

Georgia Department of Community Affairs
Community HOME Investment Program
HOMEOWNER REHABILITATION ASSISTANCE COMPLETION FORM

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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A. General Information

1. Name of Participant:	2. DCA Project Number:
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B. Activity Information

1. Property Type (enter code): _____ (1) 1-4 Single Family (2) Condominium (3) Cooperative (4) Manufactured Home	2. Completed Units: Total number: <u> 1 </u> HOME-assisted: <u> 1 </u>		
3. Homeowner's Name:	4. Street:		
5. City:	6. State:	7. Zip Code:	8. County Code:

C. Units

1. Of the Completed Units, the number:	<u> Total </u>	<u> HOME-assisted </u>	
Meeting Energy Star standards:	_____	_____	
504-accessible:	_____	_____	
2. After Rehabilitation Value of Unit \$ _____			
2. Period of Affordability: If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. PJ-imposed period of affordability: _____ years.			

D. Costs

Totals

1. HOME Funds			Totals
(1) Amortized Loan	\$0		\$
(2) Grant (includes Project Delivery Costs & Lead Related Construction Costs)	\$		
(3) Deferred Payment Loan (DPL) – (includes Non-Lead Related Construction Costs)	\$		
(4) Other	\$0		
Total HOME Funds			\$
2. Public Funds			Totals
(1) Other Federal Funds (including USDA, local CDBG)	\$		\$
(2) State/Local Funds	\$		
(3) Tax Exempt Bond Proceeds	\$		
Total Public Funds			\$
3. Private Funds			Totals
(1) Private Loans	\$		\$
(2) Owner Cash Contribution	\$		
(3) Private Grants	\$		
Total Private Funds			\$
4. Activity Total Funds [or Total HOME, Public and Private Funds at this address]			\$

E. Beneficiaries (Use codes indicated below)

Unit #	# of Bdrms	# of Occupants	% Med	\$ amt of Income	Hispanic Y/N	Race	Household		Household Type
							Size	Special Needs Person with a Disability in Household #	
FHA Insured (Y/N)?									

<p># of Bdrms</p> <p>0 – SRO/Efficiency</p> <p>1 – 1 bedroom</p> <p>2 – 2 bedrooms</p> <p>3 – 3 bedrooms</p> <p>4 – 4 bedrooms</p> <p>5 – 5 or more bedrooms</p>

<p>Occupant</p> <p>1 – Tenant</p> <p>2 – Owner</p> <p>9 – Vacant Unit</p>
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<p>Household % Med</p> <p>1 – 0 to 30%</p> <p>2 – 30+ to 50%</p> <p>3 – 50+ to 60%</p> <p>4 – 60+ to 80%</p>

<p>Race of Head of Household</p> <p>11 – White</p> <p>12 – Black/African American</p> <p>13 – Asian</p> <p>14 – American Indian/Alaska Native</p> <p>15 – Native Hawaiian/Other Pacific Islander</p> <p>16 – American Indian/Alaska Native & White</p> <p>17 – Asian & White</p> <p>18 – Black/African American & White</p> <p>19 – American Indian/Alaska Native & Black/African American</p> <p>20 – Other Multi Racial</p>
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<p>Household Size</p> <p>1 – 1 person</p> <p>2 – 2 persons</p> <p>3 – 3 persons</p> <p>4 – 4 persons</p> <p>5 – 5 persons</p> <p>6 – 6 persons</p> <p>7 – 7 persons</p> <p>8 – 8 or more persons</p>

<p>Household Type</p> <p>1 – Single, non-elderly</p> <p>2 – Elderly</p> <p>3 – Single parent</p> <p>4 – Two parents</p> <p>5 - Other</p>

<p>Assistance Type</p> <p>1 – Section 8</p> <p>2 – HOME TBRA</p> <p>3 – Other federal, state or local assistance</p> <p>4 – No assistance</p>
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