

**Your Right to Cancel:**

You are entering into a transaction that will result in a mortgage lien on your home. You have a legal right under federal law to cancel this transaction, without cost, within three business days from whichever of the following events occurs last:

1. The date of the transaction, which is \_\_\_\_\_; or
2. The date you received your Truth-in-Lending Disclosure Statement; or
3. The date you received this notice of your right to cancel.

If you cancel the transaction, the mortgage lien is also canceled. Within 20 calendar days after we receive your notice, we must take the steps necessary to reflect the fact that the mortgage lien on your home has been canceled, and we must return to you any money or property you have given to us or to anyone else in connection with this transaction.

You may keep any money or property we have given you until we have done the things mentioned above, but you must then offer to return the money or property. If it is impractical or unfair for you to return the property, you must offer its reasonable value. You may offer to return the property at your home or at the location of the property. Money must be returned to the address below. If we do not take possession of the money or property within 20 calendar days of your offer, you may keep it without further obligation.

**How to Cancel**

If you decide to cancel this transaction, you may do so by notifying us in writing at:

*(Grantee's address)*

You may use any written statement that is signed and dated by you and states your intention to cancel, or you may use this notice by dating and signing below. Keep one copy of this notice because it contains important information about your rights.

If you cancel by mail or telegram, you must, send the notice of cancellation no later than midnight of \_\_\_\_\_ (date), or (or midnight of the third business day following the latest of the three events listed above). If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

**I wish to cancel**

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

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Borrower: \_\_\_\_\_

Lender: \_\_\_\_\_

(Grantee's Name)

(Grantee's Address)

1. Amount Financed (the amount of credit provided to you or on your behalf) \$ \_\_\_\_\_

2. FINANCE CHARGE (the dollar amount your credit will cost you)

A. Total Interest Charge \$ \_\_\_\_\_

You have the right to receive at this time an itemization of the Amount Financed.

\_\_\_\_\_ I want an itemization \_\_\_\_\_ I do not want an itemization

3. Total of Payments (amount you will have paid after you have made all scheduled payments) \$ \_\_\_\_\_

4. ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) \$ \_\_\_\_\_

5. The loan is to be repaid in \_\_\_\_\_ equal consecutive monthly installments.

6. Each monthly statement of principal and interest shall be in the amount of \$ \_\_\_\_\_

7. Payment of monthly installments shall begin on the 1st day of \_\_\_\_\_, 20\_\_\_\_, and thereafter on the 1st day of each and every month until the loan is repaid in full.

8. THE FINANCE CHARGE BEGINS TO ACCRUE ON \_\_\_\_\_  
(Date)

9. The following must be paid at closing:

Recording cost (Estimate) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

10. **Late Payments.** If a payment is late, you will be charged \_\_\_\_\_ (\_\_\_\_%) per cent of the payment.. If your loan is in default, all amounts secured by the Deed of Trust may become due and payable immediately, and you will have to pay additional expenses.

11. **Prepayment Provisions.** If you pay off early, you will not have to pay a penalty and you will not be entitled to a refund of part of the finance charges.

12. **Assumption.** Someone buying the property may, with the approval of the lender, be allowed to assume the remainder of the loan on the original terms.

13. **Insurance.** You may obtain property insurance from anyone you want that is acceptable to the Lender.

14. **Additional Information.** See your contract documents for additional information about insurance, security interests, nonpayment, default, any required repayment in full before the scheduled date and prepayment refunds and penalties.

15. **Security interest.** This loan will be secured by a Deed of Trust on \_\_\_\_\_

(Property Address)

**I acknowledge receipt of a copy of the foregoing Truth-in-Lending Disclosure**

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

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# HOUSING REHABILITATION CONTRACTOR'S QUALIFICATION STATEMENT

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. **This statement must be notarized.**

1. Name, address, phone number, contractor license #, and IRS number (or owner's social security #) of company.
  
2. List company's owner and principal officer and date and place organized.
  
3. Describe general character of work performed.
  
4. List any work awarded failed to be completed or contracts defaulted on. Note where and why.
  
5. List three most important recent contracts over \$10,000. State the owner, work, approximate cost, place, date started and date completed.
  1. \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  2. \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  3. \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  
6. List the contracts upon which you are currently working. State the owner, location, approximate cost, and estimated date of completion.

7. List three material suppliers and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

8. List bank references and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_

9. List insurance coverage and amount.

Liability-Property : \_\_\_\_\_ \$ \_\_\_\_\_  
Liability-Personal Injury : \_\_\_\_\_ \$ \_\_\_\_\_  
Vehicle and Equipment : \_\_\_\_\_ \$ \_\_\_\_\_  
Other-\_\_\_\_\_ : \_\_\_\_\_ \$ \_\_\_\_\_  
(identify)

10. List subcontractors utilized. State name, address, specialty, subcontractor license #, and years of experience.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

11. Provide a general description of the experience of the company and its key personnel.

12. Number of current full-time employees \_\_\_\_\_  
 Number employed at highest level in past twelve months \_\_\_\_\_
13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing & Urban Development, or Virginia Department of Highways?  YES  NO
14. All contractors, subcontractors and their workers, including electricians, must have attended Lead Safe Work Practices training in order to be considered for work under this program. Have all of your workers attended this training?  
 YES  NO If yes, complete the Employee Training Record.

If not, they will be required to attend the training before they can work on a project site. Do you need information about LSWP classes?  YES  NO

The undersigned hereby authorizes and requests any person, firm or Corporation to furnish any information requested by \_\_\_\_\_ in verification of the recitals comprising this statement of contractor's qualifications:

Contractor: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration number: \_\_\_\_\_





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**DHCD Supplemental Rehab Requirements  
Work Write Up Checklist**

Owner \_\_\_\_\_

Occupant \_\_\_\_\_

Property Address \_\_\_\_\_

IPR

CDBG

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[ ] **Termite Inspection**

\_\_\_\_\_ Name of Inspector

\_\_\_\_\_ Name of Company

\_\_\_\_\_ Date of Inspection

YES  NO  Treatment Required?

