

## WestMetro HOME Consortium

### HOME Project Comprehensive Scoping, Set up and Completion Checklist

For New Projects or Major Amendments to Existing Projects

**Instructions:**

1. Complete this cover page
2. If necessary, notify Consortium Administrator / Hold Scoping Session w/ Consortium Staff
3. When prompted in checklist, submit completed Cover Page, Signed Project Checklist, IDIS Set up Form, Copy of HOME Funding Agreement, and income calculation worksheet to Consortium Administrator
4. Continue to use Project Checklist until project completion
5. Record completed checklist and appropriate documentation in project file(s) as the project proceeds

<b>Community:</b>	
<b>Project Name:</b>	
<b>Address:</b>	

<b>Project Type:</b>	<b>Rental Housing</b> <input type="checkbox"/>	<b>Ownership Housing</b> <input type="checkbox"/>	<b>Homebuyer Assistance</b> <input type="checkbox"/>	<b>Homeowner Rehab</b> <input type="checkbox"/>
----------------------	--	---	--	---

<b>HOME Project Number:</b>		<b>HOME Funding Year(s):</b>	
-----------------------------	--	------------------------------	--

<b>Property Owner(s) / Developer:</b>	
<b>Local Project Manager:</b>	

<b>Contact Numbers:</b>		
-------------------------	--	--

<b>Total Budget:</b>		<b>HOME Budget:</b>	
<b>Revision 1</b> (___/___/___)			
<b>Revision 2</b> (___/___/___)			
<b>Revision 3</b> (___/___/___)			
<b>Revision 4</b> (___/___/___)			

<b>Total # of Units:</b>		<b>Total HOME Assisted (HA) Units:</b>	
--------------------------	--	--	--

<b>CHDO Set-Aside?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------	------------------------------	-----------------------------

<b>25% Required Match Amount:</b>		<b>Match Type:</b>	
-----------------------------------	--	--------------------	--

**Project Description:**

# HOMEBUYER ASSISTANCE / HOMEOWNER REHAB – Project Scoping / Pre- Setup

Step	Task	Person Responsible	Initials /Date	Documentation Required (as project proceeds)	
				Consortium Files	Member Community Files
1.	<b>Environmental Review Consult and Approval</b> <i>(as soon as site identified &amp; prior to commitment of any funds)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Site Statutory Checklist &amp; Historic Clear. (Consortium Approval)</li> <li><input type="checkbox"/> General clearance by HUD (If necessary)</li> <li><input type="checkbox"/> Environmental conditions to be remedied as part of project: See attached</li> </ul>	Local Project Manager w/ Consortium Staff			<input type="checkbox"/> Environmental Checklists
2.	<b>Activity (Check all that apply):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acquisition</li> <li><input type="checkbox"/> Soft Costs</li> <li><input type="checkbox"/> Rehabilitation Costs</li> <li><input type="checkbox"/> Refinancing (unit must be rehabbed w/ HOME)</li> <li><input type="checkbox"/> PJ Staff/Overhead Costs for Project Delivery</li> </ul>	Local Project Manager			<input type="checkbox"/> Specify activity type in HOME Funding Agreement <input type="checkbox"/> Documentation of eligible costs  Other documentation depends on activity type
3.	<b>Income Targeting (Homeowner)</b> Income Determination Method: <b>Part 5 Annual Income Certification</b> <80% of Median	Local Project Manager			<input type="checkbox"/> Buyer files with income calculations; source documentation and/or 3 <sup>rd</sup> party verifications – eligible at the time of purchase agreement
4.	<b>Subsidy, Value Limit &amp; Affordability Requirements</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Under Max. HOME subsidy limit of \$_____ / Unit</li> <li><input type="checkbox"/> Property Value (After Rehab) OR Purchase price &lt;95% median value)</li> <li><input type="checkbox"/> Aff. Period / Resale or Recapture / Principal residence ensured by Mort. Note and HOME funding agreement <i>(Aff. Period not required for Rehab)</i></li> <li><input type="checkbox"/> Subsidy Layering Analysis <i>(if other public subsidy)</i></li> <li><input type="checkbox"/> Approved form of ownership <i>(fee simple, 99 year lease, condominium, etc.)</i></li> </ul>	Local Project Manager w/ Consortium Staff			<input type="checkbox"/> After rehab property value limit worksheet and method (e.g. appraisal, tax assessment) <input type="checkbox"/> Copy of Max HOME Subsidy Limits <input type="checkbox"/> Resale or Recapture requirements specified in HOME Funding Agreement <input type="checkbox"/> Subsidy Layering Analysis (if applicable) <input type="checkbox"/> Form of ownership documentation
5.	<b>Property Standards</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Section 8 HQS or Cert. of Occupancy Inspection</li> <li><input type="checkbox"/> Lead Paint (Title X) Requirements</li> <li><input type="checkbox"/> Eligible Property single family home (1-4 units)</li> </ul>	Local Project Manager			<input type="checkbox"/> Acceptable HQS or CO at time of transfer to buyer <input type="checkbox"/> Lead Paint documentation
6.	<b>URA Acquisition</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Not triggered</u>: Per Regulation CFR 49 Part 24 101(a)(2)</li> </ul>	Local Project Manager w/ Consortium Staff			<input type="checkbox"/> Sign-off by Seller that they are selling of their own free will

