

Grant Recipient _____ FY _____ Grant Serial No _____

Household Name _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip _____ Phone _____

Unit Map No

Activity

Unit Rental Owner-Occupied Homebuyer Assistance

- Rehabilitation
- Reconstruction
- Direct Homebuyer Assistance
- Homebuyer Development
- Other _____

Unit Type Stick Built Modular Manufactured Housing Unit

Household Gross Income

Number Household Members

Income Category

- Extremely Low (30% or less)
- Low (31% - 50%)
- Moderate (51% - 80%)
- Non Low/Mod (81% or greater)

Elderly 62 or older

- Head of Household
- Spouse
- Other

Homebuyer Assistance Only

First Time Buyer Yes No

- Counseling No Counseling
 Pre Counseling
 Post Counseling
 Both

Head of Household Race

- White Asian/White
- Black Black/White
- Asian Native Amer/Black
- Native Amer Other Multi Racial
- Pac Islander Asian/Pac Islander
- Native Amer/White

Hispanic

Yes No

Unit made lead safe

Yes No

Met Code Standards

Yes No

From Sub Housing Yes No

Downpayment Closing Costs Yes No

Gap Financing Yes No

Second Mortgage Assistance Yes No

Interest Rate Buy Down Yes No

Other

Loan Information

Code Type

- HQS
- State/Local Code
- National Model(s)

Lender Name _____

Loan Type GA Dream Conventional
 FHA Other _____
 VA
 USDA

Met IBC energy standards

- Yes
- No
- Energy Star

Loan Term _____

Interest Rate _____

Homebuyer Development Only

- New Construction
- Purchase and Rehab for Resale
- Home Owner Purchase and Rehab
- Purchased for Resale

Funding

Handicapped accessible 504

Yes No

CDBG Funds 1. _____

Other Fed Funds 2. _____

Description of Fed Funds 2. _____

State Funds 3. _____

Description of State Funds 3. _____

Local Funds 4. _____

Private Funds 5. _____

Total Funds

Comments

Years of Affordability

Number of Bedrooms

Person Comp Report _____

Date Unit Comp _____