\_\_\_\_\_ Date of Treatment

[ ] **Chimney Inspection**

\_\_\_\_\_ Name of Inspector

\_\_\_\_\_ Date of Inspection

Type of Repairs Needed \_\_\_\_\_

\_\_\_\_\_

[ ] **Debris Removal**

Debris to be Removed \_\_\_\_\_

\_\_\_\_\_

[ ] **Electrical Inspection**

\_\_\_\_\_ Name of Electrical Inspector

\_\_\_\_\_ Date of Electrical Inspection

Electrical Deficiencies Found \_\_\_\_\_

\_\_\_\_\_

[ ] **Weatherization**

\_\_\_\_\_ Date of Blower Door **PRE**-test \_\_\_\_\_ CFM @ 50 pas

\_\_\_\_\_ Name of Tester

YES  NO  **R-38 Ceiling Insulation?**

YES  NO  Storm Door Present at Front and Rear

Weatherization Deficiencies Found \_\_\_\_\_

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

[ ] **Special Physical Needs Assessment**

YES  NO  Is house occupied by someone with special needs?

Description of Needs \_\_\_\_\_

\_\_\_\_\_

[ ] **Smoke Detector(s) Present** Hard Wired # \_\_\_\_\_ Battery Powered # \_\_\_\_\_

Description of Needs \_\_\_\_\_

*The Rehabilitation Specialist hereby certifies that the items listed on the DHCD Supplemental Checklist have been addressed and all known deficiencies have been included in the Work Write Up for repair at the house specified.*

\_\_\_\_\_  
*Signature of Rehabilitation Specialist*

\_\_\_\_\_  
*Date*

Reviewed by:

\_\_\_\_\_  
*Signature of Program Administrator*

\_\_\_\_\_  
*Date*

**THIS FORM TO BE SUBMITTED BY THE REHAB SPECIALIST TO THE PROGRAM ADMINISTRATOR ALONG WITH THE INITIAL INSPECTION FORM AND COMPLETED WORK WRITE UP PRIOR TO SOLICITING BIDS.**

**DHCD Supplemental Rehab Requirements  
FINAL INSPECTION REPORT**

Owner \_\_\_\_\_ Occupant \_\_\_\_\_

Address \_\_\_\_\_

Number in Family \_\_\_\_\_ Annual Income Verified \$ \_\_\_\_\_

Prime Contractor \_\_\_\_\_

Base Contract Amount \$ \_\_\_\_\_

*Exceptions*

Bathroom (Rehab Only) \_\_\_\_\_

Well \_\_\_\_\_

Septic \_\_\_\_\_

Accessibility \_\_\_\_\_

Add Bedroom(s) \_\_\_\_\_

Lab/Lead Dust Testing \_\_\_\_\_

Change Order(s) \_\_\_\_\_

Subtotal Construction Costs \$ \_\_\_\_\_

Demolition Costs \_\_\_\_\_

**TOTAL CONSTRUCTION COSTS \$ \_\_\_\_\_**

***Check the answer which best describes rehabilitation efforts.***

YES

NO

- Do all housing quality deficiencies appear to have been repaired and does the house now meet DHCD HQS?
- Does it appear that all work items have been completed?
- Did the occupant offer any complaints (if yes, list under comments)?
- Did the homeowner, if different, offer any complaints (if yes, list under comments)?
- Did the construction activities comply with the adopted community standards?
- Is there evidence of an inspection for termites, pests, lead based paint, and chimneys?
- Have all debris, abandoned vehicles, and derelict structures been removed from the property?
- Did the inspection reveal that weatherization measures were taken and at least **R-38** ceiling insulation is present?
- Blower Door POST test \_\_\_\_\_ CFM @ 50 pas
- Is the unit occupied by a disabled or elderly person?
- If yes, were improvements appropriately made?
- Is the electrical system adequate to meet any additional load?
- Did construction require an electrical service upgrade?

Is the workmanship  Good  Adequate  Poor

Comments: \_\_\_\_\_

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***This report accurately summarizes rehab work performed on the house noted.***

\_\_\_\_\_  
*Rehabilitation Specialist*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Manager*

\_\_\_\_\_  
*Date*



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In the rehabilitation of housing using federal funds, Grantees and subrecipients must comply with federal lead-based paint protection, removal and preventative measures as set forth in CFR 570.608 and 24 CFR Part 35. The basic requirements, as applied by the Project Management Office of the Virginia Department of Housing and Community Development (DHCD), include rehab specialist training, notification of occupants, contracting requirements, education of contractors and workers, inspection, use of interim measures, clearance testing, temporary relocation, and where needed, abatement of documented lead-based paint.

The lead based paint requirements apply to all Indoor Plumbing Rehabilitation Loan Program (IPR) and Community Development Block Grant (CDBG) contracts. The lead paint regulations provide recipients with a choice of testing for lead paint and conducting abatement activities or assuming that lead is present and using a series of practices known as “interim measures” or “interim controls.” IPR and CDBG construction programs shall use the second option, assuming that lead is present, in all cases unless there is a child in the home with an elevated lead level in their blood. If this is the case, contact DHCD immediately for further instructions.

## Critical Steps for Lead-Related Compliance

All affected rehab programs shall carry out and document the following:

1. **Training of Rehab Specialist:** All Rehab Specialists operating in the IPR and CDBG construction programs must have received 40 hours of training and passed the accompanying tests for lead risk assessor. If your Rehab Specialist lacks this training, certification or licensure, please take steps necessary to remedy this situation, or contact the Program Manager immediately at 804-371-7061.
2. **Notification:** All occupants of housing built prior to 1978 and rehabilitated under one of the programs as outlined above will receive two notices before rehabilitation begins: the *Notification of the Presumption of Lead Based Paint*, and a pamphlet, *Protect Your Family From Lead in Your Home*. In the case of tenants, the owner shall be responsible for notification. Signed statements from the owner or tenant that the notices were received must be in the project files. Brochures are available by contacting your Community Representative. Additional notifications may be required by the contractor.
3. **Contracting requirements:** All rehab and construction contracts must contain prohibitions against use of lead-based paint. Further, only contractors and workers who have been trained in lead safe work practices may be determined as qualified to work on these federally-funded rehabs using interim measures.

