**HOME Program** Contract #     :-HOME-

**Homeownership Assistance/**

|  |
| --- |
| **FOR FISCAL USE ONLY** |
| UOG Code: | **\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_-\_\_\_** |
| HUD Activity#: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Rep: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Rental Housing**

**Project Set Up Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Note:  | Complete for all Homeownership Assistance/Rental Housing ProjectsPrior to project set-up and send the completed form to:Department of Housing and Community Development, HOME Program2020 W. El Camino Ave., Ste. 650 OR P.O. Box 952054Sacramento, CA 95833 Sacramento, CA 94252-2054 | Check the Appropriate Box:[ ]  Original Submission[ ]  Ownership Transfer[ ]  Cancel | [ ]  Change Owner’ Address[ ]  Revision |

|  |
| --- |
| **Part A: Contractor & Activity Information**  |
| 1.Project Number | 2.HUD Activity Number (Revision) | 3.Contractor Name | 3a. Faith-Based Organization? |
|       |       |       |  [ ]  Yes |  [ ]  No |
| 4 Name of Person Completing Form | 5.Street Address of Person Completing the Form |
|       |       |
| 5a.City | 5b.State | 5c.Zip Code | 5d.County |
|       |    |       |       |
| 5e.Phone  | 5f.Fax | 5g.Email |
|    -   -     ext:       |       |       |
| 6.Project Name (Last Name, First Name)  |
|      ,       |
| 7.Street Address of Project | 8.HOME Funds (no admin) |
|       |       |
| 7a.City | 7b.State | 7c.Zip Code | 7d.County | 7e.County Code |
|       |    |       |       |       |
| 9.Activity Type: | 10.Infill?  | 11.Proposed Total Units | 12. Proposed HOME assisted Units |
|  [ ]  Program [ ]  Project | [ ]  Yes |     |     |
| 13. Type of Activity (check one) | 14.Special areas where Activity is located: (check all that apply) |
| Contract Activity | Yes [ ]  | CDBG strategy area | Yes [ ]  | Local target area |
| a. | [ ]  | FTHB – Acquisition with or without Rehab | Yes [ ]  | Presidential declared major disaster area |
| b. | [ ]  | FTHB – New Construction | Yes [ ]  | Historic preservation area |
| c. | [ ]  | Owner Occupied Rehab | Yes [ ]  | Brownfield redevelopment area |
| d. | [ ]  | Rental- Rehab with or without Acquisition.  | Yes [ ]  | Conversion from non-residential to residential use  |
| e. | [ ]  | Rental – New Construction | Yes [ ]  | Colonia |
|  |  |
| 15. Special Purpose of Activity (Check all that apply) |  [ ]  Help Homeless  | [ ]  Prevent Homelessness | [ ]  HIV/AIDS | [ ]  Help Person w/Disabilities |
| **Part B: Project Information** |
| 1. Name of Owner or Firm | 1a.Name of Owner or firm(if different from project name)Last Name | 1b.First Name |  |
| [ ]  Mr. [ ]  Mrs. [ ]  Ms |       |       |  |
| 2.Mailing Address of Owner or Firm  |
|       |
| 2a.City |  | 2b.State | 2c.Zip Code  | 2d.County |
|       |    |       |       |
| 3.Type of Ownership (Check one box)  | 4.Type of Project (Please select one category 1-5) | 5.CHDO Type | 6.CHDO Pre Const. or TA Loan |
| (1) [ ]  Individual(2) [ ]  Partnership (3) [ ]  Corporation(4) [ ]  Not for Profit (5) [ ]  Publicly owned(6) [ ]  Other | (1) [ ]  Rehabilitation Only(2) [ ]  New Construction Only(3) [ ]  Acquisition Only(4) [ ]  Acquisition & Rehabilitation(5) [ ]  Acquisition & New Construction | (1) [ ]  Owned(2) [ ] Sponsored(3) [ ] Developed | (1) [ ]  Yes(2) [ ]  No |

 Contract #:     -HOME-

**STATE OF CALIFORNIA HOME PROGRAM**

**PROJECT FUNDING SOURCE DETAIL**

For Submittal with Each Project Set-Up Report and any subsequent Revisions

|  |
| --- |
| **PART C: Project Funding and Program Income** |
| 1. | State Recipients are required to identify, at least once per month, their undisturbed balance of Program |
|  | Income/Recaptured funds (‘Balance”). Please provide the following information:  |  |  |
|  | a) Date of balance): |  |  |
|  | b) Balance (if balance is zero enter 0, do not leave blank):  | **$** |  |
|  |  |  |

1. Of the Total Estimated Cost of Project provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the Project Funding Source Detail Listing (Appendix I-D-5) form.

