|  |  |
| --- | --- |
| Kansas Rental Completion Report HOME Program | Mark the appropriate box:  Original Submission  Revision |

## Part A: Activity Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Activity Number | 2. Name of Participant  State of Kansas | | | 3. Participant’s Tax ID Number  **486029925** | |
| 4. CHDO Tax ID Number | 5. Name & Phone Number (including Area Code) of person completing form | | | | |
| 6. Type of Property (check one):  (1)  Condominium (2)  Cooperative  (3)  SRO (4)  Apartment  (5)  Other | | 7. Does Activity Have Rent Exception?  (1)  Yes  (2)  No | 8. Mixed Income Activity?  (1)  Yes  (2)  No | | 9. Mixed Use Activity?  (1)  Yes  (2)  No |

**Part B: Financial Structure of Activity**

|  |
| --- |
| Type of Activity Financed (check one):  (1)  Rehabilitation Only (2)  New Construction Only (3)  Acquisition Only (4)  Acquisition & Rehabilitation (5)  Acq. & New Construction |

**Final Funding Sources**

1. HOME Funds

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Direct Loan (Non-state HOME funds) | Annual Interest Rate  % | Amortization Period  Yrs. | $ |
| (2) Grant (Non-state HOME funds) | | | $ |
| (3) Deferred Payment Loan (DPL) | Annual Interest Rate  % | Amortization Period  Yrs. | $ |
| (4) Other | | | $ |
| **Total HOME Funds** (Total Items 1-5) | | | $ |

2. Public Funds

|  |  |
| --- | --- |
| (1) Other Federal Funds | $ |
| (2) State/Local Appropriated Funds | $ |
| (3) State/Local Tax Exempt Bond Proceeds | $ |
| (4) **Value of Donated Land, Labor, Materials, Services, Etc. (Attach Itemized List)** | $ |
| **Total Public Funds** (Total Items 1-4) | $ |

3. Private Funds

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Private Loan Funds | Annual Interest Rate  % | Amortization Period  Yrs. | $ |
| (2) Owner Cash Contribution | | | $ |
| (3) Net Syndication Proceeds (No low income tax credit) | | | $ |
| (4) Private Grants | | | $ |
| (5) **Value of Donated Land, Labor, Materials, Services, Etc. (Attach Itemized List)** | | | $ |
| **Total Private Funds** (Total Items 1-5) | | | $ |

|  |  |
| --- | --- |
| 4. Low Income Tax Credit Syndication Proceeds | $ |

|  |  |
| --- | --- |
| 5. HOME Program Income | $ |

|  |  |
| --- | --- |
| **6. Total Funding Sources** (Total All Items) | $ |

**Part C: Development Costs Certification** Document actual costs incurred for this activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actual**  **Itemized Cost** |  | **Actual**  **Development Cost** |  | **Do Not Use**  **This Space** |
| **To Purchase Land & Buildings** |  |  |  |  |
| Land |  |  |  |  |
| Existing Structures |  |  |  |  |
| Demolition |  |  |  |  |
| Other |  |  |  |  |
| **For Site Work** |  |  |  |  |
| Site Work |  |  |  |  |
| Off-Site Work |  |  |  |  |
| **For Rehabilitation & New Construction** |  |  |  |  |
| New Building |  |  |  |  |
| Rehabilitation |  |  |  |  |
| Accessory Building |  |  |  |  |
| General Requirements |  |  |  |  |
| Contractor Overhead |  |  |  |  |
| Contractor Profit |  |  |  |  |
| Building Permit Fee |  |  |  |  |
| For Architectural & Engineering Fees |  |  |  |  |
| \*\*Architect Fee – Design |  |  |  |  |
| \*\*Architect Fee – Supervision |  |  |  |  |
| \*\*Real Estate Attorney |  |  |  |  |
| \*\*Consultant or Processing Agent |  |  |  |  |
| \*\*Property/Survey Fee |  |  |  |  |
| \*\*Engineering Fee |  |  |  |  |
| \*\*Other Fees |  |  |  |  |
| \*\*Other Fees |  |  |  |  |
| **For Interim Costs** |  |  |  |  |
| Construction Insurance |  |  |  |  |
| Construction Interest |  |  |  |  |
| Construction Loan Origination Fee |  |  |  |  |
| Construction Loan Credit Enhancement |  |  |  |  |
| Taxes |  |  |  |  |
| **For Financing Fees & Expenses** |  |  |  |  |
| Bond Premium |  |  |  |  |
| Credit Report |  |  |  |  |
| Permanent Loan Origination Fee |  |  |  |  |
| Permanent Loan Credit Enhancement |  |  |  |  |
| Cost of Issuing Underwriters Discount |  |  |  |  |
| \*\*Title and Recording |  |  |  |  |
| \*\*Counsel’s Fees |  |  |  |  |
| \*\*Cost Certification Fee |  |  |  |  |
| \*\*Other |  |  |  |  |
| **For Soft Cost** |  |  |  |  |
| \*\*Property Appraisal (Feasibility) |  |  |  |  |
| \*\*Market Study |  |  |  |  |
| \*\*Environmental Report |  |  |  |  |
| \*\*Tax Credit Fees |  |  |  |  |
| \*\*Rent-Up |  |  |  |  |
| \*\*Consultants |  |  |  |  |
| \*\*Other |  |  |  |  |
| **For Syndication Costs** |  |  |  |  |
| Organizational (Partnership) |  |  |  |  |
| Bridge Loan Fees and Expenses |  |  |  |  |
| Tax Opinion |  |  |  |  |
| Other |  |  |  |  |
| **For Developer’s Fees** |  |  |  |  |
| Developer’s Overhead |  |  |  |  |
| Developer’s Fees |  |  |  |  |
| Other |  |  |  |  |
| **For Project Reserves** |  |  |  |  |
| Rent-Up Reserve |  |  |  |  |
| Operating Reserve |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **TOTAL\*** |  |  |  |  |

\* Total Development Costs should equal Total Funding Sources (Part B, Number 6) from Page 1.

