EXHIBIT 3-K.2

HOMEBUYER Set Up and Completion Form INSTRUCTIONS

Read the instructions for each item carefully before completing the form. The purpose of this report is to assist with the collection of information to be entered into HUD’s Integrated Disbursement and Information System (IDIS).

- **Applicability.** This report is to be completed for each homebuyer activity assisted with HOME funds.
- **Timing.** This report form is used (1) to setup an activity in IDIS so that funds may be drawn down and (2) to complete the activity so that the HOME Program reporting requirements are met.

SET UP ACTIVITY (pages 1-2)

**A. General Information.**

1. **Name of Grantee.** Enter the name of the Grantee/Qualified Entity administering the homebuyer activity.
2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS and provided to you by your HOME program officer. If this is the original submission, the IDIS number will be provided after submittal of this form.
3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated for the activity.

**B. Objective and Outcome (For MDOC use – provided for informational purposes only)**

1. **Objective.** Check the box of the objective that best describes the purpose of the activity.
   - **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
   - **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
   - **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

2. **Outcome.** Check the box of the outcome that best describes the benefits resulting from the activity.
   - **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
   - **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.
   - **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.
C. Special Characteristics

1. Activity Location. Check the box for any that apply.

- ☐ CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee’s Consolidated / Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2). (Not applicable at this time)
- ☐ Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.
- ☐ Presiden tally declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
- ☐ Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.
- ☐ Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.
- ☐ Conversion from non-residential or residential use is self-explanatory. An example is converting an old warehouse into rental units or condominiums.

2. Faith-Based Organization. Will this activity be carried out by a faith-based organization? Check “Yes” if it is known or if the organization declares itself to be a faith-based organization. If not, check “No”.

D. Activity Information

1. Activity Type. Check box to indicate the type of activity.

- ☐ New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).
- ☐ Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.
- ☐ Acquisition & Rehabilitation. A HOME-assisted rehabilitation activity, which included the acquisition of real property.
- ☐ Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

2. Multi-Address? If the activity consists of more than one home, check “Yes” so that costs and beneficiary information can be reported for each address at completion. If “Yes”, complete Part E; if “No”, skip to Part F.

3. Homebuyer’s Name. Enter the name of homebuyer.


8. County. Enter the county name
   a. **HOME Units.** Enter the estimated total number of units upon completion that will receive HOME assistance.
   b. **Total HOME Cost.** Enter the total amount of HOME funds requested for the activity, including any soft costs and/or program income/recaptured funds.
   c. **Program Income/Recaptured Funds.** Enter the amount of program income / recaptured funds (included in 9.b.) that will be used by the Grantee/Self-explanatory.

10. Loan Guarantee? Check “Yes” or “No” to indicate whether this activity is supported by a loan guarantee. (not currently an eligible activity for the Montana HOME Program)

E. Developer Information. (To be completed ONLY if Multi-Address, Part D.2, is “Yes”)
   1. **Developer Type.** (Check one box to indicate the type of developer.)
   2. **Developer’s Name.** Enter the name of the developer.
   3. - 6. **Developer's Street Address, City, State, and ZIP Code.** Self-explanatory.

F. Lead Paint reporting requirements.
   1. **Applicable Lead Paint Requirement.** Check applicable box(es)
   2. **Lead Hazard Remediation Actions:** If not designated as “exempt” from Applicable Lead Paint Requirement, check applicable box:
      - [ ] Visual Assessment/Paint Stabilization in accordance with 24 CFR §35.1015 (for Acquisition Only)
      - [ ] Other Actions required by State/Local Codes (not common in Montana, but if applicable, attach documentation)

COMPLETE HOMEBUYER ACTIVITY (pages 3-5)

G. Activity Information
   Enter the name of the Grantee
   Enter the **Homebuyer Name** (from page 1, Part D.2)
   Enter the **IDIS ID Number** as assigned by HOME Program upon setup
   1. **Activity Type.** Check the appropriate box to indicate the type of activity.
   2. **Property Type.** Check the appropriate box to indicate the type of property assisted:
   3. **Completed Units: Total Number / HOME Assisted:** Enter the total number of completed units and the total number of HOME-assisted units.

H. Units
   1. **OF THE UNITS COMPLETED, enter the numbers for:**
      - **Total and Home-Assisted Meeting Energy Star Standards.** Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards. **Energy Star** applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards.
The performance level is certified by third party contractors. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov for more information.

- **Total and HOME-Assisted 504 accessible.** Enter the total number of completed units and completed HOME assisted units that are 504 accessible.

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: _____ years. The period of affordability for homebuyer activities is based on the amount of HOME funds invested in the housing:

<table>
<thead>
<tr>
<th>Per Unit HOME Amount</th>
<th>Minimum Period of Affordability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $15,000</td>
<td>5 years</td>
</tr>
<tr>
<td>$15,000 to $40,000</td>
<td>10 years</td>
</tr>
<tr>
<td>Over $40,000</td>
<td>15 years</td>
</tr>
</tbody>
</table>

To indicate that the housing is to be affordable in perpetuity, enter “99” in the grantee-imposed Period of Affordability field.

