

HOMEBUYER-HOMEOWNER ACTIVITY COMPLETION REPORT
 NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT



<input type="checkbox"/> Original Submission	<input type="checkbox"/> Revision
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Note: Report is due to NDED within 120 days from final disbursement per activity.

Name of Grantee	Grant Number	Activity Number (xxx-xx-xxxx)	Federal Tax Identification Number	DED Program Representative
Contact Name	Contact Phone		Contact Email	
Contact Address				

Activity Address (Include Street Address, City and Zip Code)	Completion Activity Type: <input type="checkbox"/> (1) 1-4 Single Family <input type="checkbox"/> (4) Acquisition & Rehabilitation <input type="checkbox"/> (2) Condominium <input type="checkbox"/> (5) Acquisition & New Construction <input type="checkbox"/> (3) Acquisition Only
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Property Type

<input type="checkbox"/> (1) 1-4 Single Family <input type="checkbox"/> (2) Condominium <input type="checkbox"/> (3) Cooperative <input type="checkbox"/> (4) Manufactured Home

1. Of the Total Completed Units, the Number of		
	Total	HOME-Assisted
Units Qualified as Energy Star		
Section 504 Accessible Units		

2. Period of Affordability If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. Total Years of Affordability:

3. Costs		
Purchase Price		Value after Rehabilitation

4. Lead Paint
Applicable Lead Paint Requirements
Lead Hazard Remediation Actions

5. HOME Property Costs (Including PI)			
(a) Amortized Loan	Annual Interest Rate %	Amortization Period	\$
(b) Grant			\$
(c) Deferred Payment Loan			\$
(d) Other, Please Describe			\$
(e) Total			\$

6. HOME Downpayment Assistance (Including PI)			
(a) Amortized Loan	Annual Interest Rate %	Amortization Period	\$
(b) Grant			\$
(c) Deferred Payment Loan	Forgivable <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
(d) Other, Please Describe			\$
(e) Total			\$

7. Public Funds (non-HOME Funds)	
(a) Other Federal Funds	\$
(b) State/Local Funds	\$
(c) Tax Exempt Bond Proceeds	\$
(d) Total	\$

8. Private Funds (non-HOME Funds)			
(a) Private Loans	Annual Interest Rate %	Amortization Period	\$
(b) Owner Cash Contribution (Including CHDO Project Proceeds)			\$
(c) Private Grants			\$
(d) Total			\$

Total Activity Costs (Total Items 4e + 5e + 6d + 7d) \$

9. Beneficiaries Complete one line for each unit assisted with HOME funds. Enter one answer only in each block.								
Unit No.	# of Bedrooms	Occupant	% Median Income	Hispanic/Latino Head of Household	Race of Head of Household	Size of Household	Type of Household	Assistance
	SRO/ Efficiency 1Bdrm 2Bdrms 3Bdrms 4Bdrms 5+Bdrm	Tenant Owner Vacant	0-30% 30-50% 50-60% 60-80%	Yes No	White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White Amer. Indian/Alaskan Native & Black/African Amer. Other multi-racial	1 person 2 persons 3 persons 4 persons 5 persons 6 persons 7 persons 8 or more	-Single/Non Elderly -Elderly -Single Parent -2 Parents -Other	Section 8 HOME TBRA Other federal, state, or local assistance No assistance

10. First-Time Homebuyer (Answer for Homebuyer Activities)
 Yes No

11. Homebuyer Received (Answer for Homebuyer Activities)

12. Is the Homebuyer Coming From Subsidized Housing (Answer for Homebuyer Activities) Yes No

13. FHA Insured:
 Yes No

14. If lease Purchase, Date of Agreement:
(ex. mm/dd/yy)

Department of Economic Development Use Only

Approved By	Approval Date
MITAS & IDIS Info. Completed <input type="checkbox"/> Yes	

Homebuyer-Homeowner Activity Completion Report Instructions

AS A RULE FOR HOMEBUYER AND HOMEOWNER GRANTS: ONE ADDRESS EQUALS ONE ACTIVITY NUMBER

RULE #2: ONE ACTIVITY PER COMPLETION REPORT

Original Submission/Revision: Is this the first time a completion report has been submitted for this activity or is it a revision to a previous submission?

Name of Grantee: Enter the name of the organization awarded HOME funds as listed in the contract.

Grant Number: Enter the grant number as listed in the contract (i.e. 08-CHHP-5096).

Activity Number: Enter the activity number as assigned by the Department for the address (i.e. XXX-XX-XXXX).

Federal Tax Identification Number: Enter the tax id number of the grantee.

DED Program Representative: Enter the DED contact assigned to the grant.

Contact Name: Enter the individual's name that can best answer questions concerning this report.

Contact Phone and Email: Enter the contact information for the contact.

Contact address: Enter the grantee's address.

Property Type: Check one box that applies to the activity being reported.

Completion Activity Type: Check one (1) box that applies to the activity being reported.

1. Of the Total Completed units, the Number of:

Units Qualified as Energy Star – ENERGY STAR homes are independently verified to be 15% to 30% more efficient than those built to the model IECC standards. The ENERGY STAR label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov or www.hud.gov/energy for more information.

504-Accessible Units: Units that are 504-Accessible.

2. Period of Affordability: If you are imposing a period of affordability that is **longer than the regulatory minimum**, enter the total years (HOME minimum + additional) of affordability; otherwise, do not enter anything.

