

HOME Program Rental/Homebuyer/Homeowner Rehabilitation Project Set-up Report

IDIS Activity Number: _____

Mark Appropriate Box	<input type="checkbox"/> Original Submission	<input type="checkbox"/> Revision
Part A: Activity Information		
1. Grantee:	2. Contract Number:	
3. Type of Activity Financed (check one):		
<input type="checkbox"/> Rehabilitation Only <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Acquisition & New Construction <input type="checkbox"/> New Construction Only <input type="checkbox"/> Acquisition & Rehabilitation		
4. Total HOME Funds for Project:		\$
a. Source of Funds	b. Dollar Amount of Funds	
	\$	
	\$	
Total Estimated Cost of Project	\$	
Part B: I certify that the person(s) listed below meet the HOME income requirement guidelines and the property will not exceed the HOME property value limits at time of executed contract. (Administrator Initials) _____		
Part C: Project Information		
1. Street Address of Project		
a. City	b. State	c. Zip Code
2. Last Name of Owner		First Name of Owner
3. Mailing Address of Owner		
a. City	b. State	c. Zip Code
d. Phone (Including Area Code)	e. Estimated Units Upon Completion	f. Total HOME-Assisted Units Upon Completion
4. Tenure Type (Check one box only) <input type="checkbox"/> Rental <input type="checkbox"/> Homebuyer <input type="checkbox"/> Homeowner Rehab	5. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one): <input type="checkbox"/> Owner <input type="checkbox"/> Sponsor <input type="checkbox"/> Developer	6. County Code
7. Developer Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Other		

Administrator Signature: _____

Date: _____