**SECTION V. HOME HHR FINANCIAL MANAGEMENT**

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1. **INTRODUCTION**

The HOME Homebuyer & Rehabilitation program utilizes forms for activity set-up, activity completion, and payment request that reflect the information that must be entered into the federal cash management system. In addition, DOA utilizes a waiver request to assist in managing activity cost as well as a certificate of completion to finalize and close out the grant agreement. In addition, the contract between the Grantee and the Department contains other financial management requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

1. **ACTIVITY SET-UP**

One activity set-up report must be submitted for each activity that will be assisted with HOME dollars. Each household or address will be assigned an individual activity number by HUD and the Department of Administration tracks all activities by this designated activity number, not by the homeowner’s name or address. See Attachment V-1 for a copy of the Activity Set-Up Report form.

The set-up form shows that the environmental review has been completed, or that certain activities are exempt from review, the total amount of HOME contract and/or program income dollars anticipated to complete this activity and the amount of other funds that will be utilized for the activity—with a break-out of the funds being spent on lead.

The form also provides specific information about the activity, homeowner or buyer and location of the house. Each activity set-up or revision must be submitted with a signature and date. The activity type reflects how the contract HOME funds will be used and not the type of project. For example, if contract HOME funds are used only for down-payment assistance then the activity type is “Acquisition Only” even if a new home is being constructed.

*If unanticipated costs are encountered during the activity, you* ***MUST*** *submit a “Revision Set-up”* requesting additional dollars for the activity. If there are sufficient dollars in the contract, the revision will be approved, and additional funds may be drawn at this time. Do not send in a revision to decrease the amount of Program Income and increase HOME contract dollars. Program Income must be used before contract dollars or this is a violation of the HOME rule.

A revision is NOT required when actual costs are less than the original set-up amount. The completion report contains the final costs and submission of a completion report releases the funds to be used toward another activity under the contract.

**All setups and revisions must be submitted no later than 45 days prior to contract end date**. Activity Set-up reports may be submitted to program staff via email. The program shared email box is at [DOADOHHHRHCRI@wisconsin.gov](mailto:DOADOHHHRHCRI@wisconsin.gov). In addition, only one contract can be associated with an Activity Setup Report and activities may not be transferred to another contract once payments have been made.

1. **WAIVER REQUEST**

A HOME Waiver Request is used when the estimated total cost for an activity involving rehabilitation exceeds a minimum threshold determined by DOA. In addition, the contract between the Grantee and the Department contains waiver and amendment requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

Specifically, a waiver must be submitted for:

* Owner-occupied rehabilitation activities requiring $40,000 or more in funding from HOME and/or other sources. Other sources do include HOME program income.
* Homebuyer activities requiring $50,000 or more in funding for acquisition and rehabilitation from HOME and/or other sources. This does not pertain to new construction activities.

In addition, detailed project information must be submitted such as pictures and work specifications with cost estimates to help justify the need for HOME funds.

Waiver requests may be submitted to program staff via the shared program email box at [DOADOHHHRHCRI@wisconsin.gov](mailto:DOADOHHHRHCRI@wisconsin.gov).

1. **REQUEST FOR PAYMENT**

The Request for Payment is used to request both activity and administrative funds. After payment is made by DOA, activity funds may be retained in the Grantee’s account for no more than 15 days. See Attachment V-3 for a copy of the Request for Payment form. The payment spreadsheet will automatically track the contract balance, and the amount you have drawn from each activity and administration. In addition, the contract between the Grantee and the Department contains request for payment requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

**Required Information**

Each request for payment must be completely filled out and submitted with a Grantee Representative signature and date. For each activity, fill in the payment request amount (under current invoice) and the request number. Multiple activity payment requests can be done under one invoice submittal.

Payment requests must also be completed for program income funds the same as for contract funds. However, grantees currently retain their program income and no financial transaction will be initiated by DOA accounting. Grantees are responsible for maintaining their own internal accounting procedures to track commitment and spending of program income.

When invoices are no longer required for an activity please indicate whether the request is a final payment or activity is canceled in the last column. If necessary, grantees can submit a completion report (described in Section E) along with an activity final payment request.

**Submittal process**

DOA has a central email box for receipt of grantee payment requests. The shared email box will be available to all housing Fiscal Team members ensuring timely processing. Email invoices and supporting documentation to [DOADEHCRFiscal@wisconsin.gov](mailto:DOADEHCRFiscal@wisconsin.gov) and carbon copy (cc:) your grant specialist on the email.

**NOTE: No payment requests will be processed after the contract period of performance.**

1. **ACTIVITY COMPLETION REPORT**

The Homeowner Completion Report is required at the completion of an activity. It provides the Department of Administration and HUD with information on the use of HOME funds, program income, match and leverage dollars brought to each activity. A completion report is required for each individual homebuyer or homeowner rehabilitation activity and is due to DOA within 30 days after the final request for payment has been processed. See Attachment V-4 for a copy of the completion report and instructions.