|  |
| --- |
| **Funding Source Detail** |
| (1)Funding Source Code | (2)Check Here If Match | (3)Funding Source Description(City or County, Redevelopment Agency, State HCD, State Other, Federal, Tax Credit, Private, Local or Other (Specify) | (4)Name of Source (Union Bank, County of Santa Cruz Redevelopment Agency, Cal Home, etc.)  | (5)Amount(s) Part of Project Total(no Cents) | (6)Amount(s)Not Part of Project Total |
| 01 | [ ]  | HOME Funds- |       | $ |       |  |
| 11 | [ ]  | HOME Funds- Activity Delivery Costs |       | $ |       |  |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|    | [ ]  |       |       | $ |       | $ |       |
|  Total  | $ |       | $ |       |

 Contract #:     -HOME-

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| **Part D: Household Characteristics.** |
| Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If project is a 2-4 unit owner occupied project with rental unit, provide household characteristics for each occupied unit. For projects which include multiple addresses, complete a separate Household Characteristics (Part C) for each address. Note: Do not complete for new construction projects. |
| Project Address: | Project Number: |
|       |       |
| (1)Unit No. | (2)No. of Bedrooms | (3)Occupancy | Monthly Rent (including Tenant Paid Utilities) | Income Data | Household Data |
|  |  |  | (4)Tenant Contribution | (5)Subsidy Amount | (6)Total Rent | (7)Monthly Gross Income | (8)% of Area Median Code | Head of Household | (11)Size of Household | (12)Type of Household | (13)Rental Assistance |
|  |  |  |  |  |  |  |  | (9)Hispanic | (10)Race |  |  |  |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |
|    |   |   |       |       |       |       |   |   |    |   |   |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(2)****No. of Bedrooms Code** | **(3)****Occupancy Code** | **(8)****% of Area Median Income****Code**1 – 0-30% | **(10)****Race Household Code**  | **(11)****Size of Household Code** | **(12)****Type of Household Code** | **(13)****Rental Assistance Code** |
| 09- Vacant Unit |
| 0 - 0 Bedroom | 1 – Tenant | 2 – 30-50% | 10 – Managers Unit | 1 – 1 Person | 1 - Single/non-Elderly | 1 – Section 8 |
| 1 – 1 Bedroom | 2 – Owner | 3 – 50-60% | 11 – White | 2 – 2 Persons | 2 – Elderly | 2 – HOME TBRA |
| 2 – 2 Bedrooms | 9 – Vacant | 4 – 60-80% | 12 – Black/African American | 3 – 3 Persons | 3 - Related/Single | 3 – Other |
| 3 – 3 Bedrooms |  | 9 – Vacant | 13 – Asian | 4 – 4 Persons |  Parent | 4 – No Assistance |
| 4 – 4Bedrooms5 – 5 or more Bedrooms |  | **(9)****Hispanic Ethnicity –Head of Household Code:** | 14 – American Indian/Alaskan Native15 – Native Hawaiian/Other Pacific Islander16 – Amrcn Indn/Alskn Native & White | 5 – 5 Persons6 – 6 Persons7 – 7 Persons8 – 8 + Persons | 4 – Related/Two Parent5 – Other9 – Vacant Unit | 9 – Vacant Unit |
|  |  |  | 17 – Asian & White | 9 - Vacant |  |  |
|  |  | **If Hispanic origin, enter Y.** | 18 – Blck/Afrcn Amercn & White |  |  |  |
|  |  | **If not Hispanic origin, enter N.**  | 19 – Amrcn Indian/Alskn Ntve & |  |  |  |
|  |  |  |  Black/African American |  |  |  |
|  |  |  | 20 – Other Multi-Racial |  |  |  |
|  |  |  |  |  |  |  |

**Instructions for Completing the Homeownership Assistance/Rental Housing Project Set-Up Report**

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development**

**HOME Program**

**1800 3rd Street, MS 390-3**

**P.O. Box 952054**

**Sacramento, CA 94252-2054**

**Applicability;** This report form must be completed for each homeownership or rental housing project assisted with home funds.

Write the Contract Number of the State Standard Agreement under which this project is being set up in the upper right-hand corner of pages1-3. An amended set-up report form should be submitted if a project is revised or if HOME funding for the project is increased and the change should be highlighted in yellow.

**Part A: Contractor and Activity Information**

**1. Project Number.** For original submissions, leave blank. Forrevisions, enter the 10-digit HCD assigned Project Number (or the old 10-digit CMI assigned Project Number, if applicable).

**2**. **HUD Activity Number**. (Revisions Only) – Enter HUD assigned IDIS number provided by HCD.

**3. Contractor.**  Enter the name of the State recipient or CHDO specified on the Standard Agreement.

**3a**. **Faith-Based Organization.** Indicate whether the activity is being carried out by a faith-based organization.

**4.** **Name of Person Completing Form**. Enter the name of the person to contact for further information regarding this report form.

