

Georgia Department of Community Affairs  
Community HOME Investment Program  
**HOMEOWNER REHABILITATION ASSISTANCE COMPLETION FORM**

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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**A. General Information**

1. Name of Participant:	2. DCA Project Number:
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**B. Activity Information**

1. Property Type (enter code): _____ (1) 1-4 Single Family (2) Condominium (3) Cooperative (4) Manufactured Home	2. Completed Units: Total number: <u>  1  </u>  HOME-assisted: <u>  1  </u>		
3. Homeowner's Name:	4. Street:		
5. City:	6. State:	7. Zip Code:	8. County Code:

**C. Units**

1. Of the Completed Units, the number:	<u>  Total  </u>	<u>  HOME-assisted  </u>	
Meeting Energy Star standards:	_____	_____	
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. PJ-imposed period of affordability: _____ years.			

**D. Costs**

Value of Unit After Rehabilitation: \$ \_\_\_\_\_

			Totals
<b>1. HOME Funds</b>			
(1) Amortized Loan	\$0		
(2) Grant (includes Project Delivery Costs & Lead Related Construction Costs)	\$		
(3) Deferred Payment Loan (DPL) – (includes Non-Lead Related Construction Costs)	\$		
(4) Other	\$0		
<b>Total HOME Funds</b>			\$
<b>2. Public Funds</b>			
(1) Other Federal Funds (including USDA, local CDBG)	\$		
(2) State/Local Funds	\$		
(3) Tax Exempt Bond Proceeds	\$		
<b>Total Public Funds</b>			\$
<b>3. Private Funds</b>			
(1) Private Loans	\$		
(2) Owner Cash Contribution	\$		
(3) Private Grants	\$		
<b>Total Private Funds</b>			\$
<b>4. Activity Total Funds</b> [or Total HOME, Public and Private Funds at this address]			\$