Failure to submit timely completion reports may impact the processing of other payment requests or future contracts funds. In addition, the contract between the Grantee and the Department contains reporting requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

Completion reports may be submitted to program staff via email. The program shared email box is at [DOADOHHHRHCRI@wisconsin.gov](mailto:DOADOHHHRHCRI@wisconsin.gov).

For development activities (new construction and acquisition and rehab), completion is defined as all necessary title transfer requirements and construction work has been performed, all funds have been drawn, the completion report and certificate of occupancy or final inspection report has been submitted to the State and the project complies with all HOME requirements. In addition, a minimum of $500 will be held by the State until the unit is sold.

1. **HOME CONTRACT CERTIFICATE OF COMPLETION**

A HOME Contract Certificate of Completion must be submitted to DOA 30 days after the contract performance period has ended. See Attachment V-4 for a sample of the certificate of completion form. The report lists the total administrative and activity contract amounts as well as the amounts disbursed to a grantee for all activities completed and administrative costs reimbursed under the contract. Any unsettled claims are also listed on the report, if applicable. In addition, the contract between the Grantee and the Department contains other reporting requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

The amounts reported by the grantee will then be reconciled with DOA accounting records. If the same, the certificate will be signed by DOA and a copy sent to the grantee. A contract will NOT be considered closed until the certificate is signed by both the grantee and DOA. In addition, any undisbursed funds will be retained by DOA and no longer available to the grantee.

1. **CONTRACT AMENDMENTS**

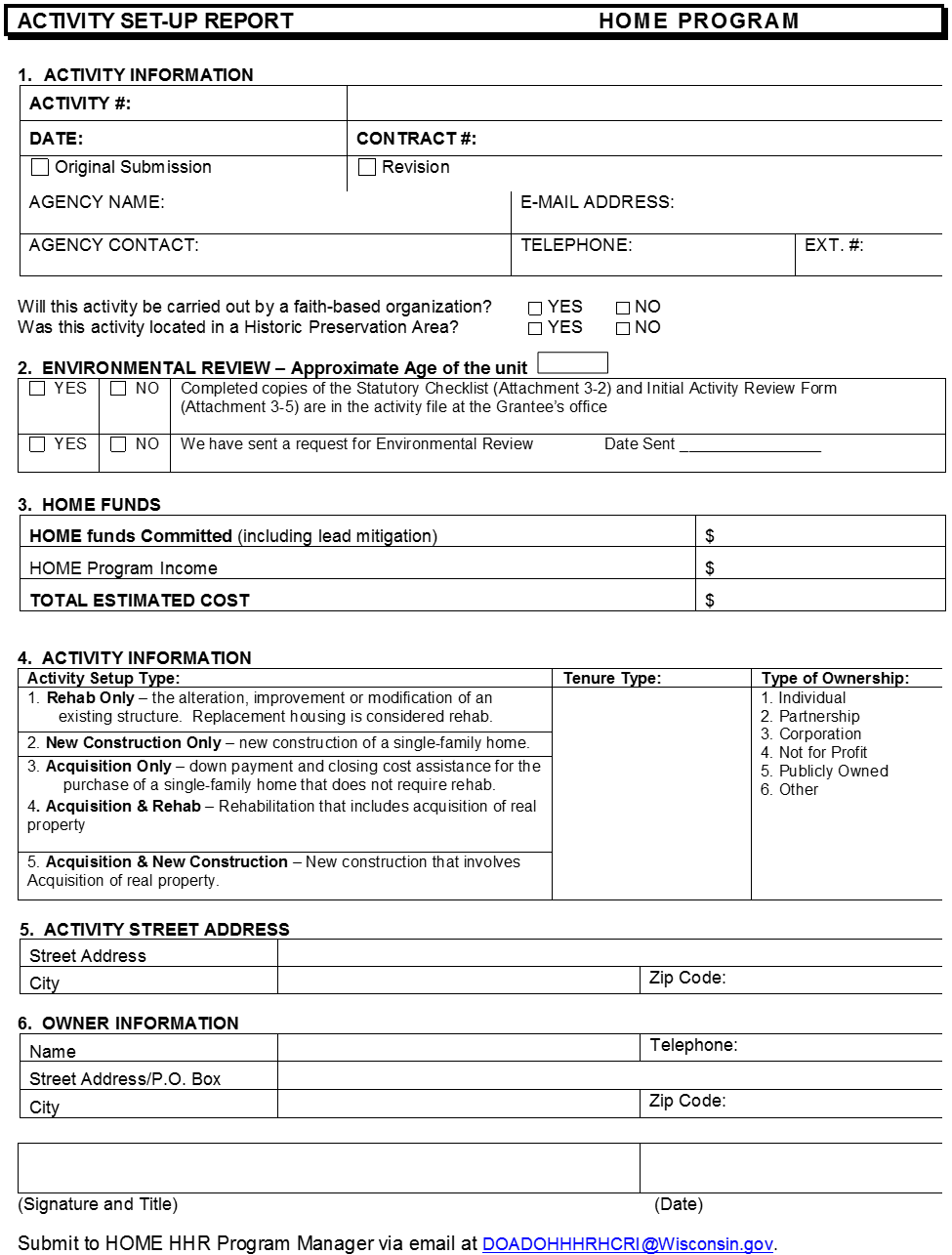
A written agreement or contract is established prior to committing or disbursing any HOME funds. It includes a binding agreement for the period of performance, minimum number of units related to activities, and funding amounts. Any change to the contract such as extending the period of performance must be done through an amendment approved by DOA. No funds will be disbursed after the period of performance regardless of whether activity or administrative costs have been incurred.

