

HOME RHD PROGRAM COMPLETION REPORT

IDIS Activity Number:	Program: Rental Housing Development
Submission Date:	Home RHD Contract Number:
Owner Name:	
Project Activity Name:	
Project Activity Address (ZIP+4):	
Project Activity County:	
Contact Name:	Email:
Signature:	Date:

Type of HOME Activity:	Type of Property:
Mixed Income Activity: Yes <input type="checkbox"/> No <input type="checkbox"/>	Mixed Income Activity: Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Units		
Total Completed Units:		
HOME Assisted Units:		
Of the Total Completed Units, the Number of	Total	HOME-Assisted
Energy Star certified units		
Section 504 Accessible Units		
Number of Non-HOME Subsidized Units (Sec. 8, 811, TBRA)		
Units Designated for Person with HIV/AIDS		
Of Units Designated for Persons with HIV/AIDS, Number of Units for Chronically Homeless		
Units Designated for Homeless Persons and Families		
Of the Units Designated for Homeless Persons and Families, Number of Units for the Chronically Homeless		

2. HOME Funds (list sources)			
Amortized Loan	Annual Interest Rate:	Amortization Period-Years:	\$
Grant:			\$
Relocation Cost:			\$
Program Income Used:			\$
TOTAL HOME FUNDS			\$

3. Federal Funds (list sources)		
Federal Funds		\$
Other Federal Funds		\$

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Federal Housing Trust Funds		\$
TOTAL FEDERAL FUNDS		\$

4. Public Funds (list sources)		
Housing Trust Funds		\$
State/Local Appropriated Funds		\$
State/Local Tax-Exempt Bond Proceeds		\$
Net/Syndication Proceeds (No low-income tax credit)		\$
TOTAL PUBLIC FUNDS		\$

5. Tax Credits (list sources)		
Low Income Tax Credit Syndication Proceeds		\$
TOTAL TAX CREDIT		\$

6. Private Funds (list sources)				
Lender Name:				
Loan Type:	<input type="checkbox"/> fixed <input type="checkbox"/> variable	Lock In Date:	Interest Rate:	No. of Years:
Private Loan Amount (lender)				\$
Owner Cash Contribution				\$
Other Private Grants (specify)				\$
Individual Donations (specify who/what)				\$
TOTAL PRIVATE FUNDS				\$

TOTAL ACTIVITY COSTS (Total Items 1 through 6)	\$
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7. Sources Of Match (list sources and attach documentation)	
Cash (no owner cash or grants)	\$
Foregone Taxes, Fees, Charges	\$
Appraised Land / Real Property	\$
Required Infrastructure	\$
Site Preparation, Construction Materials, Donated Labor	\$
Bond Financing	\$
Infrastructure	\$
Total Match	\$

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8. Did this project involve a Faith-Based Organization? Yes No

9. Did this project involve lead hazard remediation action, including:
(These are exclusive categories, check only one): Average per unit.

- | | | | |
|-----------|---|------------------------------|-----------------------------|
| Lead safe | 24cfr 35.930(B) Hard Costs <=\$5,000 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Visual | 24cfr 35.1015 (for Acquisition Only Activity) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Interim | 24cfr 35.930(C) Hard Costs \$5,000 - \$25,000 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Abatement | 24cfr 35.930(D) Hard Costs >\$25,000 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

10. Date Construction Completed:

Note - HUD defines project completion upon completion of construction and before occupancy.

Does the local municipality issue an occupancy permit? Yes No

If yes, attach the permit granting occupancy.

If no, explain how construction completion is determined or recognized.

11. Attachments required with submission of this form:

1. Semi-Annual Data Report (i.e., Section 3 & MBE/WBE form**)
2. Identification of Fixed HOME Assisted Units
 - a. LURA Attachment table
 - b. Contract Attachment A table
3. Utility Allowance in Effect for Lease Up
4. Household Characteristics for HOME Assisted Units (*see next page*)
5. Hazard insurance policy on the HOME assisted project naming the department. Attach declaration page showing mortgagee information.
6. Sources of Match Documentation
7. Third-party certification of compliance with 2021 IECC energy standards (if applicable)

SUBMIT COMPLETION REPORT TO:	DOADOHAffordableHousingHelp@wisconsin.gov HOME RHD Program Division of Energy, Housing & Community Resources PO Box 7970 Madison WI 53707-7970
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12. Household Characteristic for HOME Assisted Units

Unit Data			Move-In Date (start of lease) DD/MM/YYYY	Lease Information & Monthly Rent			Household Data						
Unit No	No. of Bedrooms	Unit Designation		*Tenant Contribution Only if household receives rental assistance	*Rent Assistance /Subsidy Amount	Total Rent Must Include utility costs if the tenant is responsible for utility(s)	Annual Gross Income *	Hispanic Check if yes	Race of Head of Household	Targeted Special Population	Size of Household	Type of Household	Rental Assistance
				\$	\$	\$	\$	<input type="checkbox"/>					
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