

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

**A separate summary form must be submitted for each property
and with each disbursement request**

Section I CDBG Recipient Information

1. Indicate of Disbursement 1, 2 or 3
2. Enter the Recipient Name
 - a. The City/Town/Village/County that was awarded NYS CDBG Housing funds
3. Enter the CDBG #
 - a. This is the OCR assigned CDBG project number

Section II Housing Unit Information

1. Owner(s)
 - a. Provide the last name of the property owner(s)
2. Enter the street address
 - a. Provide the address and the City/Town/Village that the property is located in, and the ZIP code
 - i. Address must match tax records
 - ii. For Villages, provide Town and Village
 1. For Villages split between multiple Townships, provide the Town where the property is located
 - b. Provide the Section-Block-Lot number
 - i. Summary Forms submitted without this will be rejected
 - c. Lead Based Paint (Select one of the options)
 - i. The property is pre-1978
 - ii. The property is post-1978
 - iii. The property is Otherwise Exempt
 1. Select which of the exemptions is being claimed
 - iv. Provide the date of the lead-based paint risk assessment, if applicable
 - v. Provide the date of the lead-based paint clearance report, if applicable
 - d. Indicate the date the pre-construction asbestos survey was completed
 - i. If NA is selected, an explanation must be provided
 - e. Indicate the date of the SHPO clearance letter
 - i. If NA is selected, an explanation must be provided
 - f. Indicate the date of the THPO clearance letter
 - i. If NA is selected, an explanation must be provided
 - g. Provide any other comments
 - h. Provide the date the Tier II review was completed
3. Final Request for Funds
 - a. Select yes or no
 - b. When yes is selected, provide the project completion date
 - i. The project completion date is the date that **all** rehabilitation work has been completed and the property has received a lead based paint clearance report

Section III Project Cost Information

1. Provide the sources of all funds by activity type that is proposed to be provided
 - a. This section will auto calculate
 - b. Please note, mobile home rehabilitation should be entered under **Housing Rehabilitation (SU)**
 - c. Mobile Home Replacement should only reflect the actual cost when replacement is undertaken

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

Section IV Prepared by

1. Provide the name, e-mail and phone number of the person that completed the form, this does not require a signature
2. Provide the date that the form was completed
3. Prior Assistance
 - a. Check each box that may apply
(WX = Weatherization)