I. **Property / Homebuyer**

1. **FHA Insured?** (For single address activities.) Check “Yes” or “No” to indicate whether the property’s mortgage is insured by FHA.

2. **Lease Purchase?** (For single address activities.) If there is a lease purchase agreement, enter the date of the lease purchase agreement.

3. **Homebuyer Counseling.** Check the box to indicate the type of counseling received by the homebuyer, if any. (Note: Homebuyer education is REQUIRED for all homebuyers assisted with MDOC HOME funds.)

4. **First-time Homebuyer?** Check “Yes”, if a first-time homebuyer that meets HUD’s definition, otherwise, check “No”. A first-time homebuyer is defined by HUD as an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home with HOME assistance. The term first-time homebuyer includes displaced homemakers and single parents. If the assisted homebuyer does NOT meet the HUD definition, check “No”

5. **Coming from subsidized housing?** Check “Yes” if the homebuyer was living in public housing or receiving rental assistance from a federal, state or local program immediately prior to HOME assistance; or “No” if not.

J. **Costs**

- **Purchase Price.** Enter the price paid by the homebuyer for the property as evidenced on the settlement statement.

- **Value After Rehab.** Enter the dollar value of the property ONLY if property was rehabbed. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e., all materials, supplies and labor costs directly related to the rehabilitation of the property).

- **Costs.** Include all HOME funds used for the activity and all other funds (public and private). **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent financing, **do not report both.** Report all HOME funds expended on the activity. (Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.) For funds other than HOME, to
the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled “Total HOME funds (Total Item (1) for all addresses must equal the total amount disbursed through IDIS for this activity.

1. HOME Funds. (Including Program Income and/or Recaptured Funds.) Enter funds provided for a. Property Costs and for b. Downpayment Assistance.

a. Property Costs / b. Downpayment Assistance

(1) Amortized Loan. Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.

(2) Grant. Enter the amount of HOME funds provided without any repayment requirements. (Note: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

(3) Deferred Payment Loan (DPL). Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

(4) Other. Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3). (Soft costs, the direct costs of providing assistance to this individual homebuyer/address, should be entered here)

- Total HOME Funds or total this address. Enter the total of items a and b as the amount of HOME funds expended.

2. Public Funds.

(1) Other Federal Funds. Exclude any HOME funds expended.

(2) State/Local Funds.

(3) Tax Exempt Bond Proceeds. (e.g., Montana Board of Housing loans)

- Total Public Funds. Enter the total of items (1) through (3) as the amount of Public Funds expended.

3. Private Funds.

(1) Private Loans. Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (Do not double count.)

(2) Owner Cash Contribution. Enter the amount of all cash contributions provided by the homebuyer.

(3) Private Grants. Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.
- **Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended.

4. **Activity Total or Total Address.** Enter the sum of totals for HOME funds, Public funds and Private funds. The total must be greater than the purchase price of the property.

K. **Household Characteristics.**

Complete one line for the head of household of each residential unit that is receiving homebuyer assistance from the HOME Program.

- **Unit Number.** Enter the unit number of each unit that will receive HOME assistance.
- **Number of Bedrooms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.
- **Occupant.** For homebuyer activities, one unit must be owner occupied (code 2). If there are tenant occupied units, enter 1 for tenant or 9 for vacant.
- **Percent of Area Median Income.** For each occupied residential unit, select one definition from the dropdown list (based on the following definitions):
  * **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
  * **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
  * **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
  * **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
- **Hispanic?** For each occupied residential unit, enter the ethnicity for the head of household as either “Y” for Hispanic or Latino or “N” if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- **Race of Head of Household.** For each occupied residential unit, select one definition from the dropdown list (based on the following definitions):
  * **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
  * **Black/African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
  * **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China,
India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

* **American Indian/Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.

* **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

* **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.

* **Asian & White.** A person having these multiple race heritages as defined above.

* **Black/African American & White.** A person having these multiple race heritages as defined above.

* **American Indian/Alaska Native & Black/African American.** A person having these multiple race heritages as defined above.

* **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

* **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

* **American Indian/Alaska Native & Black/African American.** A person having these multiple race heritages as defined above.

* **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

**NOTE:** Collection of information on ethnicity and race is mandatory. If the household will not volunteer the information, the person filling out this form should make his/her best guess. (See EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM in Chapter 5 of the HOME Program Administration Manual.

### Household Size.
Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

### Household Type.
For each residential unit, select one definition from the dropdown list (based on the following definitions):

* **Single, Non-elderly.** One-person household in which the person is not elderly.

* **Elderly.** One or two person household with a person at least 62 years of age.

* **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

* **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).

* **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

### Assistance Type.
For rented units, select one type from the dropdown list, if any, being provided to the tenant.

* **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.

* **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.

* **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.

* **No assistance.** Self-explanatory.

### Total Rent.
For renters, enter the total monthly rent (tenant contribution plus subsidy amount, if any).