

HOME

HOME ACTIVITY SET-UP REPORT HOME INVESTMENT PARTNERSHIP NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

Name of Grantee	Grant Number	Federal Tax Identification Number	DED Program Representative
Contact Name	Contact Phone	Contact Email	Activity Number

A. TYPE OF ACTIVITY (SET UP TYPE) (ACTIVITY CODE) (TENURE TYPE)

<input type="checkbox"/> Rental New Constr. SF 1-4 units per bldg (2) (544) (1)	<input type="checkbox"/> Direct Homebuyer Assistance (3) (520) (2)	<input type="checkbox"/> Homeowner Occupied Rehab (1) (530) (3)
<input type="checkbox"/> Rental New Con. MF 5 or more units per bldg (2) (562) (1)	<input type="checkbox"/> Homebuyer New Construction (5) (542) (2)	<input type="checkbox"/> Homeowner Occupied Conversion (4) (541) (3)
<input type="checkbox"/> Rental Adaptive Reuse SF (1) (541) (1)	<input type="checkbox"/> Purchase Rehab Resale (4) (531) (2)	<input type="checkbox"/> Homeowner Occupied Reconstruction (1)(541)(3)
<input type="checkbox"/> Rental Adaptive Reuse MF (1) (561) (1)	<input type="checkbox"/> DPA/Rehab (4) (520) (2)	
<input type="checkbox"/> Rental Rehab/Conversion SF (4) (541) (1)		
<input type="checkbox"/> Rental Rehab/Conversion MF (4) (561) (1)		

B. PERMANENT OWNERSHIP (1) <input type="checkbox"/> Individual (Homeowner Only) (2) <input type="checkbox"/> Partnership (Rental Only) (3) <input type="checkbox"/> Not for Profit (Rental Only) (4) <input type="checkbox"/> Publicly Owned (Public Housing Authority or Local Government)	C. CHECK THE APPROPRIATE BOX <input type="checkbox"/> Original Submission <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Revision - # ____ (1 st , 2 nd etc)	D. CHDO CODE <input type="checkbox"/> Own <input type="checkbox"/> Sponsor <input type="checkbox"/> Develop <input type="checkbox"/> Non-CHDO Funds	FIRST-TIME HOMEBUYER <input type="checkbox"/> Yes <input type="checkbox"/> No
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E. ACTIVITY ADDRESS

Street Address
City
County
Zip Code

F. OWNER ADDRESS

Name
Street Address
City
County
Zip Code

H. HOMEOWNERSHIP VALUE LIMIT

Value of Home After Rehabilitation	\$
Or Appraisal Value	
	\$

G. FUNDING OF ACTIVITY

1. Total HOME Assistance Requested	3. Total Activity Cost (All Funds)	Section 234 - Condominium Limit
\$	\$	
2. Total Other Funds Applied		\$
\$		
4. Number of HOME Assisted Units	5. Number of Units Prior to Activity	6. Total Number of Units

I. UNITS

Unit Number								
Number of Bedrooms								

Department of Economic Development Use Only

Activity Number:
Approved Date:
Approval By:

J. ACTIVITY BUDGET

Code	Description	HOME Funds	Other Funds	Total Funds
0501	Site Improvements			
0502	Streets			
0520	Acquisition of Property			
0521	Acquisition of Vacant Land			
0522	Demolition/Clearance			
0523	Relocation			
0530	Housing Rehabilitation			
0531	SF Purchase/Rehab/Resale			
0541	Homebuyer Conversion			
0541	Homebuyer Reconstruction			
0541	Rental Rehabilitation SF 1-4 Units			
0541	Rental Conversion SF 1-4 Units			
0541	Rental Reconstruction SF 1-4 Units			
0542	SF New Construction Homebuyer			
0544	Rental New Construction SF 1-4 Units			
0561	Rental Rehabilitation Multi-family			
0561	Rental Conversion Multi-family			
0561	Rental Reconstruction Multi-family			
0562	Rental New Construction Multi-family			
	TOTAL HARD COSTS			
0580	Housing Management (Project Soft Costs)			
	TOTALS			

HOME ACTIVITY SET-UP REPORT INSTRUCTIONS

Name of Grantee: Name of organization awarded funds (must match name in HOME Contract)

Grant Number: Grant number listed in HOME Contract (i.e. 00-CH-060-02)

Federal Tax Identification Number: Tax ID number of organization (must match number in HOME Contract)

DED Program Representative: Your contact for program questions (identified in award letter)

Contact Name: Individual filing set-up report on behalf of grantee

Contact Phone and E-mail: Phone, fax number, and e-mail address of individual filing set-up

A. Type of Activity

Read list of possible activity types and check the one (1) box that describes the activity. The activity must be listed in the HOME Contract.