4. **Education of contractors and workers:** DHCD has provided a mechanism for assuring that contractors and their workers have the opportunity to receive free training in HUD's lead safe work practices. OSHA has additional requirements of which contractors must be aware. Contractors working on 2002 IPR and CDBG contracts and beyond must be trained in lead safe work practices. If your contractors and crews have not yet received this training and you are unsure of your next step, please contact the Program Manager at 804-371-7061.
5. **Inspection:** DHCD is neither requiring nor encouraging a sampling of paint as part of the initial inspection process. Instead, DHCD requires the inspection to note whether there is a defective paint surface, friction surface, or impact surface present. If there are NO defective surfaces and no activity will trigger application of interim measures (note that in these types of rehab, this situation will be rare), the rehab proceeds with no special precautions. If there ARE defective surfaces, the contractor shall be required to use "interim controls" or "interim measures" to protect the occupants of the unit being rehabilitated, as well as the workers.
6. **Interim measures:** Interim measures are a series of steps meant to protect occupants and workers. These measures are called *standard treatments* when they are performed without the benefit of an evaluation such as a risk assessment or lead hazard screen. Items a. through e. shall be addressed:
  - a. The work will be of a scope and scale that allow it to be done within the cost limits outlined elsewhere (base construction cost never exceeding \$25,000);
  - b. The contractor, subcontractors and crew awarded the job must be trained in lead safe work practices, including but not limited to how to isolate work areas, and safe methods of paint removal;
  - c. The areas in which potentially lead-disturbing work occur must be thoroughly cleaned;
  - d. At the completion of the work, the rehab specialist must complete appropriate dust and soil sampling, and the sampling reveal that lead – if present – is within acceptable limits. If not, the areas must be cleaned and additional samples taken until the levels are determined to be within acceptable limits; and
  - e. Temporary relocation will be required in most cases.
7. **Temporary relocation:** All households benefiting from housing rehab will be temporarily relocated unless one or more of the following conditions exists:
  - a. all household members are 62 years of age or older;
  - b. the house was constructed after 1978;
  - c. all interior work will be completed in one eight-hour period;
  - d. all interior work will be completed in five consecutive days and the bedrooms, bathroom, and kitchen can be isolated from the rehab work; or
  - e. only exterior work will be done.

DHCD has made financial provision for accommodating the extra cost of temporary relocation. Thus, it is not acceptable to choose to not rehab a house, or to place the house lower on the priority list, because of the need to temporarily relocate the occupants. Further, a safe, decent and affordable temporary relocation dwelling or unit must be made available. Referrals to charitable organizations, shelters, or the Department of Social Services are not acceptable methods of temporary relocation.

8. **Clearance Examination:** At the completion of lead hazard reduction activities and prior to occupants returning to their home after the rehab is completed, the Rehab Specialist must complete a Clearance Examination. This involves a visual assessment, taking dust wipe samples and soil samples and sending them to an accredited laboratory to determine the level of lead in the samples. If the level is too high, additional cleaning and sampling must occur until the lab report indicates that the lead levels are below the threshold determined to pose a hazard. Note that final payment may not be made to the contractor until the unit “passes” the Clearance Examination. Please note also that only the “successful” laboratory analysis is eligible as a cost “exception.” The cost of additional lab tests must be covered with other funds. A written Clearance Report and Lead Hazard Reduction Activity Notice must be submitted by the rehab specialist to the program administrator within 15 days of completion of the Clearance Examination.
9. **Abatement:** In certain cases, lead paint abatement may be necessary. If this is the case, the subrecipient or Grantee must contact DHCD immediately for further information, and assistance with determining the best approach.

## Definitions

The following lead-related definitions are applicable to all rehab projects:

**Defective or Failing Paint Surface** – any surface exhibiting one or more of the following characteristics:

- a. paint that is peeling, chipping, pitting or otherwise unstable;
- b. finishes on **friction and impact surfaces** that rub, bind or crush causing dust;
- c. finished horizontal surfaces that are rough, pitted or porous;
- d. unenclosed surfaces known to have been chewed by a child under the age of seven years old; or
- e. bare soil onto which deteriorated paint might have fallen.

**Chewable Surface** – any chewable protruding painted surface up to five feet from the floor or ground, which is readily accessible to children under the age seven, e.g., protruding corners, window sills and frames, doors and frames, and other protruding woodwork.

## NOTICE OF LEAD-BASED PAINT PRESUMPTION

In compliance with Section 25.125 of the Department of Housing and Urban Development's (HUD) regulation 24 CFR 35, on \_\_\_\_\_ (date),  
\_\_\_\_\_ ) (locality or subrecipient)  
elected to presume that all painted surfaces are coated with lead-based paint. The nature and scope of the presumptions made is outlined below:

The home was constructed prior to 1978. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, attach pages to this form.)

(Printed name of recipient or common where notice shall be posted)	(Delivery date or date of posting and time)
(Address of property)	(Printed name of person delivering or posting this notice)
(Signature of recipient, if delivered)	(Signature of person delivering or posting this notice)

- Resident refused to accept and sign this notification.
- Resident was unavailable for signature; therefore, the notice was placed:
  - Under the unit door;
  - In the occupant's mailbox;
  - Other: \_\_\_\_\_.

For more information about the presumptions made, please contact:

(Name of contact person)	(Telephone number)
(Address of contact person)	





## LEAD HAZARD CONTROL CLEARANCE SOIL SAMPLING FORM

(Composite Sampling)

Date: \_\_\_\_\_

Name of clearance examiner: \_\_\_\_\_

License number (if applicable): \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Property address: \_\_\_\_\_

Clearance categories:

1. Interior treatments without containment.
2. Interior treatments with containment
3. Exterior work on painted surfaces.
4. Routine maintenance.
5. Soil work.

Sample number	Room number or identifiers included in sample	Dimensions of sample area in each room (inches x inches)	Total surface area samples (ft <sup>2</sup> )	Surface types sampled (smooth floors, carpeted floor, interior window sills, window troughs)	Clearance category number	Result of lab analysis (µg/ft <sup>2</sup> )	Pass or Fail
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					

Total number of samples on this page: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date of sample collection: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date shipped to lab: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shipped by: \_\_\_\_\_  
(Signature)

Received by: \_\_\_\_\_  
(Signature)



## LEAD HAZARD REDUCTION COMPLETION NOTICE

### Summary Notice of Completion of Lead-Based Paint Hazard Reduction Activity

Address/location of property or structure this summary notice applies to:

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Summary of the hazard reduction activity:

Start and completion dates(s): \_\_\_\_\_

Activity locations and types. List at least the housing unit numbers and common areas (for multifamily housing, bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and types of hazard reduction activities performed at the locations listed:

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Date(s) of clearance testing and/or soil analyses: \_\_\_\_\_

Locations of building components with lead-based paint remaining in the rooms, spaces or areas where activities were conducted:

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Summary of results of clearance testing and soil analyses:

- (a)  No clearance testing was performed.  
(b)  Clearance testing showed clearance was achieved.  
(c)  Clearance testing showed clearance was not achieved.

