# HOME Program Rental Completion Report

Mark Appropriate Box:	Original Submission	☐ Revision
Part A: Activity Information		
1. Name of Participant	2. Contract #	<del>‡</del> :
3 Type of Property (check one):		
☐ Condominium ☐ Coo	perative Single Room Occu	upancy None of the Above
Part B: Financial Structure of	Activity	
Type of Activity Financed (check one	):	
Rehabilitation Only	☐ Acquisition Only ☐ Acc	quisition & New Construction
☐ New Construction Only	Acquisition & Rehabilitation	
1. HOME Funds	(1) Grant	\$
	(2) HOME Program Income	\$
	(3) Due on Sale	\$
	<b>Total HOME Funds</b>	\$
2. Public Funds	(1) Other Federal Funds	\$
	(2) State/Local Appropriated Funds	\$
	<b>Total Public Funds</b>	\$
3. Private Funds	(1) Private Loan Funds	\$
	(2) Owner Cash Contribution	\$
	(3) Private Grants	\$
	<b>Total Private Funds</b> (	\$
4. Total Activity Costs)		\$
5. Is the unit Section 504 accessible?	☐ Ye	s 🔲 No
6. Does the unit meet Energy Star Sta	ndards?	s No

## Part C Household Characteristics. .

Property Address:											
Unit #	# of Bed- rooms	Occupancy	Tenant Rent Payment	Rental Subsidy Amount	Total Rent	% of Area Median	Hispanic (Y/N)	Race of Head of House- hold	Size of House- hold	Head of House- hold	Rental Assistanc e

### % of Area Median Code

- 1 = 0-30%
- 2 = 30 50%
- 3 = 50 60%
- 4 = 60 80%

## **Occupancy Code**

- 1 = Tenant
- 2 = Owner
- 3 = Vacant

### Race of Head of Household Code

- 11 = White
- 12 = Black/African American
- 13 = Asian
- 14 = American Indian/Alaskan Native
- 15 = Native Hawaiian/Other Pacific Islander
- 16 = American Indian/Alaska Native & White
- 17 = Asian & White
- 18 = Black/African American & White
- 19 = American Indian/Alaska Native & Black/African American
- 20 = Other Multi Racial

### **Head of Household Code**

- 1 = Single/Non-Elderly (under age 62)
- 2 = Elderly (62 and older)
- 3 = Single Parent
- 4 =Two Parents
- 5 = Other

## Rental Assistance Code

- 1 = Section 8
- 2 = HOME TBRA
- 3 = Other
- 4 No Assistance