

HOUSING ASSISTANCE APPENDIX
(Attach Report to Financial & Programmatic Section)

1. Is information about the program being adequately provided to potential beneficiaries? __Yes __No

Benefit

1. Is there a separate file for each program applicant? __Yes __No
2. Do the files contain the following:
- a. Verification of household size and income __Yes __No
 - b. LMI eligibility determination __Yes __No
 - c. Multi family buildings are 51% LMI occupied __Yes __No __N/A
 - d. New housing units are at least 51% LMI occupied __Yes __No __N/A
 - e. Spot blight activities __Yes __No __N/A

2. Have there been any activities, not identified in the contract, started or completed with HA program funds? __Yes __No

If yes, is there documentation to substantiate program benefit for the additional activities? __Yes __No

3. Have there been any replacement housing activities? __Yes __No

If yes, is there documentation of the following:

- a. Approval by the OCD prior to beginning the activities? __Yes __No
- b. Only the approved activities were completed? __Yes __No
- c. Activities are within HA Program cost limits? __Yes __No
- d. For new housing construction was the activity undertaken by a local development company, Small Business Investment Company, or neighborhood-based non-profit organization __Yes __No

Tracking Systems

1. Is a Housing Rehabilitation Benefit Data System that meets CDBG program requirements maintained? __Yes __No

2. Is a Housing Rehabilitation (Tenant) Project Occupancy List maintained? __Yes __No

- a. If tenants were not to be displaced as a result of rehab activities, did each tenant receive a letter titled Guideform General Information Notice - Residential Tenant That Will Not Be Displaced? __Yes __No

- b. If displacement was not expected, did each tenant receive an additional letter explaining his or her status

such as the Guideform Notice of Nondisplacement to Residential Tenant?

Yes No

- c. Have any tenants or homeowners been displaced as a result of rehab activities to multifamily units?

Yes No

If yes, complete the appropriate sections of an Acquisition/Relocation monitoring package.

Civil Rights & Fair Housing Activities

1. Have the following Fair Housing practices been used?

- a. Distribution of HUD Fair Housing booklet Yes No
- b. Equal Housing Opportunity logo on program documents Yes No
- c. Fair Housing Proclamation Yes No
- d. Fair Housing Addendum Yes No
- e. Displayed the Fair Housing Poster where applications are taken Yes No

HOUSING REHABILITATION CASE FILE

Applicant #: _____ Property Address: _____

Type of Property: Single Family Multi Family Mobile Home

Grant: Loan: Terms: _____

CDBG Assistance \$ _____ Other \$ _____

Work Completed: _____

1. Does the file contain the following documentation:

- | | | | | |
|----|---|------------------------------|-----------------------------|------------------------------|
| a. | Property ownership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. | Family Size? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. | Income sources and verification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. | Work specifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. | Cost estimates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. | Construction contract w/\$'s and work specs.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. | Record of all bids received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. | Basis for Contractor selection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. | Lead based paint provisions in contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. | Signed lead based paint hazard notifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| k. | Unit is recorded in the benefit data table? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| l. | Unit is recorded in the project occupancy list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| m. | Dates and amounts of disbursements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

On Site Inspection

1. Was the contract work completed according to terms? Yes No
2. Was the work completed timely and professionally? Yes No
3. Does the unit appear to meet Section 8 MHQS? Yes No
4. Is the applicant/tenant satisfied with the work? Yes No
5. What is the date of the initial application? _____
6. What is the date of applicant approval? _____
7. When was final payment approved? _____
8. When was final payment made to the contractor? _____