Contact person for more information about the hazard reduction:

Printed name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_

Person who prepared this summary notice:

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_

## CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Printed name of recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of recipient

### Self-Certification Option (for tenant-occupied dwellings only)

*If the lead pamphlet was delivered by a tenant signature was not obtainable, you may check the appropriate box below.*

- Refusal to sign** – I certify that I have made a good faith effort to deliver the pamphlet, *Protect Your Family from Lead in Your Home*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** – I certify that I have made a good faith effort to deliver the pamphlet, *Protect Your Family from Lead in Your Home*, to the rental dwelling unit listed below that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet by sliding it under the door.

\_\_\_\_\_  
Printed name of person certifying  
lead pamphlet delivery

\_\_\_\_\_  
Attempted delivery date and time

\_\_\_\_\_  
Signature of person certifying lead pamphlet delivery

\_\_\_\_\_  
Unit address

**Note Regarding Mailing Option** – As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation. (Document with a certificate of mailing from the post office.)



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In the rehabilitation of houses you may come in contact with asbestos. Asbestos means any material containing more than 1% asbestos by weight which is friable or which has a reasonable probability of becoming friable in the course of ordinary or anticipated use. Friable asbestos containing materials (ACMs) are products which when dry can be crumbled, pulverized, disturbed, punctured, and easily reduced to powder by hand pressure or which under normal use or maintenance emits or can be expected to emit fibers into the air. Friable ACMs emit fibers into the atmosphere with relative ease when disturbed. Non-friable asbestos fibers are bound into the some type of hard matrix such as roofing, siding, or flooring and generally do not escape under ordinary use.

Federal asbestos regulations published by the Environmental Protection Agency (EPA) and the Occupation Safety and Health Administration (OSHA) have been concerned with the potential health hazards associated with exposure particularly to workers. The EPA regulates asbestos procedures for renovation and demolition. OSHA regulates worker protection standards and exposure.

Asbestos licensing regulations fall in the regulations of the Virginia Department of Commerce under Title 54.1-500 as amended. Notification to the Department of Labor and Industry is required 20 days prior to commencement of an asbestos project.

Due to the potential that asbestos may be found in houses to be rehabilitated, the Grantee should have the rehabilitation specialist become licensed or have a license for asbestos inspection and/or asbestos management planners. The latter is preferred for developing specifications that may be needed for the handling or abatement of asbestos. Your Community Representative should be contacted for regulations issued by the Department of Commerce.

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## COMMUNITY IMPROVEMENT GRANT

## DISCLOSURE REPORT

(Completed by all Developers, Contractors, Subcontractors or Consultants)

1. Local Government Name \_\_\_\_\_
2. CIG Contract # \_\_\_\_\_
3. Project Name \_\_\_\_\_
3. Name of Firm \_\_\_\_\_
- President \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone \_\_\_\_\_
- FIN or SS# \_\_\_\_\_

Type of Contract (check applicable description)

- |                    |                          |                   |                          |
|--------------------|--------------------------|-------------------|--------------------------|
| Construction Prime | <input type="checkbox"/> | *Construction Sub | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Other Specify     | <input type="checkbox"/> |

Description of work or service provided:

\_\_\_\_\_

5. Date this Report \_\_\_\_\_ and \_\_\_ # of pages.
6. Revision to Report Date \_\_\_\_\_ and \_\_\_ # pages.

*\*Note:* Housing Rehabilitation subcontractors are not required to be listed or to complete this Report.

Interested Parties	If Firm is an entity, identify each officer, director, principal stockholder and other persons who will have a \$50,000 or 10% interest, whichever is lower.		
Name (Last, First, Initial).	SS#	Type Participation	\$ and %

If there are no persons with a reportable financial interest, you must also certify that this is true.

I hereby certify this information is true.

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

**Certification**

**Warning:** If you knowingly make a false statement on this form you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information including intentional non-disclosure is subject to a civil money penalty not to exceed \$10,000 for each violation.

**Note:** Please copy this page and attach additional pages as needed. Please indicate # of pages and date on cover.

# Record of Application for Employment

The establishment of (Industry's Name) in the (Grantee's Name), Virginia, is being assisted with Community Development Block Grant funds through a grant agreement between the (Grantee's Name) and the Virginia Department of Housing and Community Development. To comply with certain grant requirements the (Grantee's Name) must collect the information included on this form. This information will not be provided to (Industry's Name). If you need assistance or have any questions, a staff person will be available to assist you. You may be asked to provide verification of your answers by employees of the company, the local government, state or federal agencies.

(Please print.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Are you currently employed? Yes  No  County/City of residence: \_\_\_\_\_

Please check the boxes that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Elderly (over 62 years of age)                                | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> Female Head of Household (at least one child under age of 18) | <input type="checkbox"/> Native Hawaiian or Pacific Islander               |
| <input type="checkbox"/> Person with Disability  | <input type="checkbox"/> American Indian or Alaska Native and White        |
| <input type="checkbox"/> Hispanic/Latino   | <input type="checkbox"/> Asian and White                                   |
| <input type="checkbox"/> White   | <input type="checkbox"/> Black or African American and White               |
| <input type="checkbox"/> Black or African American                                     | <input type="checkbox"/> Am. Indian/Alaska Native and Black or African Am. |
| <input type="checkbox"/> American Indian/Alaska Native                                 | <input type="checkbox"/> Balance (more than one race)                      |

Find the line for your household size and then check whether your household income over the past 12 months was above or below the income amount listed on that line. You will check only one box.

Persons in Household, including yourself (circle one)	Total Household Income Levels*	Above	Below
1	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

\* Total household income includes wages, unemployment and disability income, public assistance, social security, interest and dividend income and retirement and insurance payments from all adult individuals residing in the household. It does not include income earned by a child under 18 years, foster care payments, hostile fire pay, or inheritance income.

I certify that I have answered this questionnaire to the best of my ability. I understand that the information I have given is subject to verification.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VEC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: LMI: \_\_\_ no \_\_\_ yes    Hired: \_\_\_ no \_\_\_ yes    Position: \_\_\_\_\_

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## Explanation of Form

- What it is used for:* Provides DHCD with a certified final statement of CDBG grant expenditures and balance to establish administrative project close out.
- When it is used:* DHCD sends this with the Letter of Conditions when all grant drawdowns and scheduled grant fund payments have been made.
- Where it goes:* Return to DHCD together with the other close out forms.
- Instructions:*
- DO NOT round off amounts; show dollars and cents in Sections I, II, and III.
  - Certification of this and all other Final Financial Reports MUST be signed by the chief executive of the Grantee.
  - This report is for the CDBG Community Improvement and Program Income Dollars; do not include supplemental grant or leverage monies in this report.
  - Allowable Program Income must be shown in Section I and II along with other CDBG drawn and expended funds.

