## Rental Set Up and Completion Form

**HOME Program** (for single and multi-address activities)

### Check appropriate box:
- Original Submission
- Change Owner’s Address
- Ownership Transfer
- Revision

Name and Phone Number of Person Completing Form: 

### SET UP RENTAL ACTIVITY

#### A. General information

1. Name of Participant
2. IDIS Activity ID Number:
3. Activity Name:

#### B. Objectives and Outcomes (for MDOC use only)

1. Objective
   - (1) Create suitable living environment
   - (2) Provide decent affordable housing
   - (3) Create economic opportunities
2. Outcome
   - (1) Availability/accessibility
   - (2) Affordability
   - (3) Sustainability

#### C. Special Characteristics

1. Activity Location
   - (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 nonresidential to residential
   - (7) Colonia (for AZ, CA, NM, TX only)
2. Will this activity be carried out by a faith-based organization? 
   - Yes 
   - No

#### D. Activity Information

1. Activity Type
   - (1) Rehab ONLY
   - (2) New Construction ONLY
   - (3) Acquisition ONLY
   - (4) Acquisition AND Rehabilitation
   - (5) Acquisition AND New Construction
2. Property Street Address:
3. City:
4. State: MT
5. ZIP Code: 
6. County: 
7. HOME units: 
8. HOME Cost: $0

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

1. Developer Type (check one):
   - (1) Individual
   - (2) Partnership
   - (3) Corporation
   - (4) Not-for-Profit
   - (5) Publicly Owned
   - (6) Other
2. Property Owner or Developer’s Name:
3. Street Address:
4. City:
5. State:
6. ZIP Code:
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)
   - (1) Rehab ONLY
   - (2) New Construction ONLY
   - (3) Acquisition ONLY
   - (4) Acquisition AND Rehab
   - (5) Acquisition AND New Construction

2. Property Type (check one)
   - (1) Condominium
   - (2) Cooperative
   - (3) SRO
   - (4) Apartment (For single-address activities.)
   - (5) Other

3. FHA Insured?
   - Yes
   - No

4. Mixed Use?
   - Yes
   - No

5. Mixed Income?
   - Yes
   - No

5. Completed Units
   - Total Number:
   - HOME-Assisted:

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

1. Building Name
2. Property Street Address
3. City
4. State
5. ZIP Code
6. County

H. Units.

1. Of the Completed Units, the number:
   - Meeting Energy Star standards
   - 504-accessible
   - Designated for persons with HIV/AIDS
     - Of those, the number for the chronically homeless
   - Designated for the homeless
     - Of those, the number for the chronically homeless
   - Total: HOME-Assisted:

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)
   - (1) Amortized Loan $0
   - (2) Grant $0
   - (3) Deferred Payment Loan (DPL) $0
   - (4) Other $0
   - Total HOME Funds $0

2. Public Funds
   - (1) Other Federal Funds $0
   - (2) State / Local Funds $0
   - (3) Tax Exempt Bond Proceeds $0
   - Total Public Funds $0

3. Private Funds
   - (1) Private Loans $0
   - (2) Owner Cash Contribution $0
   - (3) Private Grants $0
   - Total Private Funds $0

4. Low Income Housing Tax Credit Proceeds $0

5. Activity Total or Total This Address $0
K. Household Characteristics. (Use codes indicated below.)

<table>
<thead>
<tr>
<th>Unit #</th>
<th># of Bdrms</th>
<th>Occupant</th>
<th>Total Monthly Rent</th>
<th>% Median</th>
<th>Hispanic? Y / N</th>
<th>Race</th>
<th>Size</th>
<th>Type</th>
<th>Assistance Type</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>0 - SRO/Efficiency</td>
<td>1 - Tenant</td>
<td>1</td>
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<td>1</td>
<td>1 bedroom</td>
<td>1 - Owner</td>
<td>2</td>
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<td>2</td>
<td>2 bedrooms</td>
<td>1 - 0 to 30%</td>
<td>3</td>
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<td>3</td>
<td>3 bedrooms</td>
<td>1 - 30+ to 50%</td>
<td>4</td>
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<td>4</td>
<td>4 bedrooms</td>
<td>1 - 50+ to 60%</td>
<td>5</td>
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<td>5</td>
<td>5 or more bedrooms</td>
<td>1 - 60+ to 80%</td>
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# of Bdrms
- 0 - SRO/Efficiency
- 1 - 1 bedroom
- 2 - 2 bedrooms
- 3 - 3 bedrooms
- 4 - 4 bedrooms
- 5 - 5 or more bedrooms

Occupant
- 1 - Tenant
- 2 - Owner
- 9 - Vacant Unit

Household % of Median
- 1 - 0 to 30%
- 2 - 30+ to 50%
- 3 - 50+ to 60%
- 4 - 60+ to 80%

Household Race
- 11 - White
- 12 - Black or African American
- 13 - Asian
- 14 - American Indian or Alaska Native
- 15 - Native Hawaiian or Other Pacific Islander
- 16 - American Indian or Alaska Native & White
- 17 - Asian & White
- 18 - Black or African American & White
- 19 - American Indian or Alaska Native & Black or African American
- 20 - Other Multi Racial

Household Type
- 1 - Single, non-elderly
- 2 - Elderly
- 3 - Single parent
- 4 - Two parents
- 5 - Other

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

Assistance Type
- 1 - Section 8
- 2 - HOME TBRA
- 3 - Other federal, state or local assistance
- 4 - No assistance
K. Household Characteristics. (Continued)

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