



3-3d Property Completion Report Redevelopment Activities

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

Date:

This form must be completed for Redevelopment Activities and submitted to the Authority **no later than 60 days** from receipt of the final draw request for the property.

General Information:

Name of the NSP recipient that completed the activity:

NSP Activity #:

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

☐ Yes

☐ No

NSP Activity Budget:

Have all NSP units funded under this activity been completed?

☐ 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 Activity Costs:

Total NSP Entitlement Funds expended for Activity:

Total NSP Program Income Funds expended for Activity:

Total NSP funds expended for the property:

Total Other Federal Funds expended for Activity :

Total amount of conventional financing expended on Activity:

Total amount of other Financing expended on Activity:

Total amount of all financing sources expended on Activity:

NSP Performance Measures:

Number of households benefiting from this Activity:

Number of NSP housing units produced from this Activity:

NSP Section 504 Accessible Units:

This section applies only to the new construction of multi-family rental projects with 5 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:

Total number of Energy Star Certified Units: **If applicable submit copies of the Energy Star Certification Documents with this report.**

Total Amount of NSP Funds Expended on Energy Star Certified Products:

Total Amount of NSP Funds Expended on other Energy Efficiency items or services:

Monthly Utility Allowance Calculation: (complete this section for rental properties or attach a copy of the utility allowance calculation)

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: _____

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:

Make additional copies as needed.

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

Special Needs Targeting: Total number of units designated for:

☐ Homeless ☐ Mentally Disabled ☐ Chemically Dependent ☐ Other (specify)

☐ HIV/AIDS ☐ Physically Disabled ☐ Elderly ☐ not applicable