



Instructions: Submit this form when the Project is 100% occupied, but not later than 60 days after the final disbursement request. Send the completed form to: SC State Housing Finance and Development Authority, 300-C Outlet Point Blvd., Columbia, SC 29210

SECTION A: General Information

Name of Participant: _____ Name of Person Completing Form: _____
 Participant Number: _____ Telephone Number: _____
 HUD Activity Number: _____ County Project Is Located In: _____
 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 Rehabilitation Only

Property Type (check one)

Condominium SRO/Group Home Other _____
 Cooperative Apartment

FHA Insured? Yes No Mixed Use? Yes No Mixed Income? Yes No

Total Completed Units: _____ Total HOME-assisted Units: _____ # of 504-Accessible Units: _____

Property Street Address: _____
 City, State, Zip: _____

Section C: Activity Costs

<p>A. HOME Funds (including Program Income):</p> <p>Property Costs:</p> <p>Amortized Loan \$ _____ Grant \$ _____ Deferred Payment Loan \$ _____ Other \$ _____ CHDO Loan \$ _____</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. Low-Income Housing Tax Credit Proceeds</p> <p>Total LIHTC Funds: \$ _____</p> <p>E. Activity Total (sum all totals): \$ _____</p>
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Section D: Household Characteristics

Complete one line for each HOME-assisted unit. Enter only one code in each block. Make additional copies as needed.

Unit #	# of Bdrms	Occupant Type	Total Monthly Rent	% Median Income	Hispanic Y/N	Race	Size	Type	Assistance Type	Total HH Income	HH Gender M/F	Handicapped Household Y/N

- # of Bedrooms**
- 0 - SRO/Efficiency
 - 1 - 1 Bedroom
 - 2 - 2 Bedrooms
 - 3 - 3 Bedrooms
 - 4 - 4 Bedrooms
 - 5 - 5 or more Bedrooms

- Occupant Type**
- 1 - Tenant
 - 2 - Owner
 - 3 - Vacant

- % 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 - African American and White
 - 19 - American Indian or Alaska Native & Black or African American
 - 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

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

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

Section D: Household Characteristics (continued)

	Total # of Units:	Total # of HOME Units:
# of Units Meeting Energy Star Standards:	_____	_____
Total # of Units Designated for Persons with HIV/AIDS:	_____	_____
Of those, how many are for the Chronically Homeless?	_____	_____
Total # of Units Designated for Homeless:	_____	_____
Of those, how many are for the Chronically Homeless?	_____	_____
Length of Affordability Period in Years: _____		
Was this Activity carried out by a faith-based Organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No