

HOME ACTIVITY SET-UP REPORT

HOME INVESTMENT PARTNERSHIP
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

| Name of Grantee | Grant Number | | Federal Tax Identification Number DED Pro | | DED Prograr | Program Representative | | |
|---|---------------|-------------------------------------|---|---|-------------|------------------------|-------------------------|--------|
| Contact Name | Contact Phone | | Contact Email | | | Activity Number | | |
| A. TYPE OF ACTIVITY (SET UP TYPE) (ACTIVITY CODE) (| TENURE TYPE) | | <u> </u> | | | | | |
| □ Rental New Constr. SF 1-4 units per bldg (544) □ Rental New Con. MF 5 or more units per bldg (562) □ Rental Adaptive Reuse SF (541) □ Rental Adaptive Reuse MF (561) □ Rental Rehab/Conversion SF (541) □ Rental Rehab/Conversion MF (561) | | New Constructi anizational Opera | | | | | | |
| B. PERMANENT OWNERSHIP (1) Individual (Homeowner Only) (2) Partnership (Rental Only) (3) Not for Profit (Rental Only) (4) Publicly Owned (Public Housing Authority or Local Gov | ernment) | ☐ Original Su☐ Ownership | Transfer vner's Address | Own Sponsor Develop | | | FIRST-TIME HOM Yes No | EBUYER |
| E. ACTIVITY ADDRESS | | | F. OWNER | Address | | | | |
| Street Address | | Name | | | | | | |
| City | | | Street Address | | | | | |
| County | | | City | | | | | |
| Zip Code | | | County | | | | | |
| | | | Zip Code | | | | | |
| | | | Zip Gode | | | | | |
| H. HOMEOWNERSHIP VALUE LIMIT | G EUN | DING OF ACTIV | //**// | | | | | |
| Value of Home After Rehabilitation \$ | | | | Total Activity Coat (All F | ounds) | | | |
| Or Appraisal Value | | 1. Total HOME Assistance Requ \$ | | uested 3. Total Activity Cost (All Funds) | | Section 234 - Condomin | | |
| \$ | | 2. Total Other Funds Applied | | | | | \$ \$ | |
| | | \$ 4. Number of HOME Assisted Units | | ts 5. Number of Units Prior to A | | · | | |
| I. UNITS | 4. Number o | I HOWE Assisted Of | iits | . Number of Office Prior to | Activity | 6. TOTAL | Number of Offics | |
| Unit Number | | | | | | | | |
| Number of Bedrooms | | | | | | | | |
| Department of Economic Development Use | Only | | | | | | | |
| Activity Number: | | | | | | | | |
| Approved Date: | | | | | | | | |
| Approval By: | | | | | | | | |

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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 | | | |
| 0505 | CHDO Organizational Operating | | | |
| | | | | |
| | TOTAL HARD COSTS | | | |

| | | - |
|--------|--|---|
| TOTALS | | ĺ |

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.

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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-Condominuum 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.**

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

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