In addition, the contract between the Grantee and the Department contains amendment requirements. In the event of conflict between the language specified in a grantee’s contract and this handbook or other supporting documents, the provisions in the contract shall take precedence.

If approved by DOA, an amendment will be sent to the grantee for signature.

Requests to extend the contract must be submitted to DOA 30 days prior to the end of the contract or period of performance. When considering submitting an amendment request, please consider that all activities must be complete before the end of the period of performance.

**ATTACHMENT V-1**



**ATTACHMENT V-2**

**HOME WAIVER REQUEST**

The Waiver Request must be submitted if:

* $40,000 or more from ALL sources will be invested in rehabilitation activity **or**
* $50,000 or more in funds from all sources will be invested in downpayment/closing costs and/or rehabilitation. This does NOT include the first mortgage amount.

Date of Submission: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

Current Value/Purchase Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After Rehab Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of HOME Funds: Down Payment/Closing Costs:

Rehabilitation:

OTHER Funding: SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

HUD Purchase Price/Value Limit:

Work Write-Up/Specifications 🞏 Yes, please attach

|  |
| --- |
| **HOMEBUYER** **ONLY** |

Appraised Value at Purchase: Amount of Purchase Mortgage:

**REHABILITATION ONLY**

Other Liens on Property: SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT:

**» » » » » » » » » » » » » » » For DEHCR use only « « « « « « « « « « « « « « «**

* Before a decision can be made the following information must be submitted:
* Based on the information provided, a variance is granted to proceed with the above-listed activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME Program Manager Date



**ATTACHMENT V-4**

**Homeowner completion report HOME** **PROGRAM**

**1. ACTIVITY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity #:** | **Program: HOME HHR** | | |
| **SUBMISSION DATE:** | **Contract #:** | | |
| Original Submission | Revision | | |
| AGENCY NAME: | | EMAIL ADDRESS: | |
| AGENCY CONTACT: | | TELEPHONE: | EXT. #: |

## Type of Activity: \_\_\_\_ Accessibility Modification? First-time Homebuyer?

**1** Rehab Only  Yes  Yes

**2** New Construction Only  No  No

**3** Acquisition Only

**4** Acquisition & Rehab **Section 504 Accessible?**

**5** Acquisition & new Construction  Yes

No

**Lease Purchase?** If yes, date of agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lead Paint**

**\*Applicable Lead Paint Requirement:**

Housing construction before 1978

Exempt: housing constructed 1978 or later

Otherwise exempt

**\*Lead Hazard Remediation Actions:**

Lead Safe Work Practices (24 CFR 35.930(b))

Interim Controls or Standard Practice (24 CFR 35.930(c))

Abatement (24 CFR 35.930(d))

**2. HOME CONTRACT FUNDS**

# REHAB OR DEVELOPMENT (Including P.I.)

|  |  |  |  |
| --- | --- | --- | --- |
| Direct Loan | Annual Interest Rate: | Amortization Period-Years: | $ |
| Grant: | | | $ |
| Deferred Payment Loan (DPL) | Annual Interest Rate: | Amortization Period-Years: | $ |
| **TOTAL HOME REHAB OR DEVELOPMENT FUNDS** | | | **$** |

|  |  |
| --- | --- |
| Relocation Costs | $ |

# DOWNPAYMENT ASSISTANCE (Including P.I.)

|  |  |  |  |
| --- | --- | --- | --- |
| Direct Loan | Annual Interest Rate: | Amortization Period-Years: | $ |
| Grant: | | | $ |
| Deferred Payment Loan (DPL) | Annual Interest Rate: | Amortization Period-Years: | $ |
| **TOTAL HOME DOWNPAYMENT FUNDS** | | | **$** |

|  |  |
| --- | --- |
| **Initial Purchase Price: $** | **HOME Mortgage Limit: $** |
| **After Rehab Value: $** | **Appraised Value: $** |

**3. OTHER FEDERAL FUNDS (**Specify source & use)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Federal Funds | |  | | $ | |
| Federal Funds | |  | | $ | |
| USDA Rural Development Loan | |  | | $ | |
| **TOTAL FEDERAL FUNDS** | | | | **$** | |
| AGENCY NAME: | | ACTIVITY #: | |

**4. STATE/LOCAL FUNDS** (Specify source & use)

|  |  |  |
| --- | --- | --- |
| Housing Trust Funds |  | $ |
| State/Local Appropriated Funds |  | $ |
| State/Local Tax-Exempt Bond Proceeds |  | $ |
| **TOTAL STATE/LOCAL FUNDS** | | **$** |

