

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

<b>Section I – CDBG Recipient Information</b>				Construction Draw #	1	2	3
Recipient Name			CDBG #				
<b>Section II – Housing Unit Information</b>							
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"/> (Select from list below)			
Lead Based Paint Risk Assessment Date (if applicable):							
Lead Based Paint Clearance Date (if applicable):							
Asbestos Survey Date:		Asbestos N/A (explain)					
SHPO Clearance Date:		SHPO N/A (explain)					
THPO Clearance Date:		THPO N/A (explain)					
Other comments							
Tier 2 Environmental Review Completion Date:							
Final Request for Funds for this site?		Yes	No	If yes, Project Completion Date:			
<b>Section III – Project Cost Information</b>							
<b>Use of Funds</b>	<b>Source of Funds</b>						
	<b>NYS CDBG</b>	<b>HOME</b>	<b>State/Other</b>	<b>Owner/Other</b>	<b>Total</b>		
Housing Rehabilitation (SU)							
Housing Rehabilitation (MU)							
Mobile Home Replacement							
Wells-Septic-Lateral							
Homeownership							
Lead Based Paint Risk Assessment*							
Asbestos Survey*							
Energy Audit*							
Other required testing*							
Change Orders (OCR Approved)							
Total Costs							
*does not apply to 3 constructions draw maximum							
Total Requested This Disbursement							
Less Retainage (if applicable)							
Total Prior Requested							
Balance to Completion							
% of Total Project Cost							
<b>Section IV –Prepared by</b>							
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"/>		