

EXHIBIT 3-M
Montana Department of Commerce

Rental Set Up and Completion Form
HOME Program (for single and multi-address activities)

Check appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form: <input type="text"/>
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SET UP RENTAL ACTIVITY

A. General information

1. Name of Participant <input type="text"/>	2. IDIS Activity ID Number: <input type="text"/>	3. Activity Name: <input type="text"/>
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B. Objectives and Outcomes (for MDOC use only)

1. Objective <input type="checkbox"/> (1) Create suitable living environment <input type="checkbox"/> (2) Provide decent affordable housing <input type="checkbox"/> (3) Create economic opportunities	2. Outcome <input type="checkbox"/> (1) Availability/accessibility <input type="checkbox"/> (2) Affordability <input type="checkbox"/> (3) Sustainability
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C. Special Characteristics

1. Activity Location (Check any that apply) <input type="checkbox"/> (1) CDBG Strategy Area <input type="checkbox"/> (5) Brownfield redevelopment area <input type="checkbox"/> (2) Local target area <input type="checkbox"/> (6) Conversion of nonresidential to residential <input type="checkbox"/> (3) Presidentially declared major disaster area <input type="checkbox"/> (4) Historic preservation area <input type="checkbox"/> (7) Colonia (for AZ, CA, NM, TX only)	2. Will this activity be carried out by a faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Activity Information

1. Activity Type <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehabilitation <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY				2. Property Street Address: <input type="text"/>	
3. City: <input type="text"/>	4. State: MT	5. ZIP Code: <input type="text"/>	6. County: <input type="text"/>	Activity Estimates: 7. HOME units: <input type="text"/> 8. HOME Cost: \$ <input type="text"/>	
9. Multi-Address: <input type="checkbox"/> Yes <input type="checkbox"/> No					

E. Property Owner or Developer Information (ONLY applicable if this is a multi-address activity)

1. Developer Type (check one): <input type="checkbox"/> (1) Individual <input type="checkbox"/> (4) Not-for-Profit <input type="checkbox"/> (2) Partnership <input type="checkbox"/> (5) Publicly Owned <input type="checkbox"/> (3) Corporation <input type="checkbox"/> (6) Other	2. Property Owner or Developer's Name: <input type="text"/>		
	3. Street Address: <input type="text"/>		
	4. City <input type="text"/>	5. State <input type="text"/>	6. ZIP Code: <input type="text"/>

Rental Completion Form

HOME Program (for single and multi-address activities)

COMPLETE RENTAL ACTIVITY

F. Activity Information. If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address – Sections H, I, J, K, and L.

1. Activity Type (check one) <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehab <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY		2. Property Type (check one) <input type="checkbox"/> (1) Condominium <input type="checkbox"/> (4) Apartment <input type="checkbox"/> (2) Cooperative <input type="checkbox"/> (5) Other <input type="checkbox"/> (3) SRO		3. FHA Insured? (For single-address activities.) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mixed Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Mixed Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Completed Units Total Number: <input type="text"/> HOME-Assisted: <input type="text"/>		

G. Property Address. (For multi-address activities).

1. Building Name <input type="text"/>	2. Property Street Address <input type="text"/>	3. City <input type="text"/>	4. State MT	5. ZIP Code <input type="text"/>	6. County <input type="text"/>
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H. Units.

1. Of the Completed Units, the number:	<u>Total:</u>	<u>Home-Assisted:</u>
Meeting Energy Star standards	<input type="text"/>	<input type="text"/>
504-accessible	<input type="text"/>	<input type="text"/>
<u>Designated</u> for persons with HIV/AIDS	<input type="text"/>	<input type="text"/>
Of those, the number for the <u>chronically</u> homeless	<input type="text"/>	<input type="text"/>
<u>Designated</u> for the homeless	<input type="text"/>	<input type="text"/>
Of those, the number for the <u>chronically</u> homeless	<input type="text"/>	<input type="text"/>

I. 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:
 Grantee-imposed period of affordability: years.

J. Costs:

1. HOME Funds (including Program Income)		Totals
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other <input type="text"/>	\$0	
Total HOME Funds		\$0
2. Public Funds		
(1) Other Federal Funds <input type="text"/>	\$0	
(2) State / Local Funds <input type="text"/>	\$0	
(3) Tax Exempt Bond Proceeds <input type="text"/>	\$0	
Total Public Funds		\$0
3. Private Funds		
(1) Private Loans <input type="text"/>	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants <input type="text"/>	\$0	
Total Private Funds		\$0
4. Low Income Housing Tax Credit Proceeds		\$0
5. Activity Total or Total This Address		\$0