Inspectors Comments: _____

Homeowner or Tenant Comments: _____

HOUSING REHABILITATION CASE FILE

Applicant #: _____ Property Address: _____

Type of Property: Single Family Multi Family Mobile Home

Grant: Loan: Terms: _____

CDBG Assistance \$ _____ Other \$ _____

Work Completed: _____

1. Does the file contain the following documentation:

- | | | | | |
|----|---|------------------------------|-----------------------------|------------------------------|
| a. | Property ownership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. | Family Size? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. | Income sources and verification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. | Work specifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. | Cost estimates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. | Construction contract w/\$'s and work specs.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. | Record of all bids received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. | Basis for Contractor selection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. | Lead based paint provisions in contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. | Signed lead based paint hazard notifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| k. | Unit is recorded in the benefit data table? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| l. | Unit is recorded in the project occupancy list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| m. | Dates and amounts of disbursements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

On Site Inspection

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Was the contract work completed according to terms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Was the work completed timely and professionally? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does the unit appear to meet Section 8 MHQS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Is the applicant/tenant satisfied with the work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | What is the date of the initial application? | _____ | |
| 6. | What is the date of applicant approval? | _____ | |
| 7. | When was final payment approved? | _____ | |
| 8. | When was final payment made to the contractor? | _____ | |

Inspectors Comments: _____

Homeowner or Tenant Comments: _____

HOUSING REHABILITATION CASE FILE

Applicant #: _____ Property Address: _____

Type of Property: Single Family Multi Family Mobile Home

Grant: Loan: Terms: _____

CDBG Assistance \$ _____ Other \$ _____

Work Completed: _____

1. Does the file contain the following documentation:

- a. Property ownership? Yes No
- b. Family Size? Yes No
- c. Income sources and verification? Yes No
- d. Work specifications? Yes No
- e. Cost estimates? Yes No
- f. Construction contract w/\$'s and work specs.? Yes No
- g. Record of all bids received? Yes No
- h. Basis for Contractor selection? Yes No
- i. Lead based paint provisions in contract? Yes No
- j. Signed lead based paint hazard notifications? Yes No
- k. Unit is recorded in the benefit data table? Yes No N/A
- l. Unit is recorded in the project occupancy list? Yes No N/A
- m. Dates and amounts of disbursements? Yes No

On Site Inspection

- 1. Was the contract work completed according to terms? Yes No
- 2. Was the work completed timely and professionally? Yes No
- 3. Does the unit appear to meet Section 8 MHQS? Yes No
- 4. Is the applicant/tenant satisfied with the work? Yes No
- 5. What is the date of the initial application? _____
- 6. What is the date of applicant approval? _____
- 7. When was final payment approved? _____
- 8. When was final payment made to the contractor? _____

Inspectors Comments: _____

Homeowner or Tenant Comments: _____

HOUSING REHABILITATION CASE FILE

Applicant #: _____ Property Address: _____

Type of Property: Single Family Multi Family Mobile Home

Grant: Loan: Terms: _____

CDBG Assistance \$ _____ Other \$ _____

Work Completed: _____

1. Does the file contain the following documentation:

- a. Property ownership? Yes No
- b. Family Size? Yes No
- c. Income sources and verification? Yes No
- d. Work specifications? Yes No
- e. Cost estimates? Yes No
- f. Construction contract w/\$'s and work specs.? Yes No
- g. Record of all bids received? Yes No
- h. Basis for Contractor selection? Yes No
- i. Lead based paint provisions in contract? Yes No
- j. Signed lead based paint hazard notifications? Yes No
- k. Unit is recorded in the benefit data table? Yes No N/A
- l. Unit is recorded in the project occupancy list? Yes No N/A
- m. Dates and amounts of disbursements? Yes No

On Site Inspection

- 1. Was the contract work completed according to terms? Yes No
- 2. Was the work completed timely and professionally? Yes No
- 3. Does the unit appear to meet Section 8 MHQS? Yes No
- 4. Is the applicant/tenant satisfied with the work? Yes No
- 5. What is the date of the initial application? _____
- 6. What is the date of applicant approval? _____
- 7. When was final payment approved? _____
- 8. When was final payment made to the contractor? _____

Inspectors Comments: _____

Homeowner or Tenant Comments: _____

Findings of Non-Compliance:

1. _____

Required Action: _____

2. _____

Required Action: _____