**5. Street Address of Person Completing this form,** (a) City, (b) State, (c) Zip Code, (d) County, (e) Phone, (f) Fax and (g) Email.

**6. Project Name –** *Programs***:** Enter Owner’s Last Name, First Name *Projects:* Homebuyer’s, or Subdivision’s or Development’s Name.

**7. Street address of Project,** (a) City, (b) State, (c) Zip Code,

(d) County and (e) County code (see County Code List Appendix I-D-6).

**8. HOME Funds.** Enter the total HOME Activity funds plus Activity Delivery. Do not include HOME Admin or CHDO Operating Funds.

**9. Activity Type, Select one.** ProgramorProject**:** Based on contract activity being set up.

**10. Infill?** If a FTHB Program, is this an Infill new construction project?

**11. Proposed Total Units**. Enter the total number of units in the project (both HOME assisted and non HOME assisted units).

 **12**. **Proposed HOME Assisted Units.** Enter the proposed total number of units (upon completion) that will receive HOME assistance.

**13. Type of Activity.** Select one as identified in Standard Agreement (Definitions per 8201)

 a. FTHB Acquisition Program. (includes Rehabilitation,Infill and American Dream).

 b. FTHB-New Construction. (Projects only)

 c. Owner Occupied Rehabilitation Program.

 d. Rental-Rehab with or without Acquisition (Program or Project)

 e. Rental-New Construction (Project only)

**14. Special Activity Location:** If project is located in any of these special areas. Check one or more applicable areas.

* 1. CDBG Strategy Area - A HUD approved Neighborhood or Community Revitalization Strategy Area
	2. Local Target Area - A locally designated non-CDBG strategy area targeted for assistance.
	3. Presidential Declared Major Disaster Area - an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
	4. Historic Preservation Area - designated by local state or federal officials
	5. Brownfield redevelopment area - an abandoned, idled, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination
	6. Conversion from non-residential to residential use – For example, converting an old non-residential warehouse into rental units or condominiums
	7. Colonia - a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services.

**15. Special Purpose of Activity, Special Purpose of Activity:** Select all that apply if it is a specific purpose of your activity:

**Prevent Homelessness or Help Homeless**; Units designated for

(a) An individual or family who lacks a fixed, regular and adequate nighttime residence; or

(b) An individual or family who has a primary nighttime residence that is:

 1. A supervised publicly or privately operated shelter

 2. An institution that provides a temporary residence for individuals intended to be institutionalized; or

3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

 **HIV/AIDS,** units designated for individuals with HIV/AIDS?

 **Help person with Disabilities**, A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability

**Part B: Project Information**

**1. Name of Owner or Firm**: Enter only if different than project name (a) Title select one, (b) Last Name, First Name or Firm Name

**2. Mailing address of Owner or Firm:** (a) City, (b) State, (c) Zip code, (d) County, (e) Name of Firm (if applicable), (f) Phone, (g) Fax, and

(h) email.

**3. Type of Ownership:** Check one box only.

**4. Type of Project:**  Check box to indicate the type of project set-up based on the following definitions:

1. **Rehabilitation Only:** A HOME assisted rehabilitation activity that does not include acquisition of real property. The activity may involve the repair of improvements of residential units; adding a room or rooms, for example a bedroom or bathroom, outside the existing walls, and/or adding a unit or units within the existing structure.
2. **New Construction Only.** Any activity that involves adding units outside the existing walls of the structure, or constructing new residential units.
3. **Acquisition Only.** Acquisition of a structure which did not require rehabilitation.
4. **Acquisition and Rehabilitation.** A HOME assisted rehabilitation activity that includes the acquisition of real property. Rental or Homeowner.

**(5) Acquisition and New Construction.** A HOME assisted new construction activity that includes the acquisition of real property.

**5. CHDO Role.** Select the primary role of the CHDO in the Project.

**6. CHDO Preconstruction or TA Loan.** Yes, No. This loan must have been requested in the Application.

 **Part C: Project Funding and Program Income**

1. **Program Income Balance.** State recipients are required to identify, at least once per month, their undistributed balance of Program Income/Recaptured funds (“Balance”). Please provide the following information: (a) Date of Balance, (b) Balance (If balance is zero enter 0, do not leave blank).
2. **Total Estimated Cost of Project.** Enter in the Funding Source Detail Table all funds being used in your project and/or supports the project e.g. HOME-Like Match. ForFunding source codes and Descriptions see the Project Funding Source Detail Listing (Appendix I-D-5).

