FORM 1-4B
HOUSING ASSISTANCE SUMMARY FORM

Section I – CDBG Recipient Information				Construction Draw #	1 ☐	2 ☐	3 ☐	4 ☐
Recipient Name				CDBG #				
Section II – Housing Unit Information								
Owner(s)				Project Number				
Street Address				Section-Block-Lot:				
Co/Ci/T/V	Select from list			ZIP		Units		
Municipality Name		County		Select One				
Applicable Lead Paint Requirement:	Pre-1978 ☐	Post-1978 ☐		Otherwise Exempt (Select from list below) ☐				
Select One								
Lead Based Paint Risk Assessment Date (if applicable):								
Lead Based Paint Clearance Date (if applicable):								
Asbestos Survey Date		Asbestos N/A ☐	(Explain)					
Radon Testing Date		Radon N/A ☐	(Explain)					
Radon Clearance Date		Radon 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:					

For Final Request for Funds, attach recording sheet for restrictive lien covenant

Section III – Project Cost Information

Funds may be drawn down at 30% complete/60% complete/90% complete/10%retainage

Use of Funds	Source of Funds				
	NYS CDBG	HOME	State/Other	Owner/Other	Subtotal
Select One					$ 0.00
Lead Based Paint Risk Assessment*					$ 0.00
Asbestos Survey*					$ 0.00
Energy Audit*					$ 0.00
Other required testing*					$ 0.00
Change Orders					$ 0.00
Total Costs	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
*does not apply to 4 constructions draw maximum					
Total Requested This Disbursement					$0.00
Less Retainage					$0.00
Total Prior Requested					$0.00
Balance to Completion	$0.00	$0.00	$0.00	$0.00	$0.00
% of Total Project Cost	0.00%	0.00%	0.00%	0.00%	0.00%

Section IV –Prepared by

Name			
E-Mail			
Phone		Date	

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, 3 or 4
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 only last name of the property owner(s)
2. Provide the local project number.
3. Provide the street address.
4. Provide the Section-Block-Lot number.
    a. Summary Forms submitted without this will be rejected.
5. From the dropdown list, select City, Town, or Village where the property is located.
6. Provide the address ZIP + 4 code that matches tax records.
7. Provide the name of the municipality, this must match tax records.
8. From the dropdown list, select the County where the property is located.
    a. For Towns and Villages split between multiple Counties, select the County where the property is located.
9. Lead Based Paint (Select one of the options)
    a. The property is pre-1978.
    b. The property is post-1978.
    c. The property is Otherwise Exempt
        i. Select which of the exemptions is being claimed.
10. Provide the date of the lead-based paint (LBP) risk assessment, if applicable
    a. Provide the date of the lead-based paint clearance report, if applicable
    b. This cannot be more than six (6) months old at the start of construction.
11. Indicate the date the pre-construction asbestos survey was completed.
    a. If NA is selected, an explanation must be provided.
12. Indicate the date the mandatory pre-construction radon testing was completed.
    a. If NA is selected, an explanation must be provided.
13. Indicate the date of the SHPO clearance letter.
    a. This cannot be more than twelve (12) months at the start of construction.
    b. If NA is selected, an explanation must be provided.
14. Indicate the date of the THPO clearance letter.
    a. This cannot be more than twelve (12) months at the start of construction.
    b. If NA is selected, an explanation must be provided.
15. Provide any other comments.
    a. Provide the date the Tier II review was completed.
16. 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 **all** rehabilitation work has been completed and the property has received an LBP clearance report.
        ii. Beginning January 1, 2024, all Final Requests for Funds must include a copy of the recording sheet for a restrictive lien covenant

FORM 1-4B
HOUSING ASSISTANCE SUMMARY FORM INSTRUCTIONS

Section III Project Cost Information

1. Provide the sources of all funds by activity type from the dropdown list that is proposed to be provided.
    a. This section will auto calculate.

Section IV Prepared by

1. Provide the name, e-mail and phone number of the person that completed the form.
    a. No signature required.
2. Provide the date that the form was completed.