**5. PRIVATE FUNDS**

|  |  |  |  |
| --- | --- | --- | --- |
| Lender Name: \_\_\_\_\_ WHEDA | | Mortgage Amount: | |
| Loan Type: \_\_\_\_fixed \_\_\_\_\_variable | Lock in Date: | Interest Rate: | No. of Years: |
| Private Loan Amount | | | $ |
| Owner Cash Contribution | | | $ |
| Foundation Grants | | | $ |
| Individual Donations (specify who/what) | | | $ |
| **TOTAL PRIVATE FUNDS** | | | **$** |

|  |  |
| --- | --- |
| **TOTAL ACTIVITY COSTS** (Total of Items 2 through 5) | **$** |

**6. DONATIONS** Description\*

|  |  |  |
| --- | --- | --- |
| Site Preparation |  | $ |
| Construction Materials |  | $ |
| Donated Labor |  | $ |
| Owner Sweat Equity |  | $ |
| Counseling/Professional Services |  | $ |
| **TOTAL DONATIONS** | | **$** |

*\*Provide the documentation*

**7. FORGONE TAXES & FEES** Description \*

|  |  |  |
| --- | --- | --- |
| Forgone Taxes |  | $ |
| Waived Fees |  | $ |
| Waived Charges |  | $ |
| **TOTAL FORGONE TAXES AND FEES** | | **$** |

*\*Provide the documentation*

|  |  |
| --- | --- |
| AGENCY NAME: | ACTIVITY #: |

**8.DONATED LAND** Description\*

|  |  |  |
| --- | --- | --- |
| Publicly owned land |  | $ |
| Private Owned |  | $ |
| Foreclosed Property |  | $ |
| TOTAL DONATED LAND | | **$** |

*\* Provide the necessary documentation*

**9. INFRASTRUCTURE** Description\*

|  |  |
| --- | --- |
|  | $ |
| **TOTAL INFRASTRUCTURE** | **$** |

*\* Provide the necessary documentation*

**10.** **ACTIVITY LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Address** |  | | |
| **City** |  | **Zipcode** |  |
| **COUNTY in which activity is located:** | | **COUNTY CODE:** | |

## 11. HOUSEHOLD CHARACTERISTICS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit No | No. of Bedrooms | Occupant | Monthly Rent\*  (including Tenant Paid Utilities) | | | Income Data\* | | Household Data | | | | |
| Tenant Contribution | Subsidy Amount | Total  Rent | Monthly  Gross  Income | % of Area Median |  | Race of Head of Household | Size of Household | Type of Household | Rental Assistance |
|  | 0-efficiency  1-1Bdrm  2-2 Bdrms  3-3 Bdrms  4-4 Bdrms  5-5 or  more  Bdrms | 1-Tenant  2-Owner  9-Vacant |  |  |  |  | 1-0-30%  2-31-50%  3-51-60%  4-61-80%  9-Vacant | Hispanic - Check if "yes" | 11-White  12-Black/African American  13-Asian  14-American Indian / Alaskan  Native  15-Native Hawaiian / Other  Pacific Islander  16-American Indian / Alaskan  Native & White  17-Asian & White  18-Black/African American &  White  19-American Indian/Alaskan  native & black/African  American  20-Balance/Other  09-Vacant unit | 1-1 Person  2-2 Persons  3-3 Persons  4-4 Persons  5-5 Persons  6-6 Persons  7-7 Persons  8-or more  Persons  9-Vacant | 1-Single/non-Elderly  2-Elderly  3-Related/1 parent  4-Related/2 parent  5-Other  9-Vacant Unit | 1-Section 8  2-HOME TBRA  3-Other  4-None  9-Vacant Unit |
|  |  |  | $ | $ | $ | $ |  |  |  |  |  |  |

\*Round to the nearest dollar.

**12.** Did this household receive homebuyer counseling:  
  No counseling  Post-purchase

Pre-purchase  Both Pre- and Post-purchase

**13.** Did this household have a member with a disability?

Yes  No

**14.** Did this activity involve interim controls (lead-safe work) or abatement of lead-based paint?

Yes  No

**15.**  Did this activity meet Energy Star Standards?

Yes  No

(If “Yes” please provide documentation showing certification from Focus on Energy)

**16.** Did this homebuyer come from subsidized housing (public housing or rental assistance from

a federal, state or local program) immediately prior to HOME assistance?

Yes  No

**17.** Did you contract with any MBE/WBE contractors/subcontractors for this activity?

Yes  No

(If "Yes" please attach the MBE/WBE reporting form)

Submit the Completion Report to the HOME HHR Program Manager via:

Email: DOADOHHHRHCRI@wisconsin.gov

**ATTACHMENT V-5**

**Completion Report Instructions**

1. **ACTIVITY INFORMATION**

**ACTIVITY#:**

Enter the five-digit unique number assigned by HUD to this activity. (The activity number is assigned when the grantee submits the Activity Set-up Report to the Department of Administration.) Enter “PI” for program only activities.