\*\*Intermediary Costs

**Part D: Household Characteristics** Complete one line for each unit assisted with HOME funds. Enter one code only in each block. For activities which include multiple addresses, complete a separate Household Characteristics (Part C) for each address.

|  |  |
| --- | --- |
| Activity Address | Activity Number |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit No. | No. of Bedrooms | Occupancy | Tenant Contribution | Subsidy Amount | Total Rent | % of Area Median | Hisp | Race of Head of Household | Size of Household | Head of Household | Rental Assistance |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |
|  |  | **1** |  |  |  |  |  |  |  |  |  |

**No. of Bedrooms Code** **% of Area Median Code** **Race of Head of Household Code Head of Household Code**

1 – 1 Bedroom 1 – 0 – 30% 11 – White 1 – Single/non-Elderly

2 – 2 Bedrooms 2 – 30 – 50% 12 – Black/African American 2 - Elderly

3 – 3 Bedrooms 3 – 50 – 60% 13 – Asian 3 – Related/Single Parent

4 – 4 Bedrooms 4 – 60 – 80% 14 – American Indian/Alaska Native 4 – Related/Parent

5 – 5 or more Bedrooms 15 – Native Hawaiian/Other Pacific Islander 5 - Other

**Hisp** 16 – American Indian/Alaska Native & White

**Occupancy Code** y – yes 17 – Asian & White **Rental Assistance Code**

1 – Tenant n – no 18 – Black/African American & White 1 – Section 8

2 – Owner 19 – American Indian/Alaska Native & 2 – HOME TBRA

9 – Vacant Black/African American 3 – Other

20 – Other Multi Racial 4 – No Assistance

**Part E: HOME Program Compliance** Enclose the applicable documentation to evidence compliance with the HOME loan agreement, HOME Program Regulation, HOME Statute & other federal laws and regulations.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Enclosed | Previously Submitted | N/A |  |  | Enclosed | Previously Submitted | N/A |
| Acquisition |  |  |  |  | Construction/Rehab |  |  |  |
| Seller/Donator Notice |  |  |  |  | Construction Specs |  |  |  |
| Appraisal |  |  |  |  | Rehab Specs |  |  |  |
| Purchase Agreement |  |  |  |  | Local Bldg Code Compli. |  |  |  |
| Closing Statement |  |  |  |  | If no local |  |  |  |
| Deed |  |  |  |  | NC: KHRC Architectural Stand. |  |  |  |
|  |  |  |  |  | REHAB: HQS & KS Variances |  |  |  |
| Relocation |  |  |  |  | KS Arch. Standards Cert |  |  |  |
| Tenant Roll |  |  |  |  | Sect 504 Compliance |  |  |  |
| Site Occupant Record |  |  |  |  | Energy Code Compliance |  |  |  |
| URA Notices |  |  |  |  | Debarment Report |  |  |  |
| URA Forms |  |  |  |  | MBE/WBE Report |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Part E: HOME Program Compliance Continued**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Davis Bacon |  | |  |  |  | Property Management |  |  |  | |
| Wage Determinations |  | |  |  |  | Lease |  |  |  | |
| DB Contracts |  | |  |  |  | Affirmative FH Mkt Plan |  |  |  | |
| DB Timesheets |  | |  |  |  | Tenant Selection Criteria |  |  |  | |
|  |  | |  |  |  | Property Insurance |  |  |  | |
| Lead-Based Paint |  | |  |  |  |  |  |  |  | |
| Lead Requirement Wksht |  | |  |  |  | HOME Restrictions |  |  |  | |
| Risk Assessment |  | |  |  |  | KS HOME Covenant |  |  |  | |
| Safe Work Practices Cert |  | |  |  |  | KS HOME Promissory Note |  |  |  |
| Clearance Report |  | |  |  |  | KS HOME Mortgage |  |  |  |
|  |  | |  |  |  |  |  |  |  |
| **Environmental Review** |  | |  |  |  |  |  |  |  |
| Compliance with Conditions\* |  | |  |  |  | Partnership Documents |  |  |  |
|  |  | |  |  |  | Partnership Agreement |  |  |  |
| *\*If KHRC established environmental conditions, provide evidence of compliance with those conditions.* | | | | |  | If CHDO has a subsidiary: |  |  |  |
|  | Formation Documents |  |  |  |
|  |  |  | |  |  | Operating Agreement |  |  |  |
|  |  |  | |  |  | Development Agreement |  |  |  |

# Part F: Certification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, the undersigned, certify that the information contained in this Completion Report is true and complete. | | | | |
|  | | | | |
| **Name of Owner/CHDO** | | | |  |
| By: |  |  |  |
|  | Name & Title |  | Signature |

|  |  |  |
| --- | --- | --- |
| STATE OF KANSAS | | ) ) ss. |
| County of |  | ) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BE IT REMEMBERED, that on this |  | day of | , | |  | , | before me, a Notary Public in and for | |
| the County and State aforesaid, came the undersigned | | | |  | | | | who is personally known to me |
| to be the same person who executed the within instrument of writing, and such person has duly acknowledged the execution of same. | | | | | | | | |
|  | | | | |  | | | |
| Notary Public | | | |