



Instructions: Submit this form after the closing when the unit is occupied, but not later than 30 days after the final disbursement request. Send the completed form to: SC State Housing Finance and Development Authority, 300-C Outlet Pointe Blvd., Columbia, SC 29210.

SECTION A: General Information

Name of Participant: _____ Name of Person Completing Form: _____
 Participant Number: _____ Telephone Number: _____
 Participant Address: _____ County Project Is Located In: _____
 City, State Zip: _____

Check the Appropriate Box: Original Submission Revision

(Authority Use Only)
 County Code: _____

Section B: Activity Information

Activity Type (check one)
 New Construction Only Acquisition Only Acquisition & Rehabilitation Acquisition & New Construction

Property Type (check one)
 1 - 4 Single Family Condominium Cooperative Manufactured Home

FHA Insured? Yes No # of Units meeting Energy Star Standards: _____
 Total Complete Units: _____ Total HOME-assisted Units: _____ # of 504-Accessible Units: _____
 Homebuyer's Name: _____
 Property Street Address: _____ Purchase Price: \$ _____
 City, State, Zip: _____ Value after Rehab: _____
 (if applicable)

Section C: Activity Costs

<p>A. HOME Funds (including Program Income):</p> <p>Property Costs:</p> <p>Amortized Loan \$ _____ Grant \$ _____ Deferred Payment Loan \$ _____ Other \$ _____</p> <p>Downpayment Assistance:</p> <p>Amortized Loan \$ _____ Grant \$ _____ Deferred Payment Loan \$ _____ Other \$ _____</p> <p>Total HOME Funds: \$ _____</p>	<p>B. Public Funds:</p> <p>Other Federal Funds \$ _____ State/Local Funds \$ _____ Tax Exempt Bond Proceeds \$ _____</p> <p>Total Public Funds: \$ _____</p> <p>C. Private Funds:</p> <p>Private Loans \$ _____ Owner Cash Contribution \$ _____ <small>(minimum \$100)</small> Private Grants \$ _____</p> <p>Total Private Funds: \$ _____</p> <p>D. Activity Total (sum all totals): \$ _____</p>
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Section D: Household Characteristics (make additional copies if needed)

Complete one line for each HOME-assisted unit. Enter only one code in each block. Refer to codes below where applicable.

Unit #	# of Bdrms	Occupant Type	Total Monthly Rent	% Median Income	Hispanic Y/N	Race	Size	Type	Assistance Type

Homebuyer Counseling: Pre - Purchase Counseling Post Purchase Counseling Both

Gender of Head of Household: Male Female

Amount of Household Gross Annual Income: _____

Homeless Household: Yes No

Handicapped Household: Yes No

First-Time Homebuyer? Yes No

Lease Purchase? Yes No

If yes, date of agreement: _____

Is this activity being carried out by a faith-based organization? Yes No

Length of the affordability period in years: _____

Is the homebuyer coming from subsidized housing? Yes No

- # of Bedrooms**
- 1 - 1 Bedroom
 - 2 - 2 Bedrooms
 - 3 - 3 Bedrooms
 - 4 - 4 Bedrooms
 - 5 - 5 or more Bedrooms

- Occupant**
- 1 - Tenant
 - 2 - Owner
 - 9 - Vacant Unit

- % of Median Income**
- 1 - 0 to 30 %
 - 2 - 30 to 50%
 - 3 - 50 to 60%
 - 4 - 60 to 80%

- Household Race**
- 11 - White
 - 12 - Black or African American
 - 13 - Asian
 - 14 - American Indian or Alaska Native
 - 15 - Native Hawaiian or other Pacific Islander
 - 16 - American Indian or Alaska Native and White
 - 17 - Asian and White
 - 18 - Black or African American and White
 - 19 - American Indian or Alaska Native and Black
 - 20 - Other Multi Racial

- Household Size**
- 1 - 1 Person
 - 2 - 2 Persons
 - 3 - 3 Persons
 - 4 - 4 Persons
 - 5 - 5 Persons
 - 6 - 6 Persons
 - 7 - 7 Persons
 - 8 - 8 or more Persons

- Assistance Type**
- 1 - Section 8
 - 2 - HOME TBRA
 - 3 - Other federal, state, or local assistance
 - 4 - No Assistance

- Household Type**
- 1 - Single, non-elderly
 - 2 - Elderly
 - 3 - Single Parent
 - 4 - Two Parents
 - 5 - Other