**PROGRAM:**

HHR

**SUBMISSION DATE:**

Enter the date when all work for an activity has been completed and the Homeowner Completion Report is mailed to the Department of Administration.

**CONTRACT#:**

Enter the HOME contract number under which this activity is funded.

**ORIGINAL SUBMISSION:**

Check this box only if it is the first time a grantee is submitting a Homeowner Completion Report for this activity.

**REVISION:**

Check this box only if this is not an original submission and revisions were made to the Homeowner Completion Report.

**AGENCY NAME:**

Enter the name of the agency overseeing the activity. If more than one agency is involved, enter the name of the lead agency.

**E-MAIL ADDRESS:**

Enter the e-mail address of the contact person. If two or more agencies are involved, enter the email address of the person who can answer questions about this activity.

**AGENCY CONTACT:**

Enter the name of the primary person to contact regarding the Homeowner Completion Report. If more than one agency is involved; enter the name of the person who can answer questions about the activity.

**TELEPHONE #:**

Enter the phone number of the agency contact.

**EXT:**

Enter the extension number of the agency contact.

**TYPE OF ACTIVITY:**

Enter the number of the activity type for this activity.

1. Rehab Only:

Rehab only is the alteration, improvement and modification of an existing structure. Replacement housing is considered rehab.

1. **NEW** Construction Only:

New Construction only is new construction of a single family home.

1. Acquisition Only:

Acquisition only is down payment and closing cost assistance for the purchase of a single family home that does not require rehabilitation.

1. Acquisition & Rehab:

Acquisition and rehab is down payment and closing cost assistance for the purchase of a single family home, and funds for the rehabilitation of that home to meet HQS.

1. Acquisition & New Construction:

Down payment and closing cost toward the purchase and construction of a dwelling.

**ACCESSIBLE MODIFICATION:**

This is a HOME activity that funds accessibility modification improvements which are not extensive in scale. Accessibility modification improvements include the repair and/or the construction of elements that assist persons with handicaps to more fully and safely utilize their home.

Indicate whether this is an accessible activity.

**SECTION 504 ACCESSIBLE:**

This is a HOME activity where the complete unit meets uniform federal accessible standards. More extensive than accessible modification improvements, it generally entails making the entire unit accessible to assist persons with handicaps to more fully and safely utilize their home. Note: Section 504 Accessible does not apply to Single Family Rehab activities.

Indicate whether this is a section 504 accessible activity.

**FIRST-TIME HOMEBUYER:**

A first-time homebuyer is a homebuyer who has not owned a home for the last three years prior to this assisted purchase. Indicate whether this is a first-time homebuyer activity.

**LEASE PURCHASE:**

If this activity involves a lease purchase arrangement, enter the date the agreement was signed. Ownership of the unit must be conveyed to the homebuyer within 36 months of signing the lease purchase agreement.

1. **HOME CONTRACT FUNDS**

**REHAB OR DEVELOPMENT**

**DIRECT LOAN:**

Enter the HOME funds (contract and program income) awarded to low-and moderate-income homeowners for rehabilitation, the interest rate and term of the loan.

**GRANT:**

Enter any HOME funds (contract and program income) given to the homeowner for the purpose rehabilitation of a single family home that do not require repayment.

**DEFERRED PAYMENT LOAN:**

Enter the amount of HOME funds (contract and program income) being provided for rehab as a DPL. Deferred payment loans (DPL) may be forgivable or payable over a period of time. Deferred payment loans can accrue interest or be non-interest bearing and the property is used as collateral.

**TOTAL HOME REHAB FUNDS:**

Enter the total costs from direct loan, grant and deferred payment loan, used for rehabilitation or development.

**RELOCATION COSTS:**

Enter all relocation payments associated with this activity. The Uniform Relocation and Real Property Acquisition Policies Act, also known as the Uniform Act, applies to all assisted properties. Both permanent and temporary relocation assistance are eligible costs. Information on temporary relocation can be found in Chapter XV.

**DOWNPAYMENT ASSISTANCE**

**DIRECT LOAN:**

Enter the HOME funds (contract and program income) awarded for down payment

assistance.

**GRANT:**

Enter any HOME funds (contract and program income) given to the homeowner for the purpose of down payment assistance for a single family home.

**DEFERRED PAYMENT LOAN:**

Enter the amount of HOME funds (contract and program income) being provided for

down payment assistance as a DPL.

**TOTAL HOME DOWNPAYMENT FUNDS:**

Enter the total costs from direct loan, grant and deferred payment loan used for down payment assistance.

**INITIAL PURCHASE PRICE:**

Enter the purchase price of the single family home. You are required to give this amount for all homebuyer.

**AFTER REHAB VALUE:**

Enter the value of the single-family home after rehabilitation. You are required to give this amount for all rehabilitation activities. This amount is required for homebuyer activities where rehab is completed as part of the activity.

