



3-3a Property Completion Report Acquisition & Rehabilitation Activities

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Date:

This form must be completed for Acquisition & Rehabilitation properties and submitted to the Authority **no later than 60 days** from the receipt of the FINAL draw request for the property.

General Information:

Name of the NSP recipient that completed the property:

NSP Activity #:

Is this property funded under the 25% set-aside?
(required to be occupied by 50% and below AMI)

☐ Yes

☐ No

NSP Activity Budget:

Is this the **FINAL** property to be completed under this activity?

☐ Yes

☐ No

If yes, is there a balance of unspent funds remaining in the activity?

☐ Yes

☐ No

If yes, do you wish to allocate the unspent funds to another activity?
(If yes, a 10-7 form needs to be submitted.)

☐ Yes

☐ No

Total Property Costs:

Total NSP entitlement funds expended for property:

Total NSP Program Income funds expended for property:

Total amount of NSP funds expended for the property:

Total other Federal funds expended for property:

Total amount of conventional financing expended on property:

Total amount of other financing expended on property:

Total amount of **ALL** financing sources expended on property:

NSP Performance Measures:

Number of households benefiting from this property:

Number of NSP housing units produced on this property:

Total acquisition compensation paid to owner:

Monthly Utility Allowance Calculation: (This section **MUST** be completed for rental properties or a copy of the utility allowance calculation may be attached.)

Utilities	Type of Utility (Gas, Electric, etc.)	Utilities Paid By	Enter Allowances by Bedroom Size				
			0-Bdrm	1-Bdrm	2-Bdrm	3-Bdrm	4-Bdrm
Heating		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Cooling/AC		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Cooking		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Lighting, etc.		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Hot Water		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Water		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Sewer		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Trash		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Total Utility Allowance for Units:							

Source of utility allowance calculation:

☐ PHA: _____ ☐ Utility Company ☐ Other: _____

Energy Efficiency:

Is this property Energy Star Certified? **If yes, attach and submit copies of the Energy Star Certification Documents with this report.**

☐ Yes ☐ No

Total Amount of NSP funds expended on Energy Star Certified Products:

Total Amount of NSP Funds expended on other energy efficiency items or services or "Green" building materials:

Special Needs Targeting:

Is this property designated to serve any of the following special needs populations?

☐ Homeless ☐ Mentally Disabled ☐ Chemically Dependent

☐ HIV/AIDS ☐ Physically Disabled ☐ Elderly ☐ N/A

☐ Other (specify) ☐ not applicable

Owner Information for Rental Properties:

Owner Name: Phone:

Address: Fax:

City, State, Zip: Email:

Is the owner utilizing the services of a management company: ☐ Yes ☐ No

If yes, provide contact information for the management company:

Company Name: Phone:

Contact Person: Email:

Address:

Occupancy Data:

Property Type:

- ☐ SF (1 unit)
- ☐ Duplex (2 units)
- ☐ Triplex (3 units)
- ☐ Quadplex (4 units)
- ☐ Multi-Family (5 units or more units)

End Use:

- ☐ Rental
- ☐ Homeownership

Rental Properties: Must attach a copy of the executed initial lease agreement for each unit.

Property Address: (Must Include Zip Code)	# of Bdrms:	Occupancy Type:	Date of Closing or Initial Lease:	Household Income:	Household Size:	Household Type:	H. of Household Ethnicity

Authority Use Only: Completion Data entered into Activity Completion Spreadsheet: _____

Program Coordinator:_____