3. Costs:

Homebuyer Purchase Price: For homebuyer activities, enter the actual purchase price when homebuyer purchased.

After Rehabilitation Value: For activities involving rehabilitation, enter the dollar value of the property after the rehabilitation as determined using a method endorsed in the HOME Administration Manual.

4. Lead Paint: Select appropriate selection for "Applicable Lead Paint Requirement" and "Lead Hazard Remediation Actions." A selection of each is required by HUD.

5. HOME Property Cost

a. Amortized Loan: Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property in the form of a direct loan. Enter the loan's interest rate and amortization period.

b. Grant: Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property without any repayment requirements.

c. Deferred Payment Loan: Enter the amount of HOME Funds, including program income provided for acquisition, rehabilitation and/or new construction of the property through loans where payment of principal and interest is deferred until a

future time. Enter the loan's interest rate and amortization period. Check the appropriate yes or no box to identify if the loan is forgivable.

- d. **Other:** Enter the amount of HOME Funds, other than the type of loan/grant assistance identified in a through c.
- e. **Total HOME Funds for Property Costs:** Enter the sum of items a,b,c and d. This total must be greater than \$0 if it is a CHDO activity.

6. HOME Downpayment Assistance

- a. **Amortized Loan:** Enter the amount of HOME Funds, including program income provided for downpayment assistance in the form of a direct loan. Enter the loan's interest rate and amortization period.
- b. **Grant:** Enter the amount of HOME Funds, including program income provided for downpayment assistance without any repayment requirements.
- c. **Deferred Payment Loan:** Enter the amount of HOME Funds, including program income provided for downpayment assistance through loans where payment of principal and interest is deferred until a future time. Enter the loan's interest rate and amortization period. Check the appropriate yes or no box to identify if the loan is forgivable.
- d. **Other:** Enter the amount of HOME Funds, other than the type of loan/grant assistance identified in a through c.
- e. **Total HOME Funds for Downpayment Assistance:** Enter the sum of items a,b,c and d.

7. Public Funds (non-HOME Funds)

- a. **Other Federal Funds:** Enter federal funds spent on this activity that exclude HOME funds.
- b. **State/Local Funds:** Enter state or local appropriated funds spent on this activity.
- c. **Tax Exempt Bond Proceeds:** Enter all tax exempt bond proceeds spent on this activity.
- d. **Total Public Funds:** Enter the sum of items a, b and c.

8. Private Funds (non-HOME Funds)

- a. **Private Loan Funds:** Enter the amount of all the costs for this activity that have been paid with funds obtained from private financial institutions. Enter the interest rate and amortization period of the loan. (If there are multiple loans, enter the interest rate and term for the largest loan.)
- b. **Owner Cash Contribution (Including CHDO Project Proceeds):** Enter the amount of cash contributions provided by the owner.
- c. **Private Grants:** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.
- d. **Total Private Funds:** Enter the sum of items a, b and c.

9. Beneficiaries:

Complete the chart as applicable for each HOME-Assisted unit submitted for this activity.

Unit No.: Enter "1."

Occupant: For homebuyer and homeowner projects, this should be "owner"

Hispanic or Latino Head of Household - For each occupied unit, enter the ethnicity for the head of household as either Yes for Hispanic or Latino or No for Not Hispanic or Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Race of Head of Household - For each occupied unit, enter one code only for the head of the household based on the following: **White**. A person having origins in any of the original peoples of Europe, North Africa or the Middle East. **Black/African American**. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.” **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. **American Indian/Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment. **Native Hawaiian/Other Pacific Islander**. A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands. **American Indian/Alaska Native & White**. A person having these multiple race heritages as defined above. **Asian & White**. A person having these multiple race heritages as defined above. **Black/African American & White**. A person having these multiple race heritages as defined above. **American Indian/Alaska Native & Black/African American**. A person having these multiple race heritages as defined above. **Other Multi-Racial**. For reporting individual responses that are not included in any of the other categories listed above.

Type of Household - For each occupied unit, enter one code only based on the following definitions: **Single/Non-Elderly**. One-person household in which the person is not elderly. **Elderly**. One or two person household with a person at least 62 years of age. **Single Parent**. A single parent household with a dependent child or children (18 years old or younger). **Two Parents**. A two-parent household with a dependent child or children (18 years old or younger). **Other**. Any household not included in the above 4 definitions, including two or more unrelated individuals.

Assistance - For homebuyer, enter if the owner is receiving Section 8 Assistance to purchase the property, or enter for tenant based rental assistance (TBRA), or enter for any other rental/assistance, or enter if the owner is receiving no assistance.

10. First-Time Homebuyer: Complete for homebuyer activities, a first-time homebuyer is defined as an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home with HOME assistance.

11. Homebuyer Received: For homebuyer activities select no counseling, pre counseling, post counseling, or both pre/post counseling.

12. Is the Homebuyer Coming From Subsidized Housing: Complete for homebuyer activities, was the homebuyer living in public housing or receiving rental assistance from a federal, state or local program immediately prior to HOME assistance.

13. FHA Insured: Check the appropriate box.

14. If Lease Purchase, Date of Agreement: If Homebuyer activity is subject to a lease purchase agreement, enter the date of the agreement.

Save a copy for the Grantee’s files and email to: mechele.grimes@nebraska.gov
Contact info: Mechele Grimes (402)309-4536