT IS SUBJECT TO REPORTING, NOTIFICATION WILL BE SUBMITTED ON OR ABOUT MARCH 1 OF EACH YEAR.**

## ANNUAL PERFORMANCE REPORT HOUSING INSTRUCTIONS

### EXHIBIT 1: Energy Star Sets Energy Performance Standards for Building

#### WHAT IS THE ENERGY STAR BUILDING PERFORMANCE STANDARD?

- For residential single and multifamily new construction up to 3 stories, it is a system for achieving *and* verifying a certain level of performance with respect to energy efficiency.
- Performance is certified by independent third-party contractors

The Energy Star standard is uniform throughout the United States, and a national infrastructure exists for implementation.

- ENERGY STAR is not a new building code, or specification. It does not replace existing energy codes or building codes. "Efficiency" means total purchased house energy consumption, not only heating, cooling and hot water. [New in '06]
- An Energy Star home is *at least* 30% more efficient than a comparable home built to meet the 1993 national Model Energy Code or 15% more efficient than state energy code, whichever is more rigorous. See [www.energystar.gov](http://www.energystar.gov) for more information, including the new performance guidelines to be applied for most homes beginning July 1, 2006.
- An Energy Star Home/Building is defined as one which has been *certified* through inspection and *testing* as meeting the Energy Star Qualified New Homes Standard. To achieve this rating the building must score less than or equal to 80 in the North ( $\leq 85$  South) on the Mortgage Industry Home Energy Rating Scale (HERS).
- HERS Scores give a numeric value between 0 and 100 indicating the relative energy efficiency of a given home as compared with the HERS Energy-Efficient Reference Home (EERH) as specified by the HERS Council Guidelines. The lower the score, the more efficient the home. A home with zero energy use (total energy consumption) scores 0.

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EXHIBIT 1:  
Energy Star Sets Energy Performance Standards for Building

**WHAT DO HERS CONTRACTORS DO?**

- Review builder's plans for Energy Star performance.
- Evaluate and rate energy efficiency of buildings.
- Provide independent 3<sup>rd</sup> Party inspections AND testing.

Inspection – The home energy rater inspects the home and, with software, measures its energy characteristics, such as insulation levels, window efficiency, wall-to-window ratios, the heating and cooling system efficiency, the solar orientation of the home, and the water heating system.

Testing – Diagnostic testing, such as blower door for building air leakage and duct blaster testing for forced air systems leakage is part of the rating.

**NOW HOW DO WE GET ALL THIS INTO [HUD] COMMUNITY PLANNING AND DEVELOPMENT'S HOUSING PROGRAMS?**

Incorporate the following language into your RFP's or procurement process for housing:

“All new and gut rehabilitation residential building up to three stories shall be designed to meet the standard for Energy Star Qualified New Homes (≤80[85 for South] and >70 on the HERS Rating Scale). All procedures used for this rating shall comply with National Home Energy Rating System guidelines.”

Believe it or not this is the only thing *you* have to do!  
The developer takes care of the rest.

**ENERGY STAR REFERENCES [All are “http://” sites.]**

[www.energystar.gov](http://www.energystar.gov)

*HUD's “Energy Star for Grantees”*

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/library/energy](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/library/energy)

<http://hud.gov/energystar/grantees2007-08-02.ppt>

*Very comprehensive technical stuff in English:*

[www.buildingscience.com](http://www.buildingscience.com)

*DOE Webpage for State Energy Code:*

[www.energycodes.gov](http://www.energycodes.gov)

*EIA Webpage for Energy uses by State/Source/Sector:*

[www.eia.gov/emeu/states/\\_states.html](http://www.eia.gov/emeu/states/_states.html)