

**NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**DED USE ONLY**

**HOUSING PROGRAM INCOME REPORT: REUSE OR REVOLVING LOAN**

For The Six-Month Period Ending:  June 30,  December 31,

**(Please complete all fields below)**

**I. GENERAL INFORMATION**

1) Grantee: \_\_\_\_\_

2) DUNS #: \_\_\_\_\_

**II. GRANTEE CONTACT PERSON**

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) City, State, ZIP: \_\_\_\_\_

4) Phone: \_\_\_\_\_

5) E-mail: \_\_\_\_\_

**III. CDBG CERTIFIED ADMINISTRATOR**

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) City, State, ZIP: \_\_\_\_\_

4) Phone: \_\_\_\_\_

5) E-mail: \_\_\_\_\_

**IV. FINANCIAL INSTITUTION**

1) Name: \_\_\_\_\_

2) Last four digits of acct #: \_\_\_\_\_

Original Grant #(s): \_\_\_\_\_

DED Approved Date of Program Guidelines: \_\_\_\_\_

**V. CERTIFICATION**

*Send separately* a required Certification and Verification form that is signed by the Chief Elected Official and printed on the grantee's letterhead. (See instruction for guidance and DED website for printed format of this verification.)

Check here if no program income has been received, no expenditures made, and the account balance is zero. No other information is required.

**VI.  REUSE  REVOLVING LOAN FUND (Check one)**

1) Beginning Balance \_\_\_\_\_

2) Receipts This Period

a) Loan Repayments \_\_\_\_\_

b) Recapture \_\_\_\_\_

c) Interest Earned \_\_\_\_\_

d) Other (attached) \_\_\_\_\_

e) Total Receipts \_\_\_\_\_

3) Expenditures This Period

a) Eligible Activities \_\_\_\_\_

b) Housing Mgmt \_\_\_\_\_

c) General Admin \_\_\_\_\_

d) Other (attached) \_\_\_\_\_

e) Total Expenditures \_\_\_\_\_

4) Ending Balance \_\_\_\_\_

**APPLIES TO DEC. 31<sup>ST</sup> REUSE ACCOUNTS ONLY:**

5) De-obligation  
Total Receipts This Year: \_\_\_\_\_  
*If total receipts is less than \$35,000 for the calendar year, it is no longer reported as program income; de-obligate to grantee.*

6) Amount de-obligated to grantee: \_\_\_\_\_  
*If total receipt amount exceeds total account balance, de-obligate the difference.*

7) Ending Balance after De-obligation: \_\_\_\_\_









**IX. BENEFICIARY DATA**

<b>A. RACE AND ETHNICITY</b>				
	<b>A. This Reporting Period</b>		<b>B. Cumulative Year (Dec. 31 Only)</b>	
	<b>TOTAL POP</b>	<b>HISPANIC</b>	<b>TOTAL POP</b>	<b>HISPANIC</b>
1) White				
2) Black / African American				
3) Asian				
4) American Indian / Alaskan Native				
5) Native Hawaiian / Other Pacific Islander				
6) American Indian / Alaskan Native & White				
7) Asian & White				
8) Black / African American & White				
9) American Indian / Alaskan Native & Black African American				
10) Other Multi-Racial				
<b>TOTAL:</b>				

<b>B. INCOME LEVELS</b>		
	<b>A. This Reporting Period</b>	<b>B. Cumulative (Dec. 31 Only)</b>
Number of Incomes between 0-29% AMI		
Number of Incomes between 30-49% AMI		
Number of Incomes between 50-80% AMI		
<b>TOTAL:</b>		

<b>C. FEMALE HEAD OF HOUSEHOLD</b>		
	<b>A. This Reporting Period</b>	<b>B. Cumulative (Dec. 31 Only)</b>
Number of female head of households		

<b>D. HOUSING REHABILITATION PROJECTS</b>			
<b>Applicable Lead Paint Requirement:</b>	<b># of Units</b>	<b>Lead Hazard Remediation Actions: (rehabilitation only)</b>	<b># of Units</b>
Housing constructed before 1978		Lead Safe Work Practices (Hard costs <=\$5,000)	
Exempt: Housing constructed 1978 or later		Interim Controls or Standard Practices (\$5,000-\$25,000)	
Otherwise exempt		Abatement (Hard costs >\$25,000)	
Exempt: No paint disturbed			
<b>This Reporting Period</b>		<b>This Reporting Period</b>	
<b>Cumulative Total (Dec. 31 Only)</b>		<b>Cumulative Total (Dec. 31 Only)</b>	

<b>E. OWNER OCCUPIED UNITS REHABILITATED</b>		
	<b>A. This Reporting Period</b>	<b>B. Cumulative (Dec. 31 Only)</b>
<b>Total Number of Rehabilitated Units:</b>		
1. Number of units occupied by elderly households		
2. Number of units brought from substandard to NDED rehab standards		
3. Number of units made lead-safe		
4. Number of units that that grantee chose to make accessible under Section 504		

**F. HOMEBUYER ASSISTANCE**

	<b>A. This Reporting Period</b>	<b>B. Cumulative (Dec. 31 Only)</b>
<b>Total number of households receiving homebuyer assistance:</b>		
1. Number of those served who are first time homebuyers		
2. Number of households receiving down payment assistance and/or closing cost assistance		
3. Minimum per property affordability period in the program		
4. Number with new continuing access to homebuyer assistance		
5. Number of persons assisted with new access to a service		
6. Number of persons assisted with improved access to a service		
7. Number of persons assisted who no longer have access to ONLY a sub-standard service		

**NOTES:**