

SRDP-20 Rental Project Completion Report



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

Recipient: _____ NHTF Award #: _____ Activity #: _____
 Preparer: _____ HOME Award #: _____ Activity #: _____
 E-mail: _____ Project Name: _____
 Phone: _____ Submission Type: _____ Project County: _____ Code: _____
 (Authority Use Only)

Section B: Activity Information

Activity Type: _____ Property Type: _____
 FHA Insured? _____ Mixed Use? _____ Mixed income? _____

Unit Information:

HOME-assisted: _____ NHTF-assisted: _____ 504 Accessible: _____ Total Completed: _____

Project Address (attach additional sheet if necessary)	City	Zip

Section C: Activity Costs

A. HOME Funds	B. National Housing Trust Funds	C. SC Housing Trust Funds
Amortized Loan _____	Amortized Loan _____	Amortized Loan _____
Grant _____	Grant _____	Grant _____
Deferred Payment Loan _____	Deferred Payment Loan _____	Deferred Payment Loan _____
Other _____	Other _____	Other _____
CHDO Loan _____	Total NHTF Funds: _____	Total SCHTF Funds: _____
Total HOME Funds: _____		
D. Activity Total (sum all totals): _____		

Section D: Household Characteristics (continued)

	Total # of Units:	Total # of HOME Units:	Total # of NHTF 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 HOME Affordability Period in Years:	_____		
Length of NHTF Affordability Period in Years:	_____		
Was this Activity carried out by a faith-based Organization?	_____		