**HOME MORTGAGE LIMIT:**

Enter the maximum purchase price/after rehabilitation value for the county where the activity is located. The value of any homebuyer/homeowner occupied property may not exceed 95 percent of the median purchase price for that type of single family housing for the area, as published by HUD. The HOME mortgage limit is the maximum purchase price or after rehabilitation value of a home based on Section 203 (b) of Single Family Mortgage Limits. Section 203 (b) limits are determined by HUD’s Office of Single Family Housing. To view updated limits on-line, go to the Division of Energy, Housing and Community Resources website: <http://doa.wi.gov/Divisions/Housing/HHR#forms>

**APPRAISED VALUE:**

Enter the estimated market value of a homebuyer property based on purchase appraisal.

1. **OTHER FEDERAL FUNDS:**

(Provide information explaining the source and use of all non-HOME federal funds.)

**FEDERAL FUNDS:**

Enter contributions made with or derived from federal resources or funds. Some examples of federal funds are CDBG funds, Workforce Investment Act, FHA, Department of Energy (DOE) Weatherization Emergency Assistance Program (EAP) and Preservation Grants.

**USDA RURAL DEVELOPMENT:**

Enter the total amount dollar from a USDA Rural Development loan.

**TOTAL FEDERAL FUNDS:**

Enter the total of all non-HOME federal funds in this activity.

1. **STATE/LOCAL FUNDS**

Enter the amount of any state/local funds used in this activity. Provide information explaining the source and use of state and local funds.

**HOUSING TRUST FUNDS:**

Enter the amount of any housing trust funds used in this activity.

These are funds dedicated by municipalities for affordable housing, such as the City of Stevens Point’s HOORA Program.

**STATE/LOCAL APPROPRIATED FUNDS:**

Enter the amount of any state or local appropriated funds used in this activity. These funds are appropriated by the State legislature to assist low- and moderate-income households with housing needs like foreclosure prevention, down payment and closing costs. Some examples of an appropriated funding source are HCRI, Focus on Energy and the Housing Organization and Direct Assistance Program (HODAP).

**STATE/LOCALTAX EXEMPT BOND PROCEEDS:**

Enter the amount of any state or local exempt bonds proceeds used in this activity. These are loans made from State and local municipalities from affordable housing bond proceeds such as housing authority mortgage revenue bonds and WHEDA loan programs.

**TOTAL PUBLIC FUNDS:**

Enter the total of all State/Local funds used in this activity.

1. **PRIVATE FUNDS**

**LENDER NAME:**

Enter the name of the lender associated with this activity.

**MORTGAGE AMOUNT:**

Enter the mortgage amount associated with this activity.

**LOAN TYPE:**

Indicate whether the loan is fixed or variable. The interest rate of a fixed interest rate loan will not change during the life of the loan. The interest of a variable interest rate loan may change during the life of the loan.

**LOCK IN DATE:**

Enter the date when the interest rate was locked in.

A lock in-date is used to guarantee a specific interest rate, if the loan is closed within a specific time.

**INTEREST RATE:** Enter the interest rate at which the homeowner received the loan.

**NO. OF YEARS:** Enter the number of years for which the mortgage loan is written.

**PRIVATE LOAN AMOUNT:**

Enter the amount borrowed from a private lender to purchase, construct or rehabilitate this activity.

**OWNER CASH CONTRIBUTION:**

Enter funds provided by the homeowner toward the purchase, construction or rehabilitation of a single-family home. Owner cash contributions includes: earnest money, home inspection costs, appraisal fees, repair costs, and home insurance.

**FOUNDATION GRANTS:**

Enter the amount of foundation grant funds associated with this activity. Foundation grants are non-federal cash contributions from a third party. Examples of foundation grants are: credit from the lender, Federal Home Loan Bank (FHLB-AHP) down payment assistance.

**INDIVIDUAL DONATIONS:**

Enter any individual donations associated with this activity. Individual donations include monetary gifts from relatives or friends, credit from the seller for closing costs or other seller contributions, and charitable gifts from organizations like Goodwill and the United Way used towards the construction, purchase or rehabilitation of this activity.

**TOTAL PRIVATE FUNDS:**

Enter the total amount from private loan amount, owner cash contribution, foundation grants and individual donations.

**6.** **HOME PROGRAM INCOME**

Enter all program income funds used in association with this activity. Program income is the gross income received by a grantee that is directly generated from the use of HOME funds and matching contributions. Examples of program income are proceeds from the sale or long-term lease of real property, rehabilitated or constructed with HOME funds.

**TOTAL ACTIVITY COSTS:**

Enter the sum of all total fields in Sections 2 through Section 6.

**7.** **DONATIONS:** *(provide documentation)*

**SITE PREPARATION:**

Enter the dollar value of all site preparation work associated with this activity. Site preparation donated for construction or acquisition or rehabilitation of a HOME single family home. Some examples of site preparation are demolition work and grading.

**CONSTRUCTION MATERIALS:**

Enter the dollar value of donated construction material used in the construction or rehabilitation of a HOME single family home. Some examples of construction materials are wood, mortar, steel, drywall, flooring etc.

**DONATED LABOR:**

Enter the dollar value of all donated labor associated with this activity. A rate of $10.00 per hour is the rate established by HUD for unskilled donated or voluntary labor. Labor from community groups, nonprofits, friends, neighbors, corrections work crews, Job Training Partnership Act (JTPA), and the Wisconsin Fresh Start (WFS) programs are some examples of donated labor.

