

HOME

RENTAL ACTIVITY COMPLETION REPORT NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

Note: Report is due to NDED within 120 days from final disbursement per activity.

Original Submission Revision

Name of Grantee	Grant Number	Activity Number	Federal Tax Identification Number	DED Program Representative
Contact Name	Contact Phone	Contact Email		
Type of Property (check one) <input type="checkbox"/> (1) Condominium <input type="checkbox"/> (2) Cooperative <input type="checkbox"/> (3) SRO <input type="checkbox"/> (4) Apartment <input type="checkbox"/> (5) Other				

1. Type of Activity

<input type="checkbox"/> (1) Rehabilitation Only	<input type="checkbox"/> (3) Acquisition Only	<input type="checkbox"/> (5) Acquisition & New Construction	Mixed Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Income? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> (2) New Construction Only	<input type="checkbox"/> (4) Acquisition & Rehabilitation		FHA Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. HOME Funds (Including Program Income)

(a) Direct Loan	Annual Interest Rate %	Amortization Period yrs.	\$
(b) Grant			\$
(c) Deferred Payment Loan	Annual Interest Rate %	Amortization Period yrs.	\$
(d) Other, Please Describe			\$
(e) Total HOME Funds, Including Program Income (sum of 2a + 2b + 2c + 2d)			\$

4. Private Funds (non-HOME Funds)

(a) Private Loan Funds	Annual Interest Rate %	Amortization Period yrs.	\$
(b) Cash Contribution (Including CHDO Project Proceeds)			\$
(c) Private Grants			\$
(d) Total Private Funds (non-HOME) (Total Items a-c)			\$

Total Activity Costs (Total Items 2e + 3d + 4d + 5a)	\$
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Department of Economic Development Use Only

Activity Number:
Approved By:
Approval Date:

3. Public Funds (non-HOME Funds)

(a) Other Federal Funds	\$
(b) State/Local Appropriated Funds	\$
(c) State/Local Tax Exempt Bond Proceeds Housing Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
(d) Total public Funds (non-HOME) (Total Items a-c)	\$

5. Low Income Housing Tax Credit Proceeds

(a) Total Low Income Housing Tax Credit Proceeds	\$
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6. Lead Paint

Applicable Lead Paint Requirements
Lead Hazard Remediation Actions

7. Household Characteristics Complete one line for each unit assisted with HOME funds. Enter one code only in each block.

Activity Address (Include Street Address, City and Zip Code)
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Unit No.	No. of Bedrooms – SRO/ Efficiency – 1Bdrm – 2Bdrms – 3Bdrms – 4Bdrms – 5+Bdrm	Is Unit Occupied? Tenant Owner Vacant	Total Monthly Rent (Including Utility Allowance if Tenant is Paying Utilities)	% of Area Median Income 0-30% 30-50% 50-60% 60-80%	Hispanic or Latino Head of Household Yes No	Race of Head of Household – White – Black/African American – Asian – American Indian/Alaskan Native – Native Hawaiian/Other Pacific Islander – American Indian/Alaskan Native & White – Asian & White – Black/African American & White – Amer. Indian/Alaskan Native & Black/African Amer. – Other multi-racial	Size of Household 1 Person 2 Persons 3 Persons 4 Persons 5 Persons 6 Persons 7 Persons 8 or more	Type of Household – Single/ NonElderly – Elderly – Single Parent – 2 Parents – Other	Assistance Type – Section 8 – HOME TBRA – Other federal, state or local assistance – No assistance
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						
			\$						

8. Impact on Beneficiary

Unit Number	Monthly Cost Of Beneficiary's Housing Including Utility Cost Before Assistance (A)	Monthly Cost of Beneficiary's Housing Including Utility Cost In Assisted Unit (B)	Economic Impact A-B
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

9. Unit Profile

Of The Units Completed, The Number:

	TOTAL	HOME-Assisted
Meeting IECC Standards		
Of Those, The Number Meeting Energy Star Standards		
504-Accessible		
Designated For Persons With HIV/AIDS		
Of Those, The Number For The Chronically Homeless		
Designated For Persons and Families Homeless		
Of Those, The Number For The Chronically Homeless		

10. 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.

Total Years of Affordability:

Rental Activity Completion Report Instructions

Original Submission/Revision: Is this the first time a completion report has been submitted for this activity or is it a revision to a previous submission?

Name of Grantee: Enter the name of the organization awarded HOME funds as listed in the contract.

Grant Number: Enter the grant number as listed in the contract (i.e. 05-CH060-02).

Activity Number: Enter the activity number as assigned by the Department for the address (i.e. XXX-XX-XXXX).

Federal Tax Identification Number: Enter the tax id number of the grantee.

DED Program Representative: Enter the DED contact assigned to the grant.

Contact Name: Enter the individual's name that can best answer questions concerning this report.

Contact Phone, Fax and Email: Enter the contact information for the contact.

Type of Property: Check one box that applies to the activity being reported on.

1. Type of Activity

Check one box that applies to the activity being reported on.

Mixed Use?: Enter **Y** for an activity that is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the space. Enter **N** if the activity is not a mixed-use activity.

Mixed Income?: Enter **Y** for where less than 100 percent of the activity's housing units qualify as affordable housing as defined in the HOME regulations. Enter **N** if the activity is not a mixed-income activity.

FHA Insured?: Enter **Y** if the property is FHA insured or **N** if not.

