

**Georgia Department of Community Affairs
Community HOME Investment Program
Homeowner Rehabilitation Assistance Activity Set Up Form**

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision <input type="checkbox"/> Cancellation	Name and Phone Number of Person Completing Form:
---	--

A. General Information

1. Name of State Recipient/Sub-recipient:	2. DCA Project Number:	3. Activity Name: Homeowner Rehabilitation <input type="checkbox"/> Reconstruction: <input type="checkbox"/>
---	------------------------	--

B. Activity Information

1. Homeowner's Name(s):	2. Street:		
3. City:	4. State:	5. Zip Code:	6. County Code:
Activity Estimates: 7. HOME Assisted Units: <u>1</u> 8. HOME Cost: \$	9. Multi-Address (Y/N)? N	10. Loan Guarantee (Y/N)? N	

C. Objective and Outcome

1. Objective (enter code): <u>2</u> (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): <u>3</u> (1) Availability/accessibility (2) Affordability (3) Sustainability
--	--

D. Special Characteristics

1. Faith-Based Organization Will this activity be carried out by a faith-based organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. HUD Activity Location Type "Y" next to any that apply:	
(1) ___ CDBG strategy area (2) ___ Local target area (3) ___ Presidentially declared major disaster area (4) ___ Historic preservation area	(5) ___ Brownfield redevelopment area (6) ___ Conversion of non-residential to residential use (7) ___ Colonia (For AZ, CA, NM, TX)

3. DCA Program Locational characteristics

Type "Y" next to any that apply:

- (1) ___ Unit is within 1/2 mile of a Main Street or Better Town community
- (2) ___ Unit is located within an established Historic District
- (3) ___ Unit is located within a DCA certified Economic Opportunity Zone or locally approved Urban Redevelopment Area
- (4) ___ Unit is located within a DCA approved Revitalization Area
- (5) ___ Unit is located within a neighborhood that is:
 - ___ Is within 1/2 mile of a rental housing development funded by DCA and placed in service by its owner
Name of Rental Housing Development: _____
 - ___ Is within 1 mile of a CDBG funded public facility or infrastructure grant by DCA between 2005 and 2009.
 - ___ Is within 1 mile of a CDBG-funded public facility or infrastructure undertaken as part of the local jurisdiction's FFY2005 – FFY2009 Consolidated Plan.
 - ___ Includes three units completed since January 1, 2005 under CHIP or a CDBG-funded homeowner rehabilitation program within the same neighborhood targeted for assistance.

4. DCA Program Type Specific Design Elements

Type "Y" next to any that apply:

- (1) ___ Unit is part of local set aside for households with income at 50% of AMI or less.
- (2) ___ Unit is provided to a household in which at least one member is 62 years of age.
- (3) ___ Unit is part of a local program in which all units to be assisted are within a concentrated area of three city blocks or on a single street and adjacent side streets.
- (4) ___ Energy audit was included as part of the work assessment for the unit.
- (5) ___ Visitability improvements were completed on the unit.
Identify visitability improvements completed: _____

5. Match Commitment

Documentation of match commitment attached:

Yes No

E. Beneficiaries (Use codes indicated below)

Unit #	# of Bdrms	Occupant	Household				Assistance Type	Total Monthly Rent
			% Med	Hispanic? Y/N	Race	Size		
		2					N/A	N/A

FHA Insured (Y/N)?

<p># of Bdrms 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms</p>	<p>Occupant 1 – Tenant 2 – Owner 9 – Vacant Unit</p>	<p>Household % Med 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%</p>	<p>Race of Head of Household 11 – White 12 – Black/African American 13 – Asian 14 – American Indian/Alaska Native 15 – Native Hawaiian/Other Pacific Islander 16 – American Indian/Alaska Native & White 17 – Asian & White 18 – Black/African American & White 19 – American Indian/Alaska Native & Black/African American 20 – Other Multi Racial</p>
<p>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</p>	<p>Household Type 1 – Single, non-elderly 2 – Elderly 3 – Single parent 4 – Two parents 5 – Other</p>	<p>Assistance Type 1 – Section 8 2 – HOME TBRA 3 – Other federal, state or local assistance 4 – No assistance</p>	