Section I - List activities as shown on the current DHCD approved program budget. Report actual expenditures of CDBG dollars and Program Income for each activity. Show any grant funds obligated for the final audit (held in non-interest bearing escrow account) separate from the Administrative activity. If your project has more than 5 activities, please attach an additional sheet of paper and indicate the additional activities and amounts expended. Summarize the total of these activities on line e. Verify that adjustments required due to disallowed costs are included in the final expenditure figures.

Section II - This section is for HUD reporting requirements. If you have questions regarding the breakout of grant expenditures, please contact your Community Representative. Note: Grantees with Economic Development projects should only use category 14b when a direct loan was made to a 'for profit' (business). A & E costs should be reported under the type of activity (water, sewer, rehabilitation). Substantial reconstruction must be reported in 15b.

Section III - Formulas for calculations are shown in brackets; e.g. [ a- f ] means to subtract the amount in row f from the amount in row a. To complete this section start with row a and work to row i.

In row b (if applicable) show the amount reported as "Total Allowable Program Income Earned" on the Program Income Report.

In row b give the amount of CDBG \$ expended (equals "Total Section I" which includes CDBG funds obligated for the final audit) PLUS (if applicable) the "Total Allowable Program Income Expended" as reported on the Program Income Report.

Any amount which has not already been returned previous to this submittal, of the BALANCE ON HAND (Section III, row 'h'), is to be returned with this form to DHCD. Checks are to be made out to the "Treasurer of Virginia." CDBG dollars and Program Income MUST BE remitted by check and identified on the check as "Surplus Funds - CDBG Community Improvement Grant".

Note: Unallowable Interest Income is ONLY reported on the Program Income Report, it is NOT reported on this form.

[REV. 9-02]

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# FINAL FINANCIAL REPORT - CDBG COMMUNITY IMPROVEMENT GRANT

Grantee: \_\_\_\_\_

- COMPLETED -

- FOR DHCD -

Contract: # \_\_\_\_\_

- BY GRANTEE -

- USE ONLY -

**I. CDBG EXPENDITURES BY ACTIVITY (per program budget)**

CDBG Expended

A) - Administration (EXCLUDING funds escrowed for audit)	
- Final Audit (if being held in escrow)	
B)	
C)	
D)	
E)	
F)	
G)	
H)	
<b>TOTAL SECTION I (should equal 'Total Section II')</b>	

**II. CDBG EXPENDITURES BY HUD COST CATEGORIES**

CDBG Expended

1. Acquisition, Disposition	
2. Clearance	
3. Center/Facility (e.g. senior center, health care center, etc.)	
4. Public Facilities - (a) Water	
(b) Sewer	
(c) Flood and Drainage	
5. Streets	
6. Other Public Facilities (not listed separately)	
8. Relocation	
9. Rehabilitation - (a) Residential	
(b) Commercial (includes façade improvements)	
12. Planning only (NOT APPLICABLE TO CIG's)	
13. Administration, Planning and Management (& Audit)	
14. Economic Development Assistance to -	
(a) Non-Profit Organizations	
(b) For-Profit Organizations	
15. New Construction (Housing)	
(a) Last Resort	
(b) Not feasible for Rehab (Substantial Reconstruction)	
(c) Other (105) (a) (15)	
16. Employment Training	
17. Homeownership Assistance	
<b>TOTAL SECTION II (should equal 'Total Section I')</b>	

**III. COMPUTATION OF GRANT BALANCE**

AMOUNT

a) Grant Amount per Grant Agreement	
b) Total Allowable Program Income Earned (see PI report)	
c) Total Funds Available for Project [ a + b ]	
d) Total Expended from \$ shown in row c (= TOTAL Section I = TOTAL Allowable PI Expended)	
e) UNEXPENDED GRANT FUNDS [ c - d ]	
f) Total CDBG Drawdown	
g) Undrawn Grant Funds (cancelled by DHCD) [ a - f ]	
h) Balance on Hand (returned to DHCD) [ ( f + b ) - d ]	
i) TOTAL SURPLUS FUNDS DEOBLIGATED ( = row e ) [ g + h ]	

It is hereby certified that all activities undertaken with funds provided under the grant agreement identified above have been carried out in accordance with the applicable provisions of that agreement; and that every statement and amount set forth in this report is, to the best of my knowledge, true and correct as of this date.

\_\_\_\_\_  
Authorized Official (signed contract)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\* DHCD USE ONLY \*\***

CDBG \$ returned prior to submittal of this report: \_\_\_\_\_

CDBG \$ returned with submittal of this report: \_\_\_\_\_

Remaining Amount (if any) of CDBG \$ to be returned: \_\_\_\_\_

[Log-in Date \_\_\_\_\_] [Financial Analyst \_\_\_\_\_] [Rep \_\_\_\_\_]

## Explanation of Form

- What it is used for:* To provide DHCD with an assessment of project impact based on evaluation criteria included in the project proposal. Any discrepancies must be explained, in writing, and may require further documentation, if requested by DHCD.
- When it is used:* Submitted as one of the reports forming the Annual Performance and Final Evaluation Reports to the Department of Housing and Urban Development.
- Where it goes:* Send to DHCD.
- Instructions:* (See Chapter "GRANT CLOSEOUT PROCEDURES" for more information.)
- Section I - Give up-to-date information on the number of persons benefiting from the project activity. Definitions of some of the categories are supplied below. The shaded areas do not need to be completed.
  - If the activity is job creation, please note that 2 part-time jobs are equal to 1 full-time job.
  - Section II - Complete this section based on data by household or household type. List the total number of households that are benefiting from the activity. Also list the number of female-headed, elderly, and disabled households (as defined below) that are benefiting from the activity.
  - Section III - These questions are specific to the project type.
  - Section IV - Comments are optional UNLESS the proposed number of benefits have not been met.
  - Section V - These questions are specific to economic development project types. Identify the number of jobs according to the appropriate EDA Job Classification. Definitions of these job classification can be found in the grant manual.
  - Section VI - Under HUD's new performance measurement requirements, grantees must now report the DUNS number for each business or industry that has received a benefit from the CDBG funds.

DHCD will require resubmittal of the Final Evaluation Report every six months until it has been determined that all project and benefit data is complete.