**OWNER SWEAT EQUITY:**

Enter the dollar value of the owner sweat equity associated with this activity. This is the value of labor that members of the activity household contributed to the rehabilitation or construction of their single-family home. The value of owner sweat equity is computed using the $10 per hour rate established by HUD for unskilled labor.

**COUNSELING/PROFESSIONAL SERVICES:**

Enter the dollar value of the counseling/professional service determined by the rate that the individual or entity performing the service normally charges. Direct costs are limited to salary costs (including benefits) and the cost of materials related to the services provided (e.g., pamphlets, tool kits for new homeowners etc.) can be counted as match. Some examples of counseling/professional services are first homebuyer education classes and affordability counseling.

**TOTAL DONATIONS:**

Enter the total amounts from site preparation, construction materials, donated labor, owner sweat equity and counseling/professional services.

**8. FORGONE TAXES AND FEES:** *(provide documentation)*

**FORGONE TAXES:**

Enter the dollar value of forgone taxes for this activity. These are State or local taxes that are normally imposed or charged for similar activities. Some examples of forgone or deferred taxes are local property taxes, transfer taxes and state tax credits. For taxes that are forgiven only for a single year enter the full amount of the tax forgiven.

**WAIVED FEES:**

Enter the dollar value of waived fees for this activity. These are fees that are normally imposed for similar activities that are waived. Some examples of waived fees are permit fees, recordation fees and impact fees. For fees that are waived only for a single year enter the full amount of the waived fees.

**WAIVED CHARGES:**

Enter the dollar value of waived charges for this activity. These are waived charges that are normally imposed for similar activities that are waived. Some examples of waived charges by private or public institutions are title insurance premiums and utility hook-up surcharges. For charges that are waived only for a single year enter the full amount of the waived charges.

**9. DONATED LAND:** *(provide documentation)*

Enter the dollar value of donated land for this activity. There are three types of donated land publicly owned land or property, private owned land or property or foreclosed property. Generally, the value of donated land is the appraised value before any HOME assistance is provided, minus any debt burden, lien or other encumbrance. Property must be appraised by an independent certified appraiser.

**PUBLICLY OWNED LAND:**

Enter the dollar value of the publicly owned land for this activity. The amount of the match contribution will be the difference between the appraised value of the property at acquisition and the acquisition cost, minus any debt, liens or encumbrances.

**PRIVATE OWNED:**

Enter the dollar value of the private owned land for this activity. Land donated from a private source to a HOME activity is 100 percent of the property value, minus any debt, liens or encumbrances.

**FORECLOSED PROPERTY:**

Enter the dollar value of the foreclosed property for this activity. Banks may sell a foreclosed property at an amount equal to back taxes owed. The value of the foreclosed property is the appraised value, before any HOME assistance is provided, minus any debt burden, lien or other encumbrance.

**TOTAL DONATED LAND:**

Enter the dollar value from publicly owned land, private owned land and foreclosed property.

**10.** **INFRASTRUCTURE:** *(provide documentation)*

Enter the dollar value of the infrastructure for this activity. Only infrastructure not paid for with federal funds may be claimed as match. Some examples of infrastructure are streets, sidewalks, street lights and utility lines and connections serving the activity. Infrastructure improvements must be made within 12 months of the start of the HOME activity.

**TOTAL INFRASTRUCTURE:**

Enter the value of all infrastructures for this activity.

**11. ACTIVITY LOCATION**

**STREET ADDRESS:**

Enter the street address for this HOME activity.

**CITY:**

Enter the name of the city where this HOME activity is located.

**ZIP CODE:**

Enter the zip code for this HOME activity.

**COUNTY:**

Enter the name of the county for this HOME activity.

**COUNTY CODE:**

Enter the county code from the HOME Program – Geographic Code System for the State of Wisconsin.

**12. HOUSEHOLD CHARACTERISTICS**

**UNIT NO:**

Enter 1 here. This number should always be 1 for homeowner projects.

**NO. OF BEDROOMS:**

Enter the number of bedrooms for this activity.

**OCCUPANT:**

Enter 2 here. This number should be 2 for HOME single family activities.

**MONTHLY RENT:**

Please enter **NA** or leave them blank. The fields below are used for rental activities not for HOME funded single family activities.

**TENANT CONTRIBUTION:**

Enter **NA** or leave it blank. This field is used for Rental activities not HOME funded single family activities.

**SUBSIDY AMOUNT:**

Enter NA or leave it blank. This field is used for Rental activities not HOME funded single family activities.

**TOTAL RENT:**

Enter NA or leave it blank. This field is used for Rental activities not HOME funded single family activities.

**INCOME DATA:**

The fields below are used to determine income.

**MONTHLY GROSS INCOME:** **(Round to the nearest dollar)**

Enter the activity’s household gross monthly income (monthly income before taxes).

