

**EXHIBIT 3-K.1**  
**Montana Department of Commerce**

**Homebuyer Set Up & 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 HOMEBUYER ACTIVITY**

**A. General information**

1. Name of Grantee <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"/> Create suitable living environment <input type="checkbox"/> Provide decent affordable housing <input type="checkbox"/> Create economic opportunities	2. Outcome <input type="checkbox"/> Availability/accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability
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**C. Special Characteristics**

1. Activity Location (check any that apply) <input type="checkbox"/> CDBG Strategy Area <input type="checkbox"/> Brownfield redevelopment area <input type="checkbox"/> Local target area <input type="checkbox"/> Conversion of nonresidential to residential use <input type="checkbox"/> Presidentially declared major disaster area <input type="checkbox"/> Historic preservation area	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 (check one) <input type="checkbox"/> New Construction ONLY <input type="checkbox"/> Acquisition AND Rehabilitation <input type="checkbox"/> Acquisition ONLY <input type="checkbox"/> Acquisition AND New Construction			
2. Multi-Address: <input type="checkbox"/> Yes (complete Part E below) <input type="checkbox"/> No			
3. Homebuyer's Name: <input type="text"/>		4. Street: <input type="text"/>	
5. City: <input type="text"/>	6. State: <b>MT</b>	7. ZIP Code: <input type="text"/>	8. County: <input type="text"/>
9. Activity Estimates:	a. HOME units: <input type="text"/>	c. Prog. Income/Recaptured Funds**: <b>\$0</b>	
	b. Total HOME Cost*: <b>\$0</b> <small>* Total, including soft costs &amp; program income or recaptured funds, if applicable</small>	<small>** Program income and/or recaptured funds utilized for this activity</small>	
10. Loan Guarantee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**E. Developer (for multi-address activities ONLY)**

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

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**F. Lead Paint**

1. **Applicable Lead Paint Requirement** (*check one*):

**Housing constructed before 1978** (*Complete **Lead Hazard Remediation Actions** below*)

**Date House Constructed** [redacted]

**Exempt:** Housing for which construction was completed **on or after January 1, 1978**

**Date House Constructed** [redacted]

**Otherwise Exempt** (*identify below*):

0-bedroom unit (*not common with homebuyer assistance activities*)

Elderly/disabled with no children under age 6 (*children **never** expected to be present; not common with homebuyer assistance activities*)

Lead-based paint free (*attach documentation*)

Used no more than 100 days in a year (*not HOME eligible*)

2. **Lead Hazard Remediation Actions:** (*check one*):

Visual Assessment/Paint Stabilization [24 CFR §35.1015]

Other Actions required by State/Local Codes (*not common in Montana, but if applicable, attach documentation*)

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**COMPLETE HOMEBUYER ACTIVITY**

**G. ACTIVITY INFORMATION.** If this is a **multi-address activity**, make copies of pages 2, 3 and 4, Sections **H**, **I**, and **J**, so that cost and beneficiary information is reported for each address

<b>Name of Grantee</b> [REDACTED]		<b>Homebuyer Name</b> [REDACTED]
<b>IDIS Activity ID Number</b> (as assigned by HOME Program upon setup): [REDACTED]		
<b>1. Activity Type (check one)</b> <input type="checkbox"/> New Construction ONLY <input type="checkbox"/> Acquisition ONLY <input type="checkbox"/> Acquisition AND Rehabilitation <input type="checkbox"/> Acquisition AND New Construction	<b>2. Property Type (check one)</b> <input type="checkbox"/> 1-4 (unit) Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Manufactured Home	<b>3. Completed Units</b> <u>Total Number:</u> [REDACTED] <u>HOME-Assisted:</u> [REDACTED]

**H. UNITS**

1. Of the Completed Units, the number:

	<u>Total:</u>	<u>Home-Assisted:</u>
Units Qualified as Energy Star	[REDACTED]	[REDACTED]
Section 504 Accessible Units	[REDACTED]	[REDACTED]

2. 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: [REDACTED] years.

**I. PROPERTY / HOMEBUYER**

<b>1. FHA Insured?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Lease Purchase?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Agreement: [REDACTED]	<b>3. Homebuyer Counseling</b> Homebuyer received (check one): <input type="checkbox"/> No counseling <input type="checkbox"/> Post-counseling <input type="checkbox"/> Pre-counseling <input type="checkbox"/> Both
<b>4. First-time homebuyer meeting HUD's definition*?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>*First-time homebuyer</i> means an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home. The term first-time homebuyer also includes an individual who is a <b>displaced homemaker</b> or <b>single parent</b></p> <p><b>Displaced homemaker</b> means an individual who: (1) is an adult; <b>and</b> (2) has not worked full-time full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family; <b>and</b> (3) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</p> <p><b>Single parent</b> means an individual who: (1) is unmarried or legally separated from a spouse; <b>and</b> (2) has one or more minor children of whom the individual has custody or joint custody, or is pregnant</p>		
<b>5. Coming from subsidized housing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

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**J. COSTS:**

**Purchase Price:** \$0

**Value After Rehab (For Acquisition/Rehab activities ONLY):** \$0

<b>1. HOME Funds (including Program Income)</b>		
<b>a. HOME Property Costs</b>		<b>Totals</b>
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other ( <i>specify</i> )	\$0	
<b>b. Downpayment Assistance</b>		
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other ( <i>specify</i> )	\$0	
<b>HOME Total this address [total a + total b]</b>		<b>\$0</b>
<b>2. Public Funds</b>		
(1) Other Federal Funds ( <i>specify</i> )	\$0	
(2) State / Local Funds ( <i>specify</i> )	\$0	
(3) Tax Exempt Bond Proceeds	\$0	
<b>Total Public Funds [(1) + (2) + (3)]</b>		<b>\$0</b>
<b>3. Private Funds</b>		
(1) Private Loans ( <i>specify</i> )	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants( <i>specify</i> )	\$0	
<b>Total Private Funds [(1) + (2) + (3)]</b>		<b>\$0</b>
<b>4. Activity Total (or total this address) [1 + 2 + 3]</b>		<b>\$0</b>

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**K. Household Characteristics**

Unit #	# of Bdrms	Occupant	Household					Assistance Type	Total Monthly Rent
			% Median	Hispanic? Y / N	Race	Size	Type		
		Owner							N/A
									\$
									\$
									\$

**Household Information Options (for informational purposes only)**

- # of Bdrms**
- SRO/Efficiency
  - 1 bedroom
  - 2 bedrooms
  - 3 bedrooms
  - 4 bedrooms
  - 5 or more bedrooms

- Occupant**
- Tenant
  - Owner
  - Vacant Unit

- Household % of Median**
- 0 to 30%
  - 30+ to 50%
  - 50+ to 60%
  - 60+ to 80%

- Household Race**
- White
  - Black or African American
  - Asian
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native & White
  - Asian & White
  - Black or African American & White
  - American Indian or Alaska Native & Black or African American
  - Other Multi Racial

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

- Household Size**
- 1 person
  - 2 persons
  - 3 persons
  - 4 persons
  - 5 persons
  - 6 persons
  - 7 persons
  - 8 or more persons

- Household Type**
- Single, non-elderly
  - Elderly
  - Single parent
  - Two parents
  - Other