2. HOME Funds (Including Program Income)

a. **Direct Loan:** Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property in the form of a direct loan. Enter the loan's interest rate and amortization period.

b. **Grant:** Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property without any repayment requirements.

c. **Deferred Payment Loan:** Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property through loans where payment of principal and interest is deferred until a future time. Enter the loan's interest rate and amortization period.

d. **Other:** Enter the amount of HOME Funds, including program income provided for subsidy funding for acquisition, rehabilitation and/or new construction of the property that is other than the type of loan/grant assistance identified in a through c.

e. **Total HOME Funds:** Enter the sum of items a, b, c and d.

3. Public Funds (non-HOME Funds)

a. **Other Federal Funds:** Enter federal funds spent on this activity that exclude HOME funds.

b. **State/Local Appropriated Funds:** Enter state or local appropriated funds spent on this activity.

c. **State/Local Tax Exempt Bond Proceeds:** Enter all tax exempt bond proceeds spent on this activity. Check the appropriate box, yes or no, to identify if the bonds are housing bonds.

d. Total Public Funds (non-HOME): Enter the sum of items a, b and c.

4. Private Funds (non-HOME Funds)

a. Private Loan Funds: Enter the amount of all the costs for this activity that have been paid with funds obtained from private financial institutions. Enter the interest rate and amortization period of the loan. (If there are multiple loans, enter the interest rate and term for the largest loan.)

b. Cash Contribution: Enter the amount of cash contributions provided by the owner.

c. Private Grants: Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

d. Total Private Funds (non-HOME): Enter the sum of items a, b and c.

5. Low Income Housing Tax Credit Proceeds: Enter the total amount of syndicated low income housing tax credit proceeds provided to the financing of the activity.

6. Lead Paint: Select appropriate selection for “Applicable Lead Paint Requirement” and “Lead Hazard Remediation Actions.” A selection of each is required by HUD.

7. Household Characteristics

Activity Address: Enter the street address, the city and zip code of this activity.

Complete the chart as applicable for each HOME-Assisted unit submitted for this activity.

Total Monthly Rent: Enter the total monthly rent (tenant contribution plus subsidy amount). Tenant Contribution: The actual rent to the nearest dollar including utilities. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule provided by the local Public Housing Authority. Subsidy Amount: The amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If a tenant does not receive a tenant subsidy payment, the amount would be zero.

Hispanic or Latino Head of Household - For each occupied unit, enter the ethnicity for the head of household as either Y for Hispanic or Latino or N for Not Hispanic or Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

Race of Head of Household - For each occupied unit, enter one code only for the head of the household based on the following definitions: 11. White. A person having origins in any of the original peoples of Europe, North Africa or the Middle East. 12. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.” 13. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. 14. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment. 15. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands. 16. American Indian or Alaska Native & White. A person having these multiple race heritages as defined above. 17. Asian & White. A person having these multiple race heritages as defined above. 18. Black or African American & White. A person having these multiple race heritages as defined above. 19. American Indian or Alaska Native & Black or African

American. A person having these multiple race heritages as defined above. 20. Other Multi-Racial. For reporting individual responses that are not included in any of the other categories listed above.

Type of Household - For each occupied 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. Single Parent. A single parent household with a dependent child or children (18 years old or younger). 4. Two Parents. A two-parent household with a dependent child or children (18 years old or younger). 5. Other. Any household not included in the above 4 definitions, including two or more unrelated individuals.

Assistance Type - Enter one code only to indicate the type of assistance, if any, being provided to the tenant. 1. Section 8. Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887. 2. HOME tenant based rental assistance (TBRA). Tenants receiving HOME tenant-based rental assistance. 3. Other federal, state, or local assistance. Tenants receiving rental assistance through other Federal, State or local rental assistance programs. 4. No Assistance. Self-explanatory.

8. Impact on Beneficiary – Complete chart showing impact of assistance on each beneficiary’s monthly housing costs.

9. Unit Profile

Units Meeting IECC Standards – The International Energy Conservation Code (IECC) regulates the design and construction of buildings for the effective use of energy. A permanent certificate is posted on the electrical distribution panel of units that meet this standard. See iccsafe.org for more information.

Of Those, The Number Meeting Energy Star Standards – ENERGY STAR homes are independently verified to be 15% to 30% more efficient than those built to the model IECC standards. The ENERGY STAR label should be prominently displayed on the home’s electrical distribution panel. See www.energystar.gov or www.hud.gov/energy for more information.

Units 504-Accessible: Units that are 504-Accessible.

Units Designated For Persons With HIV/AIDS – Units designated for persons with HIV/AIDS.

Of Those, The Number Designated For The Chronically Homeless – Units designated for persons meeting the HUD definition of chronically homeless.

Units Designated For The Homeless - Units designated for persons meeting the HUD definition of homeless.

Of Those, The Number Designated For The Chronically Homeless – Units designated for persons meeting the HUD definition of chronically homeless.

10. Period of Affordability – If you are imposing a period of affordability that is **longer than the regulator minimum**, enter the total years (HOME minimum + additional) of affordability.

Save a copy for the Grantee’s files and email to: mechele.grimes@nebraska.gov

Contact info: Mechele Grimes, Housing Specialist -HOME/National Housing Trust Funds, (402)309-4536

Once the Rental Activity Completion Report is completed, the report will be emailed to the contact person.