

Instructions: Submit this form when the Project is 100% occupied, but not later than 60 days after the final disbursement request. Send the completed form to: SC State Housing Finance and Development Authority, 300-C Outlet Point Blvd., Columbia, SC 29210

SECTION A: General Information: Project Name: _____ Project County: _____

Recipient: _____
 Preparer: _____ HOME Award #: _____ HOME IDIS Activity #: _____
 E-mail: _____
 Phone: _____ Submission Type: _____

SECTION B: Activity Information

Activity Type: _____ Property Type: _____
 FHA Insured? _____ Mixed Income? _____ Mixed Use? _____

Unit Information: Total Completed: _____ HOME-Assisted: _____ 504 Accessible: _____

Project Address (attach additional sheet if necessary)	City	Zip

SECTION C: Activity Costs

HOME FUNDS

Amortized Loan: \$	
Deferred Payment Loan: \$	
Other: \$	

PUBLIC FUNDS	
Other Federal Funds: \$	
State/Local Funds: \$	
Tax-Exempt Bond Proceeds: \$	
PRIVATE FUNDS	
Private Loans: \$	
Owner Cash Contributions: \$	
Private Grants: \$	
OTHER	
Low-Income Housing Tax Credit Proceeds: \$	

Activity Total (sum all totals): \$ _____

SECTION D: Household Characteristics

Complete one line for each SRDP-assisted unit. Enter only one code in each block. There are 25 rows on this form. Make additional copies as needed.

Unit #	Source	504 Unit Y/N	# of Bdrms	Occupant Type	Total Monthly Rent	% Median Income	Hispanic Y/N	HH Race	HH Size	HH Type	Assistance Type	Total HH Income	HH Gender	Handicapped Household

- # of Bedrooms**
 0 - SRO/Efficiency
 1 - 1 Bedrooms
 2 - 2 Bedrooms
 3 - 3 Bedrooms
 4 - 4 Bedrooms
 5 - 5+ Bedrooms

- Occupant Type**
 1 - Tenant
 2 - Owner
 3 - Vacant

- % Median Income**
 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 and White
 17 - Asian and White
 18 - African American and White
 19 - American Indian or Alaska Native & Black or African American
 20 - Other multi-racial

- 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+ Persons

- Household Type**
 1 - Single, non-elderly
 2 - Elderly
 3 - Single Parent
 4 - Two Parents
 5 - Other

- Assistance Type**
 1 - Section 8
 2 - HOME TBRA
 3 - Other Federal, State, or local assistance
 4 - No Assistance

SECTION D: Household Characteristics (continued)

Of the Total Completed Units:	Total # of Units:	Total # HOME Units:	Total # NHTF Units:
Energy Star Certified Units			
Section 504 Accessible Units			
Units Designated for Disabled Individuals or Families for Other than Mobility Impairments			
Units Designated for Homeless Individuals			
Of the Units Designated for Homeless Individuals, Number of Units Designated for Chronically Homeless Individuals			
Of the Units Designated for Homeless Individuals, Number of Units Designated for Homeless Veteran Individuals			
Units Designated for Homeless Families			
Of the Units Designated for Homeless Families, Number of Units Designated for Chronically Homeless Families			
Of the Units Designated for Homeless Families, Number of Units Designated for Chronically Homeless Veteran Families			
Units Designated for Persons with HIV/AIDS			
Units Designated for Victims of Domestic Violence			
Units Designated for Homeless Youth			
Units Designated for Youth Aging out of Foster Care			

	HOME
Length of Affordability Period in Years:	

Was this Activity carried out by a faith-based Organization? _____