B. Permanent Ownership

Choose the type of ownership that applies to the activity. Choose only one (1). This reflects the long-term ownership of the activity.

C. Check the Appropriate Box

Check one (1) box for this activity set-up. For revised set-ups, note the number or times activity has been revised and record the activity number in the Department of Economic Development Use Only area on the form submitted.

D. CHDO Code

Check one (1) box reflecting CHDO or NON-CHDO code.

Own – The CHDO is an owner when it holds valid legal title to or has a long-term (99-year minimum) leasehold interest in a rental property. The CHDO may be an owner with one or more individual corporations, partnerships or other legal entities.

Sponsor Rental - The CHDO develops a project that is solely or partially owned and agrees to convey ownership to a second nonprofit organization at a predetermined time. The conveyance may take place prior to, during or upon completion of the development phase.

Sponsor Homebuyer – The CHDO owns a property, then shifts responsibility for the project to another nonprofit at some specified time in the development process. The second nonprofit in turn transfers title, along with the HOME loan/grant obligations and resale requirements to a HOME – qualified homebuyer within a specified time/frame.

Develop – A CHDO is a developer when it both owns a property and develops a project, or has a contractual obligation to a property owner to develop a project.

Non-CHDO Funds – Funds used to carryout activities that are not CHDO set-aside funds.

FIRST-TIME HOMEBUYER – Answer this question for each set-up for a homebuyer activity. The term "first-time homebuyer" means an individual and his or her spouse who have not owned a home during the previous 3-year period except that-

- any individual who is a displaced homemaker is considered a first-time homebuyer even if the individual, while a homemaker, owned a home with his or her spouse or resided in a home owned by the spouse; and
- any individual who is a single parent is considered a first-time homebuyer even if the individual, while married, owned a home with his or her spouse or resided in a home owned by the spouse.

E. Activity Address

Enter street address, city, county and zip code for the affordable housing unit(s).

F. Owner Address

Enter street address, city, county (if in Nebraska), and zip code for the long-term owner (see B).

G. Funding of Activity

Complete J. Activity Budget and then complete this section

1. Total HOME Assistance Requested – input the amount from box A of the J. Activity Budget.
2. Total Other Funds Applied – input the amount from box B of the J. Activity Budget.
3. Total Activity Costs – input the amount from box C of the J. Activity Budget.
4. Enter the number of units to be assisted with HOME dollars.
5. Enter the number of units existing prior to HOME assistance.
6. Enter the total number of units upon completion of this activity (count the HOME-assisted plus the non-HOME assisted units).

Also enter the current 234-Condominium limit (find maximum subsidy by searching for rent, income and subsidy limits at <https://opportunity.nebraska.gov/grow-your-community/data-for-applicants-and-grantees/#limits-data>).

H. For Homeownership Only

Enter the value of the unit after rehabilitation or the appraisal value, whichever applies. **The Current Homeownership Value Limits (Limits) for an initial purchase price or after-rehabilitation value for homeownership units assisted with HOME funds. These Limits replace the 203(b) Limits for the HOME program due to changes within the HOME Final Rule. The current HOME limits can be found at: <https://www.hudexchange.info/resource/2312/home-maximum-purchase-price-after-rehab-value/>**

I. Units

Number each HOME assisted unit and list the number of bedrooms per unit. Some activities may need a second and third activity set-up report to list all HOME assisted units.

J. Activity Budget

Complete the Activity Budget (on 2nd page of this report) to reflect the budget for the activity being set-up. Use the totals calculated for HOME Funds, Other Funds and Total Funds to complete G. Funding of Activity. **Total needs to be rounded down to the nearest whole dollar, no cents will be accepted.**

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

Contact info: Mechele Grimes (402)309-4536

An activity number will be assigned to each address and a set up report, which includes an activity number, etc., the report will be emailed to the contact person.

***A revised activity set-up must be submitted with the final draw if the dollar amount changed during the course of the activity.**

***Code 0505 Organization Operating and 0181 General Administration does not need to be set-up with an activity.**