



3-3c Property Completion Report Land Banking Activities

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

Date:

This form must be completed for each Land Banked property and submitted to the Authority **no later than 14 days** from the date of the properties initial occupancy.

General Information:

Name of the NSP recipient that completed the property:

NSP Activity #:

Property Address: (include zip code)

Was the property redeveloped with NSP3 funds?

☐ Yes

☐ No

If yes, provide NSP3 activity number:

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 NSP funds expended on the property:

NSP % of total Development Costs:

Total other Federal Funds expended for property :

Total amount of other financing expended on property:

Total amount of all financing sources expended on property:

NSP Performance Measures:

Number of parcels acquired for this land banked unit:

Number of NSP housing units produced on this property:

Monthly Utility Allowance Calculation: Complete this section for rental properties or attach a copy of the utility allowance.

Utilities	Type of Utility (Gas, Electric, etc.)	Utilities Paid By		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: _____

NSP Section 504 Accessible Units:

This section to be completed for rehabilitation of multi-family rental projects with 15 or more units.

☐ Check here if not applicable

Total number of Units meeting Section 504 Sensory Impairment Requirements:

Total number of Units meeting Section 504 Physical Impairment Requirements:

Energy Efficiency Units:

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

☐ Yes

☐ No

Special Needs Targeting: Total number of units designated for:

☐ Homeless ☐ Mentally Disabled ☐ Chemically Dependent

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

☐ Other (specify)

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:

☐ SF (1 unit)

☐ Duplex (2 units)

☐ Triplex (3 units)

☐ Quadplex (4 units)

☐ Multi-Family (5 units or more units)

☐ 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:

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

Program Coordinator: _____