

Homebuyer/Homeowner Rehab Completion Report

HOME Program

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0171
Exp. 03/31/2005/2012

Reg. Admin.:
Contract No.: 16-PR-
County:
Fax No.:

Homeowner Name:

Mark the appropriate box:

- Original Submission
 Pre-1978 House

- Revision
 Post-1978 House

Part A: Activity Information

1. Activity Number	2. Name of Participant VHCD	3. Participant's Tax ID Number 54-1083047	4. CHDO Tax ID Number N/A
5. Name & Phone Number of person completing this form Keira Johnson, 804-371-7061		6. Type of Property (check one): (1) <input checked="" type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home	

Part B: Financial Structure of Activity

Type of Activity Financed (check one):

- (1) Rehabilitation Only (3) Acquisition Only (5) Acquisition & New Construction
(2) New Construction Only (4) Acquisition & Rehabilitation

Activity Costs

1. HOME Funds (*Federal Funds – Activity Number that starts with a "2"*)

	Annual Interest Rate	Amortization Period	
(1) Direct Loan (<i>base, exceptions & demolition</i>)	0%	10 Yrs.	\$
(2) Grant			\$
(3) Deferred Payment Loan (DPL)	%	Yrs.	\$
(4) Community Housing Development Organization (CHDO) Loan			\$
a. TA Loan			\$
b. Seed Loan			\$
Total CHDO Loan (Total Items 4a and 4b)			\$
(5) Other (<i>Administration, CRSC, temporary relocation, HMEP and asbestos</i>)			\$
Total HOME Funds (Total Items 1-5)			\$

2. Public Funds (*State Funds – Activity Number that starts with a "5"*)

(1) Other Federal Funds (<i>Rural Development \$</i>)	\$
(2) State/Local Appropriated Funds (<i>Consortia HOME \$; CDBG PI \$; SERCAP \$; State DD Requests \$; Other \$</i>)	\$
(3) State/Local Tax Exempt Bond Proceeds	\$
Total Public Funds (Total Items 1-3)	\$

3. Private Funds

	Annual Interest Rate	Amortization Period	
(1) Private Loan Funds	%	Yrs.	\$
(2) Owner Cash Contribution			\$
(3) Private Grants			\$
Total Private Funds (Total Items 1-3)			\$

4. HOME Program Income (*IPR program income only*) \$

5. Total Activity Costs (Total All Items) \$

Part C: Financial Assistance to Homebuyer

Note: Complete for homebuyer activities only.

1. Initial Purchase Price				\$
2. Appraised Value				\$
3. Total HOME Funds for Downpayment Assistance [sum of 3(a), 3(c), and 3(d)]				\$
(a) Direct Loan	Annual Interest Rate %	Amortization Period Yrs.	\$	
(b) Grant			\$	
(c) Deferred Payment Loan			\$	
(d) Other			\$	
4. HOME Program Income for Downpayment Assistance				\$
5. Total HOME Funds for Downpayment Assistance (Items 3-4)				\$

Part D: Complete for homeowner rehabilitation activities only.

1. After Rehabilitation Value (Assessment value before rehab plus rehab DOT amount or for SR land plus cost of SR)	\$
2. Single Family Mortgage Limit	\$ 271,050

Part E: Household Characteristics. Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth) line(s) for the rental unit(s), if any. For an unoccupied unit, enter unit number, number of bedrooms, and 9 for occupancy.

Activity Address	Activity Number
------------------	-----------------

Unit No.	No. of Bedrooms	Occupancy	Tenant Contribution	Subsidy Amount	Total Rent	% of Area Median	Hispanic	Race of Head of Household	Size of Household	Head of Household	Rental Assistance
	0-SRO 1-1Bdrm 2-2Bdrm 3-3Bdrm 4-4Bdrom 5-5 or more Bdrms	1-Tenant 2-Owner 3-Vacant				1-0-30% 2-30-50% 3-50-60% 4-60-80%	y=yes n=no	11-White 12-Black or AfricanAmerican 13-Asian 14-American Indian or Alaska Native 15-Native Hawaiian or Other Pacific Islander 16-American Indian or Alaska Native & White 17-Asian & White 18-Black or AfricanAmerican & White 19-American Indian or Alaska Native & Black or African American 20-Other Multi Racial	1-1 Person 2-2 Persons 3-3 Persons 4-4 Persons 5-5 Persons 6-6 Persons 7-7 Persons 8-8 or more Persons	1-Single/ NonElderly 2-Elderly 3-Related/ SingleParent 4-Related/ Parent 5-Other	1-Section 8 2-HOME TBA 3-Other Assistance 4-No Assistance