**DEFINITIONS:**

- Applicants: The person/head of household who submits an application, request, plan or statement required to be approved by the locality as a condition of eligibility.
- Hispanic: A person of Spanish Heritage; An ethnic classification to be noted in addition to a person's race.
- Elderly-Headed Household: Head of household is 62 years of age or older.
- Female-Headed Household: Head of household is female and household is occupied with one or more children under the age of eighteen.
- Disabled Household: A household where least one or more persons has a physical or mental impairment which is expected to be long continued and of indefinite duration and substantially.
- Extremely Low-Income Person: Number of persons, whose income is between 0-30% of the median income for the county or city or the non-metropolitan area of the Commonwealth in which the project is located. This is determined from HUD's Section 8 Income Guidelines which are published annually.
- Very Low-Income Person: Number of persons, whose income is between 31-50% of the median income for the county or city or the non-metropolitan area of the Commonwealth in which the project is locate. This is determined from HUD's Section 8 Income guidelines which are published annually.
- Low-Income (LMI) Person: Number of persons, whose income is at or below 80% of the median income for the county or city or the non-metropolitan area of the Commonwealth in which the project is located. This is determined from HUD's Section 8 Income guidelines which are published annually.

[Rev. 3/07]

# FINAL EVALUATION REPORT

GRANTEE:  
 ACTIVITY: Job Creation  
 INTERIM FINAL (CIRCLE ONE)

CONTRACT: #  
 HUD ACTIVITY CODE:

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons									
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race
<b>I.</b>	<b>PERSONS</b>										
	Jobs Created	<b>TOTAL</b>									
	# Total Applicants										
	# Total LMI Applicants										
	% LMI Applicants										
	# Proposed Beneficiaries										
	# Proposed Hispanic or Latino										
	# Actual Beneficiaries										
	# Actual Hispanic or Latino										
	# Proposed LMI Beneficiaries										
	# Actual LMI Beneficiaries										
	% Proposed LMI Beneficiaries										
	% Actual LMI Beneficiaries										

		FEMALE-HEADED ELDERLY DISABLED		
		TOTAL	HEADED	ELDERLY
<b>II.</b>	<b>HOUSEHOLDS</b>			
	Applicants (to-date)			
	# Proposed Beneficiaries			
	# Actual Beneficiaries			

		EDA Job Classification	
		Job Type	Number
<b>V.</b>			
	Officials and managers		
	Professional		
	Technicians		
	Sales		
	Office and clerical		
	Craft workers (skilled)		
	Operatives (skilled)		
	Laborers (unskilled)		
	Service workers		

		DUNS #	
		Business Assisted	DUNS #
<b>VI.</b>			

		Total
		<b>III.</b>
	Number of businesses assisted	
	Number of new businesses created	
	Number of loans	
	Number of jobs with employer sponsored health care benefits	
	Number unemployed prior to taking jobs created under this activity	

**IV. COMMENTS:** (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator
\_\_\_\_\_ Title
\_\_\_\_\_ Date

[DHCD USE ONLY]

Submittal #: Original 1 2 3 4 ;

COMPLETE RESUBMIT

REV. 3/07 [REVIEWER:\_\_\_\_\_]

# FINAL EVALUATION REPORT

GRANTEE:  
 ACTIVITY: Job Retention  
 INTERIM FINAL (CIRCLE ONE)

CONTRACT: #  
 HUD ACTIVITY CODE:

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons									
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race
I.	<b>PERSONS</b>										
	Jobs Retained	<b>TOTAL</b>									
	# Proposed Beneficiaries										
	# Proposed Hispanic or Latino										
	# Actual Beneficiaries										
	# Actual Hispanic or Latino										
	# Proposed LMI Beneficiaries										
	# Actual LMI Beneficiaries										
	% Proposed LMI Beneficiaries										
	% Actual LMI Beneficiaries										

		FEMALE-HEADED ELDERLY DISABLED			
		TOTAL			
II.	<b>HOUSEHOLDS</b>				
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

V. <b>EDA Job Classification</b>	
Job Type	Number
Officials and managers	
Professional	
Technicians	
Sales	
Office and clerical	
Craft workers (skilled)	
Operatives (skilled)	
Laborers (unskilled)	
Service workers	

VI. <b>DUNS #</b>	
Business Assisted	DUNS #

III. <b>OTHER</b>		Total
Number of businesses assisted		
Number of new businesses created		
Number of loans		
Number of jobs with employer sponsored health care benefits		
Number unemployed prior to taking jobs created under this activity		

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_  
Project Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# FINAL EVALUATION REPORT

GRANTEE:

CONTRACT: #

ACTIVITY: Housing Rehabilitation - Investor Owned

HUD ACTIVITY CODE: 14A

INTERIM FINAL (CIRCLE ONE)

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons											
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race	EXTREMELY LOW-INCOME	VERY LOW-INCOME
I.	<b>Persons</b>	<b>TOTAL</b>											
	# Applicants (to-date)												
	# Proposed Beneficiaries												
	# Proposed Hispanic or Latino												
	# Actual Beneficiaries												
	# Actual Hispanic or Latino												
	# Proposed LMI Beneficiaries												
	# Actual LMI Beneficiaries												
	% Proposed LMI Beneficiaries												
	% Actual LMI Beneficiaries												

<b>Investor-Owned Households</b>		<b>TOTAL</b>	FEMALE-HEADED	ELDERLY	DISABLED
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

III. Homeownership Creation	Proposed	Actual	
			Number of households becoming first-time homeowners

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator \_\_\_\_\_ Title \_\_\_\_\_ Date

# FINAL EVALUATION REPORT

GRANTEE:  
 ACTIVITY: Housing Rehabilitation - Owner Occupied  
 INTERIM FINAL (CIRCLE ONE)

CONTRACT:  
 HUD ACTIVITY CODE: 14A

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons											
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race	EXTREMELY LOW-INCOME	VERY LOW-INCOME
I.	<b>Persons</b>	<b>TOTAL</b>											
	# Applicants (to-date)												
	# Proposed Beneficiaries												
	# Proposed Hispanic or Latino												
	# Actual Beneficiaries												
	# Actual Hispanic or Latino												
	# Proposed LMI Beneficiaries												
	# Actual LMI Beneficiaries												
	% Proposed LMI Beneficiaries												
	% Actual LMI Beneficiaries												

		TOTAL	FEMALE-HEADED	ELDERLY	DISABLED
II.	<b>Owner-Occupied Households</b>				
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

III.	Homeownership Creation	Proposed	Actual	
				Number of households becoming first-time homeowners

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator \_\_\_\_\_ Title \_\_\_\_\_ Date

# FINAL EVALUATION REPORT

GRANTEE:

CONTRACT: #

ACTIVITY: Housing Production - Owner Occupied

HUD ACTIVITY CODE:

INTERIM FINAL (CIRCLE ONE)

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons											
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race	EXTREMELY LOW-INCOME	VERY LOW-INCOME
I.	<b>Persons</b>	<b>TOTAL</b>											
	# Applicants (to-date)												
	# Proposed Beneficiaries												
	# Proposed Hispanic or Latino												
	# Actual Beneficiaries												
	# Actual Hispanic or Latino												
	# Proposed LMI Beneficiaries												
	# Actual LMI Beneficiaries												
	% Proposed LMI Beneficiaries												
	% Actual LMI Beneficiaries												

<b>Owner-Occupied Households</b>		<b>TOTAL</b>	FEMALE-HEADED	ELDERLY	DISABLED
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

III. Homeownership Creation	Proposed	Actual	
			Number of households becoming first-time homeowners

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator \_\_\_\_\_ Title \_\_\_\_\_ Date

# FINAL EVALUATION REPORT

GRANTEE:

CONTRACT: #

ACTIVITY: Housing Production - Renter Occupied

HUD ACTIVITY CODE:

INTERIM FINAL (CIRCLE ONE)

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons											
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race	EXTREMELY LOW-INCOME	VERY LOW-INCOME
I.	<b>Persons</b>	<b>TOTAL</b>											
	# Applicants (to-date)												
	# Proposed Beneficiaries												
	# Proposed Hispanic or Latino												
	# Actual Beneficiaries												
	# Actual Hispanic or Latino												
	# Proposed LMI Beneficiaries												
	# Actual LMI Beneficiaries												
	% Proposed LMI Beneficiaries												
	% Actual LMI Beneficiaries												

		TOTAL	FEMALE-HEADED	ELDERLY	DISABLED
II.	<b>Rental Households</b>				
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

III.	Homeownership Creation	Proposed	Actual	
		N/A	N/A	Number of households becoming first-time homeowners

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator \_\_\_\_\_ Title \_\_\_\_\_ Date

**FINAL EVALUATION REPORT**

GRANTEE:  
 ACTIVITY: Community Facility  
 INTERIM FINAL (CIRCLE ONE)

CONTRACT:  
 HUD ACTIVITY CODE:

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons									
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race
I.	<b>PERSONS</b>	<b>TOTAL</b>									
	# Applicants (to-date)										
	# Proposed Beneficiaries										
	# Proposed Hispanic or Latino										
	# Actual Beneficiaries										
	# Actual Hispanic or Latino										
	# Proposed LMI Beneficiaries										
	# Actual LMI Beneficiaries										
	% Proposed LMI Beneficiaries										
	% Actual LMI Beneficiaries										

		TOTAL	FEMALE-HEADED	ELDERLY	DISABLED
II.	<b>HOUSEHOLDS</b>				
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

		Proposed	Actual	
III.	<b>OTHER</b>			
				Number of households receiving first-time indoor plumbing
				Number of households becoming first-time homeowners
				Number of households receiving substantial reconstruction (replacement housing)

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this report on request until benefits are determined complete by DHCD.

\_\_\_\_\_  
 Project Administrator

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

[DHCD USE ONLY] Submittal #: Original 1 2 3 4 ;

COMPLETE RESUBMIT

REV. 3/07 [REVIEWER: \_\_\_\_\_]

# FINAL EVALUATION REPORT

GRANTEE:  
 ACTIVITY: Housing Rehabilitation - Substantial Reconstruction  
 INTERIM FINAL (CIRCLE ONE)

CONTRACT: #  
 HUD ACTIVITY CODE: 14A

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

		Must Equal Total Persons											
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	American Indian or Alaska Native and White	Asian and White	Black or African American and White	Am. Indian or Alaska Native and Black or Afr. American	Balance of individuals reporting more than one race	EXTREMELY LOW-INCOME	VERY LOW-INCOME
I.	<b>Persons</b>	<b>TOTAL</b>											
	# Applicants (to-date)												
	# Proposed Beneficiaries												
	# Proposed Hispanic or Latino												
	# Actual Beneficiaries												
	# Actual Hispanic or Latino												
	# Proposed LMI Beneficiaries												
	# Actual LMI Beneficiaries												
	% Proposed LMI Beneficiaries												
	% Actual LMI Beneficiaries												

		TOTAL	FEMALE-HEADED	ELDERLY	DISABLED
II.	<b>Owner-Occupied Households</b>				
	Applicants (to-date)				
	# Proposed Beneficiaries				
	# Actual Beneficiaries				

III.	Homeownership Creation	Proposed	Actual	
				Number of households becoming first-time homeowners

IV. COMMENTS: (must explain why proposed benefits were not met)

It is hereby certified that all information and statements set forth in this Report are, to the best of my knowledge, true and correct as of this date. I agree to submit this Report on request until benefits are determined complete by DHCD.

\_\_\_\_\_ Project Administrator \_\_\_\_\_ Title \_\_\_\_\_ Date

## Explanation of Form

- What it is used for:* To provide DHCD with a certified final statement of program income sources and expenditures, used to establish administrative closeout.
- When it is used:* DHCD sends this form as part of the Letter of Conditions when all drawdowns and scheduled payments of grant funds have been made.
- Where it goes:* Return to DHCD together with the other closeout forms.
- Instructions:*
- Do not round off amounts; show dollars and cents in Sections I, II, III, and V.
  - Certification of this and all other Final Financial Reports (e.g. Community Improvement Grant, Leverage, Supplemental (ARC) Grant) **MUST** be signed by the chief executive for the locality.
  - This report is for Program Income dollars **ONLY**; do not include community improvement grant, supplemental grant, or leverage monies in this report.

Allowable sources of Program Income:

Income received by the locality which is generated by eligible project activities of the grant such as: loan repayments (principle AND interest), or repayment of grant expenditures.

Unallowable Sources of Program Income:

Interest earned from deposit of CDBG \$ into unapproved interest bearing accounts prior to disbursement for eligible CDBG costs.

Section I - List all sources of allowable program income earned during the project period. Report amount earned-to-date from each source.

Section II - Report the total amount of allowable program income which has been expended on project activities. CDBG Program regulations require the expenditure of Program Income **PRIOR** to expenditure of CDBG \$; therefore, the total allowable program income earned should be 100% expended. If any program **INCOME** does not remain unexpended, this amount should be remitted by a check payable to "Treasurer of Virginia" and mailed to the Virginia Department of Housing and Community Development and identified as "Program Income."

