

HOME Program Rental Completion Report

IDIS Activity Number: _____

Mark Appropriate Box: Original Submission Revision

Part A: Activity Information

1. Name of Participant	2. Contract #:
3. Type of Property (check one):	
<input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> None of the Above	

Part B: Financial Structure of Activity

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		
1. HOME Funds	(1) Grant	\$
	(2) HOME Program Income	\$
	(3) Due on Sale	\$
	Total HOME Funds	\$
2. Public Funds	(1) Other Federal Funds	\$
	(2) State/Local Appropriated Funds	\$
	Total Public Funds	\$
3. Private Funds	(1) Private Loan Funds	\$
	(2) Owner Cash Contribution	\$
	(3) Private Grants	\$
	Total Private Funds (\$
4. Total Activity Costs)		\$
5. Is the unit Section 504 accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does the unit meet Energy Star Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		