**Part D: Household Characteristics**

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME funds. Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If the project is a 1 to 4 unit owner-occupied rental project, provide characteristics for the tenants as well as for the owner. If the unit is occupied, complete all boxes. If information is not available, enter 9. If a unit is unoccupied, enter unit number, number of bedrooms, occupancy, total rent and project % of medium income.  **Do not complete for new construction projects.**

**1. Unit Number.** For rental units, enter the unit number of each unit that will receive HOME assistance.

**2. Number of Bedrooms.** Enter 0 for single occupancy (SRO) unit or for efficiency unit, 1, 2, 3, 4 bedrooms, or 5 for 5 or more bedrooms.

**3. Occupancy.** Enter 1 if the unit occupied by a tenant, 2 if it is occupied by a homeowner, 9 if it is vacant.

**Monthly Rent (including tenant paid utilities).**

**4. Tenant Contribution.** For homeowner, enter 0. For renters enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time HOME funds were committed to the project. If the tenant’s rent does not include utilities, or if the tenant’s rent includes only partial utilities, e.g. heat, but not electricity, these utility costs must be added to the rent. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**5. Subsidy Amount.** For homeowners, enter 0. For renters enter amount the tenant receives as a rent subsidy payment (including any utility allowance paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

**6. Total Rent.** For homeowners enter 0. For renters enter the total monthly rent (Including Tenant Payment plus Subsidy Amount).

**Note for vacant units.** Vacant, but habitable units: Enter the known rent in “Total Rent” column or the rent being asked by the owner. Vacant and uninhabitable unit: Enter 0 in “Total Rent” column.

**INCOME DATA**

**7. Monthly Gross Income.** Enter the monthly gross household income.

**8. Percent of Area Median Income (AMI).** For each occupied residential unit, enter one of the following codes for the household’s income based on the median family income for the area, as determined by HUD, with adjustments for smaller and larger families:

 1. 0 – 30 Percent, if the income is at or below 30 percent of AMI.

 2. 30 – 50 Percent, if the income exceeds 30 percent and does not exceed 50 percent of AMI.

3. 50 – 60 Percent: if the income exceeds 50 percent and does not exceed 60 percent of AMI.

 4. 60 – 80 Percent, if the income exceeds 60 percent and does not exceed 80 percent of AMI.

**HOUSEHOLD DATA**

**Head of Household - Ethnicity/Race:** This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

1. **Hispanic** If the Head of Household’s ethnicity is of Hispanic or Latino origin, enter Y. If not Hispanic or Latino origin, enter N. (Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin
2. **Race:** Enter one code only for each occupied residential unit based on the person’s origins in any of the original peoples of the following groups:
3. **Vacant Unit**. Self-Explanatory;
4. **Managers Unit**. Self-Explanatory;
5. **White**. Europe, North Africa, or the Middle East;
6. **Black/African American**. Black racial groups of Africa;
7. **Asian**. Far East, Southeast Asia, or the Indian subcontinent: This includes, for example, China, India, Japan, and Korea.
8. **American Indian/Alaskan Native**. North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
9. **Native Hawaiian/Other Pacific Islander**. Pacific Islands, e.g., the Philippine Islands, Hawaii, and Samoa.
10. **American Indian/Alaskan Native & White**. A person having origins both American Indian/Alaskan native and White Race categories:
11. **Asian & White**. A person having origins in both Asian and White race categories.
12. **Black/African American & White**. A person having origins in both Black/African American & White race categories:
13. **American Indian/Alaskan Native & Black/African American**. A person having origins in both American Indian/Alaskan Native & Black/African American race categories;
14. Other Multi-Racial. A person having origins in more than one of the race categories combined.

**11. Size of Household;** Enter the appropriate number of persons in the household: 1 - 8. For, households of more than 8, enter 8.

**12. Type of Household:** For each residential unit, enter one code only based on the following definitions:

1. Single/Non Elderly. One person household in which the person is not elderly.
2. Elderly. One or two person household with a person at least 62 years of age;
3. Related/Single Parent. A single parent household with a dependent child or children (18 years of age or younger);
4. Related/ Two Parent. A two parent household with a dependent child or children (18 years of age or younger);
5. Other. Any household that is not included in the above 4 definitions, including two or more unrelated individuals;
6. Vacant Unit. Self-Explanatory:

**13. Rental Assistance:** For Rental units, enter one code only to indicate the type of assistance being provided to the tenant, or that no assistance is being provided, or that the unit is vacant at the time of project set-up.

1. **Section 8.** Tenants receiving assistance through the Section 8 Certificate Program or 8 Housing Voucher Program.
2. **Home Tenant-Based Rental Assistance.** Tenants receiving rental assistance through the HOME Program;
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State, or local rental assistance programs.
4. **No Assistance**.
5. **Vacant Unit.** Self- Explanatory