**% of AREA MEDIAN: (Round to the nearest dollar)**

Use the HUD HOME Household Income Limits tablet found on the DOA HHR website:

<http://www.doa.state.wi.us/Divisions/Housing/HHR#description>. Look up the activity county to get the % of area median. Enter the % of area median income found in the HUD HOME Household Income Limits that corresponds to the activity household size and household gross yearly income.

**HOUSEHOLD DATA:**

The fields below provide household demographic information for this activity.

**HISPANIC-CHECK IF YES**:

Check the box if this is a Hispanic household.

**RACE OF HEAD OF HOUSEHOLD:**

Enter the race of the head of household.

**11-WHITE**

**12-BLACK/AFRICAN AMERICAN**

**13-ASIAN**

**14-AMERICAN INDIAN/ ALASKAN NATIVE**

**15-NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER**

**16-AMERICAN INDIAN/ ALASKAN NATIVE & WHITE**

**17-ASIAN & WHITE**

**18-BLACK/AFRICAN AMERICAN & WHITE**

**19-AMERICAN INDIAN/ALAKAN NATIVE & BLACK/AFRICAN AMERICAN**

**20-BALANCE/OTHER**

Choose this category if none of the other racial profiles apply.

**09-VACANT UNIT**

**SIZE OF HOUSEHOLD:**

Enter the number of people in the activity household.

**TYPE OF HOUSEHOLD:**

Enter the type of household.

1. **SINGLE/NON-ELDERLY:**

Household head for this activity is unmarried and under the age of 65.

1. **ELDERLY:**

Household head is age 65 and over.

1. **RELATED/1 PARENT:**

Household head is a single parent.

1. **RELATED/2 PARENT:**

The household contains two parents.

1. **OTHER:**

Use this if none of the other types of household apply.

1. **VACANT UNIT:**

Unit is vacant.

**RENTAL ASSISTANCE:**

Enter 4 here. HOME funded single family activities will always be 4.

**13. DID THIS HOUSEHOLD RECEIVE HOMEBUYER COUNSELING?**

Check the box that applies to this household.

**NO COUNSELING**:

Household received no homebuyer counseling.

**PRE-PURCHASE:**

Household received pre-purchase (before purchase) homebuyer counseling.

**POST-PURCHASE:**

Household received post-purchase (after purchase) homebuyer counseling.

**BOTH PRE- AND POST-PURCHASE:**

Household received both pre- and post-purchase counseling.

**14. DID THIS HOUSEHOLD HAVE A MEMBER WITH A DISABILITY?**

Check yes if any member of the activity household has a disability.

**15. DID THIS PROJECT INVOLVE INTERIM CONTROLS (LEAD-SAFE WORK) OR ABATEMENT OF**

**LEAD-BASED PAINT?**

Check yes if this project involved interim controls or abatement of lead-based paint.

**16. DID THIS ACTIVITY MEET ENERGY STAR STANDARDS?**

Check yes if this unit was certified as a Wisconsin ENERGY STAR home. ENERGY STAR homes are 25 percent or more energy efficient than homes built with Wisconsin’s Uniform Dwelling Code. Housing units receiving this certification must pass a series of performance tests and meet specific program standards before being certified. Provide documentation if this is an ENERGY STAR unit.

**17. DID THIS HOMEBUYER COME FROM SUBSIDIZED HOUSING (PUBLIC HOUSING OR RENTAL**

**ASSISTANCE FROM A FEDERAL, STATE OR LOCAL PROGRAM) IMMEDIATELY PRIOR TO**

**HOME ASSISTANCE?**

Check yes if the homebuyer came from public housing or received rental assistance from a federal, state or local program immediately prior to home assistance.

**18. DID YOU CONTRACT WITH ANY MBE (Minority Business Enterprise)/WBE (Women Business**

**Enterprise) CONTRACTORS/SUBCONTRACTORS FOR THIS PROJECT?**

Check yes if this project used any MBE or WBE contractors or subcontractors.

**ATTACHMENT V-6**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***HOME CONTRACT CERTIFICATE OF COMPLETION*** | | | | | | | |
| 1. Name of Grantee | |  | | | | | |
| 2. HOME PROGRAM |  | | | Contract # | |  | |
| 3. PERFORMANCE PERIOD | | |  | | TO | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. FINAL EXPENDITURE STATEMENT | | | |
| **To be Completed by Grantee** | | | |
|  | A.  HOME Contract Amount | B.  HOME Funds Disbursed | C.  Unsettled Third Party Claims  (if applicable) |
| Activity Funds | $ | $ | $ |
| Administrative Funds | $ | $ | $ |
| TOTAL | $ | $ | $ |

5. UNSETTLED THIRD-PARTY CLAIMS NARRATIVE

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 6. CERTIFICATION OF GRANTEE | | |
| It is hereby certified that all activities undertaken by the Grantee with funds provided under the contract identified in 2. above, have, to the best of my knowledge, been carried out during the contract performance period in accordance with the contract and the applicable OMB regulations; that proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified in 4.C. above; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date. | | |
| Date | Typed Name and Title of Grantee’s  Chief Executive Officer | Signature of Grantee's Chief Executive Officer |