

CDBG HOUSING COMPLETION REPORT

This form is required for all residential and or multi-family housing projects. A separate form for each project address and/or building is required.

1. GRANTEE CONTACT

CONTRACT #:	SUBMISSION DATE:	PROJECT NAME:	
<input type="checkbox"/> Original Submission		<input type="checkbox"/> Revision	
GRANTEE NAME:		EMAIL ADDRESS:	
GRANTEE CONTACT:		TELEPHONE:	EXT. #:

2. ACTIVITY INFORMATION

Street Address:			
City:		Zip code:	
11-digit Census Tract #:		County Name:	

Settlement Date or Date of 100% Occupancy (rental)			
Number of years of affordability		Deed Restriction:	
		Forgivable Mortgage:	

3. CDBG FUNDS

Total CDBG Contract Funds Used on this Activity	1. \$
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4. OTHER FEDERAL FUNDS USED (Specify source & amount)

☐ N/A

Federal Funds		\$
Federal Funds		\$
USDA Rural Development Loan		\$
TOTAL FEDERAL FUNDS		\$

5. STATE/LOCAL FUNDS USED (Specify source & amount)

☐ N/A

Housing Trust Funds		\$
State/Local Appropriated Funds		\$
State/Local Tax Exempt Bond Proceeds		\$
TOTAL STATE/LOCAL FUNDS		\$

6. PRIVATE FUNDS USED (Specify source & amount)

☐ N/A

Lender Name:		Mortgage Amount:	
Loan Type: ____fixed ____variable	Lock in Date:	Interest Rate:	No. of Years:
Private Loan Amount		\$	
Owner Cash Contribution		\$	

Foundation Grants	\$
Individual Donations (specify who/what)	\$
TOTAL PRIVATE FUNDS	\$

TOTAL ACTIVITY COST (Items 3 through 6)	\$
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7a. HOUSEHOLD CHARACTERISTICS

*Round to the nearest dollar. Report all units within in the development/building. Add additional pages as needed.

Unit No	No. of Bedrooms	Occupant	Monthly Rent (including Tenant Paid Utilities)*			Income Data		Household Data				
			Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income*	% of Area Median		Race of Head of Household	Size of Household	Type of Household	Rental Assistance
	0. efficiency 1. 1Bdrm 2. 2 Bdrms 3. 3 Bdrms 4. 4 Bdrms 5. 5 or more Bdrms	1. Tenant 2. Owner 9. Vacant					1. 0-30% 2. 31-50% 3. 51-80% 4. 81-120% 9. Vacant	HISPANIC Check if "Yes"	11.White 12. Black/African American 13. Asian 14. American Indian / Alaskan Native 15. Native Hawaiian / Other Pacific Islander 16. American Indian / Alaskan Native & White 17. Asian & White 18. Black/African American & White 19. American Indian / Alaskan Native & Black / African American 20. Balance / Other 9. Vacant unit	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 9. Vacant	1. Single/non-Elderly 2. Elderly 3. Related/1 parent 4. Related/2 parent 5. Other 9. Vacant Unit	1. Section 8 2. HOME TBA 3. Other 4. None 9. Vacant Unit
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				
			\$	\$	\$	\$		<input type="checkbox"/>				

7b. HOUSEHOLD CHARACTERISTICS:

Please enter the information for the units reported on the previous page under 7a.

- a. Number of households with a member with a disability _____
- b. Number of households with a female head of household _____
- c. Number of high efficiency heating units used _____
- d. Number of units with solar panels _____
- e. Number of dishwashers installed/used _____
- f. Number of Energy Star refrigerators installed/used _____
- g. Number of low flow showerheads installed/used _____
- h. Number of units created with bus/rail access _____
- i. Number of units exceeding Energy Star standards _____
- j. Number of low flow toilets installed _____
- k. Green Build Requirements (list standard met) _____
- l. Number of Energy Star windows replaced/used _____
- m. Number of units located on a bus route _____