Section III - Based on the total unallowable Interest Income and the amount returned prior to submittal of this report, calculate the amount of Interest Income which should be returned to DHCD with submittal of this report. This amount should be remitted by check made payable to "Treasurer of Virginia", mailed to the Virginia Department of Housing and Community Development, and identified as "Interest Income."

Section V - Applies only if the grantee has a DHCD approved Plan for Use of Program Income.

[Rev. 1/97]

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## PROGRAM INCOME REPORT

Grantee:

- COMPLETED -  
- BY GRANTEE -

- FOR DHCD -  
- USE ONLY -

Contract: #

I. SOURCES of Program Income Earned-To-Date (Allowable for use on project)	AMOUNT
a)	
b)	
c)	
d)	
<b>TOTAL ALLOWABLE PROGRAM INCOME EARNED</b> [ Report in row b of Section III, Final Financial Report]	

II. Program Income EXPENDED	AMOUNT
<b>TOTAL ALLOWABLE PROGRAM INCOME EXPENDED</b> [ Include in row d of Section III, Final Financial Report]	

III. Interest Income UNALLOWABLE for Project Use	AMOUNT
a) Source(s):	
b) Unallowable Interest Income Returned DURING project	
c) Unallowable interest income to be returned with submittal of this report	
<b>d) TOTAL INTEREST INCOME RETURNED [ b + c ]</b>	

**IV. Reporting Program Income on Final Financial Report and Return of Program Income**

The Total Allowable Program Income 'Earned' and 'Expended' as reported on this form MUST ALSO be reported on the Final Financial Report as indicated. Unallowable Interest Income should be remitted by a check made payable to "Treasurer of Virginia" and mailed to the Virginia Department of Housing and Community Development and identifying the funds as "Interest Income".

**V. Anticipated Future Program Income (if applicable). Data pulled from DHCD approved PI Plan.**

Source	Amount per Year	# of Years	Total to be Earned
<b>TOTAL Anticipated Future Program Income:</b>			

It is hereby certified that all activities undertaken with the funds provided under the grant agreement identified above have been carried out in accordance with the applicable provisions of that agreement; and that every statement and amount set forth in this report is, to the best of my knowledge, true and correct as of this date.

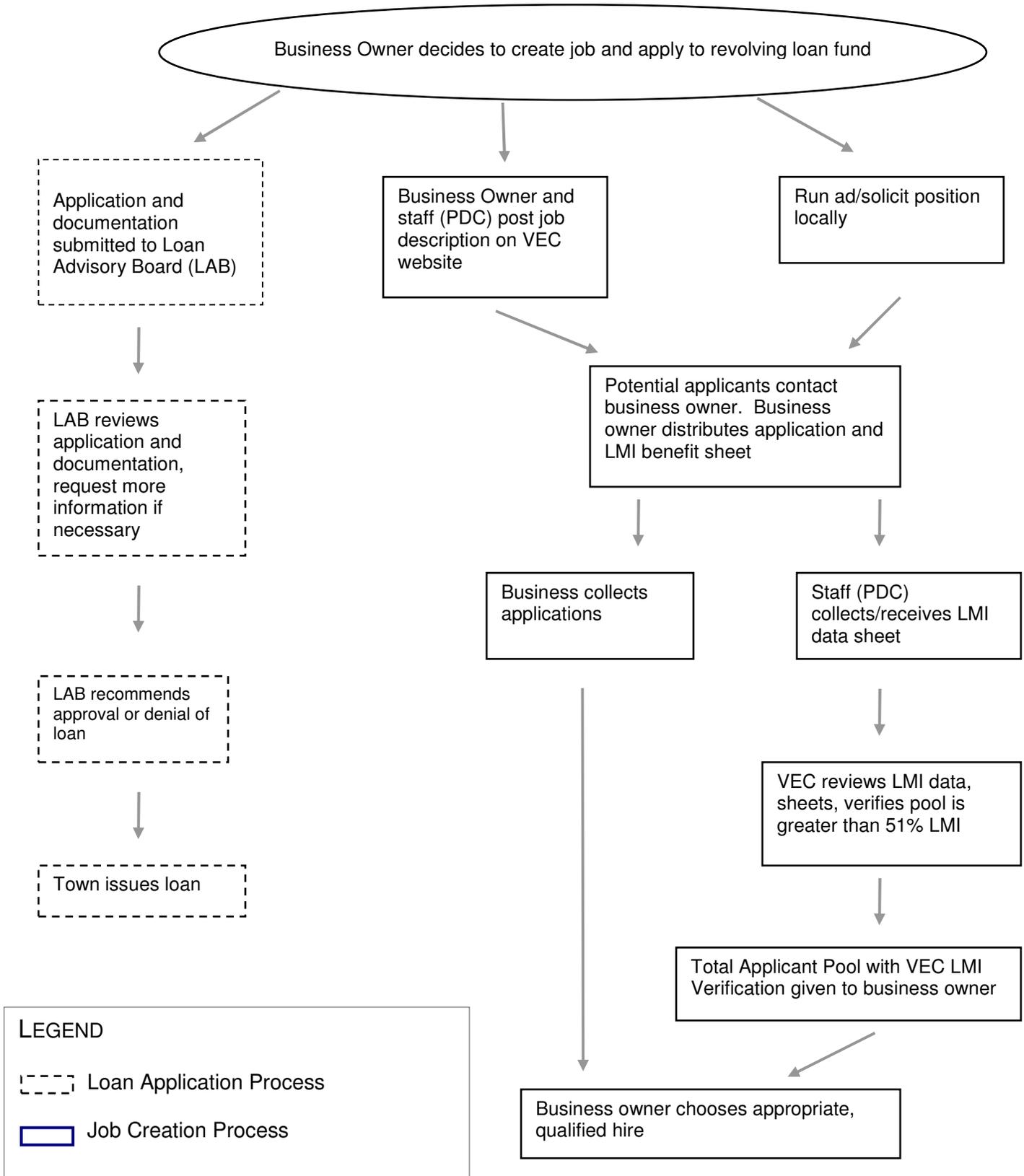
\_\_\_\_\_

Authorized Official
Title
Date

[ DHCD USE ONLY ] Plan for use of Program Income: \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPLICABLE  
or Submittal # \_\_\_\_\_ UNACCEPTABLE,  
request for RESUBMITTAL sent \_\_\_\_\_

REPORT: COMPLETE RESUBMIT ; [REVIEWER \_\_\_\_\_]

# SAMPLE DOWNTOWN BUSINESS LOAN FUND PROCESS



**LEGEND**

Loan Application Process

Job Creation Process

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