DOWNPAYMENT ASSISTANCE OR OWNER-OCCUPIED REHAB Comprehensive Checklist 29June12

7.	<b>Other Special Requirements</b> - Davis-Bacon labor compliance {12 or more HA units}; - Energy Star Certification; - Section 3, WMBE; - Contractor eligibility verifications (excluded party list system) - FFATA applicability (first-tier contract(s) ≥ \$25,000)	Local Project Manager			<input type="checkbox"/> Section 3 – Plan and Reports attached to GC Contract; records <input type="checkbox"/> Davis Bacon – payroll and rates attached to GC Contract; records <input type="checkbox"/> Excluded Party List System search results <input type="checkbox"/> Energy Star Certifications / Specs <input type="checkbox"/> FFATA Form (Contact Consortium Admin.)
----	--	-----------------------	--	--	---

**Next: Final Approvals & Project Set-up in IDIS**

Step	Task	Person Responsible	Initials /Date	Documentation Required (as project proceeds)	
				Consortium Admin.	Member Community
8.	<b>Project HOME Eligible</b> (yes/no)	Local Project Manager			
9.	<b>Citizen Participation required?</b> (Change in project scope, location or budget >25%)	Local Project Manager			<input type="checkbox"/> Meeting notices, agendas, ads,
10.	<b>Local Review &amp; Approval</b>	Local Project Manager			<input type="checkbox"/> Meeting minutes, official orders
11.	<b>Local Public Hearing</b> (if necessary)	Local Project Manager			
12.	<b>Notice to Newton Senior Planner</b> (for Newton P&D Board hearing notice – if necessary)	Local Project Manager			
13.	<b>Consortium Public Hearing</b> - Newton P&D Board Recommendation	Local Project Manager			
14.	<b>Budget and HUD Action Plan Amendment</b> submitted to Consortium Administrator; (if necessary)	Local Project Manager/Cons. Administrator		<input type="checkbox"/> Copy of Budget and AAP Amendments	<input type="checkbox"/> Copy of Budget and AAP Amendment
15.	<b>Amendment Notice</b> Mailed to HUD by Consortium	Newton Senior Planner		<input type="checkbox"/> Copy of correspondence to HUD	
16.	Copy of <b>HOME Funding Agreement</b> or <b>Amendment</b> sent to Consortium Administrator for approval prior to execution	Local Project Manager			
17.	<b>Submit to Consortium Administrator:</b> 1. IDIS Set-up form 2. Executed HOME Funding Agreement 3. Completed and initialed Project Scoping, Project Approval Checklists and cover page 4. Income Calculation worksheet	Local Project Manager		<input type="checkbox"/> IDIS Set-up Form <input type="checkbox"/> Copy of HOME Funding Agreement <input type="checkbox"/> Original Checklists <input type="checkbox"/> Copy of Income calculation	<input type="checkbox"/> Copy of IDIS Set-up Form <input type="checkbox"/> Original HOME Funding Agreement <input type="checkbox"/> Copy of Checklists

DOWNPAYMENT ASSISTANCE OR OWNER-OCCUPIED REHAB Comprehensive Checklist 29June12

18.	<b>Project Budget &amp; IDIS Numbers Assigned</b>	Consortium Administrator			
-----	---	--------------------------	--	--	--

**Next: Project Completion**

Step	Task	Person Responsible	Initials /Date	Documentation Required (as project proceeds)	
				Consortium Admin.	Member Community
19.	<b>Ceremonies</b> (Groundbreaking & Dedication) – Credit Consortium on signs and documents; Invite Congressperson, HUD Regional Administrator & Consortium Administrator)	Local Project Manager			
20.	<b>Occupancy and Project Completion:</b>  Within 120 Days of Final Draw and after <u>all HOME units occupied</u> submit <u>completed</u> IDIS Completion Form(s) to Consortium Administrator	Local Project Manager		<input type="checkbox"/> IDIS Completion Form <input type="checkbox"/> IDIS screen print-out of Completion Date	<input type="checkbox"/> Copy of IDIS Completion Form <input type="checkbox"/> HQS/CO (if new construction) standards met at completion <input type="checkbox"/> Recorded legal documents including deed restriction / covenants if RESALE
21.	<b>Monitoring</b> – Provide Appropriate Monitoring Forms	Consortium Administrator		<input type="checkbox"/> Monitoring Records	<input type="checkbox"/> Monitoring Records <input type="checkbox"/> For principal residence, copies of signed letters and envelope used w/ “Do not forward” in each buyer file