

**V. INFORMATION, APPLICATION FORMS AND INSTRUCTIONS  
FOR HOUSING PROJECTS**



## V. APPLICATION FORMS AND INSTRUCTIONS FOR HOUSING PROJECTS

The information requested is needed to rate and/or rank your application. Lengthy applications that include supplemental data are specifically discouraged. The checklist on the following page identifies required items needed for housing applications.

If you have any questions concerning forms or instructions, please call the Office of Community Development at (225) 342-7412. Louisiana Relay Service is available for hearing impaired persons by using the following numbers: Information: 1-888-699-6869, TTY Users: 1-800-846-5277, Voice Users: 1-800-947-5277.

## CHECKLIST FOR HOUSING APPLICATIONS

This checklist should not be included in the submitted application. This checklist is only provided for your information and use during the preparation of your application. All forms listed on this page are required for housing applications.

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LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT (LCDBG) HOUSING PROGRAM General Description Form			1. Applicant Name	
2. Type of Application  <u>This is a housing application</u>			3. Address	
4. Name of City Clerk or Parish Secretary			5. Applicant's Email Address	
6. Name and Phone Number of Administrative Consultant Preparing Application			7. Name and Phone Number of Engineering/Architectural Firm Preparing Application	
8. Administrative Consultant Email Address			9. Engineering/Architectural Firm Email Address	
10. Applicant's Fax Number			11. Parish	
12. National Objective Addressed: <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Low/Moderate Income If Slum/Blight, please identify the following <input type="checkbox"/> Spot <input type="checkbox"/> Area			13. Total Amount of LCDBG Funds Requested  \$	
14. Funds	Amount	Source of Funds	Fund Status	State Use Only
LCDBG	\$			
Local Funds	\$			
Private Funds	\$			
Other State	\$			
Federal Funds	\$			
Other Funds	\$			
TOTAL COST	\$			
15. Signature (Chief Elected Official)			16. Date	
17. Typed Name/Title			18. Telephone Number	



## INSTRUCTIONS

### General Description Form

- Item 1: Type of Application – Circle the type of project being applied for.
- Item 2: Enter applicant name (municipality or parish).
- Item 3: Enter mailing address of applicant (P.O. box or street address, name of city, and zip code plus four digits). (Note: For the four digit number, please contact your local post office).
- Item 4: Enter the name of the City Clerk or Parish Secretary.
- Item 5: Enter an Email address for the applicant. If the applicant does not have an Email address, enter “Not Applicable”.
- Item 6: Enter the name and phone number of the Administrative Consultant preparing the application. If the Consultant is self-employed, enter the individual’s name; otherwise, enter the name of the firm.
- Item 7: Enter the name and phone number of the engineering/architectural **firm** preparing the application. Enter the name of the firm, not the name of an individual.
- Item 8: Enter an Email address for the Administrative Consultant preparing the application. If the Administrative Consultant does not have an Email address, enter “Not Applicable”.
- Item 9: Enter an Email address for the Engineer/Architect preparing the application. If the Engineer/Architect does not have an Email address, enter “Not Applicable”.
- Item 10: Enter applicant’s FAX number. If the applicant does not have a FAX number, enter “Not Applicable”.
- Item 11: Enter the Parish in which the applicant is located.
- Item 12: Identify the national objective addressed by the proposed activity by placing an “x” in the [ ]. Mark only one national objective for the application.

Principal benefit to low/moderate income persons is an objective that will be addressed by an activity whose beneficiaries will be at least fifty-one percent low/moderate income.

In order to claim that the proposed activity meets the objective of elimination or prevention of slums and blight, the following must be included. An area must be delineated by the applicant that:

- (1) Meets the definition of slums and blight as defined in Act 570 of the 1970 Parish Redevelopment Act, Section Q-8 (See the FY 2008 Action Plan), and

- (2) Contains a substantial number of deteriorating or dilapidated buildings or improvements throughout the area delineated.

The applicant must describe in the application the area boundaries (map), the conditions (number of deteriorated or dilapidated buildings or improvements) of the area at the time of its designation, and how the proposed activity will eliminate the conditions that qualify the area as slum and blight. Attach a narrative containing the above specifics as well as a map identifying the slum/blight area. If the slum/blight area is different from the target area, include a separate map.

- (3) Meets the definition of urgent need as defined in 24 CFR 570.483.

Item 13: Enter the total amount of LCDBG funds being requested.

Item 14: Identify all funds that will be used for completion of the project. Include funds requested through this application and any other funding sources to be utilized. List amount of funds in each category and specific source of these funds. For example, "Local Funds" are any funds included in total project costs contributed by the unit of local government submitting the application. "Private Funds" are those from sources other than governmental entities such as private businesses, banks, etc. Any funds received through other state programs that are used for this specific project would be listed under "Other State Funds." Any federal funds, such as EPA, USDA Rural Development, etc., should be listed under "Federal Funds." Any other funds not previously identified to be used for the project should be listed under "Other" and the source specified. For each funding source, indicate the status of the funds, i.e., application being prepared, application submitted, preliminary approval, final approval.

Item 15: The chief elected official must sign on line 15.

Item 16: Enter the date the application was signed by the chief elected official.

Item 17: Type or print the name and title of the chief elected official signing the application.

Item 18: Enter the applicant's telephone number.

LCDBG PROGRAM

SUPPLEMENTAL INFORMATION

APPLICANT NAME \_\_\_\_\_

1. Identify the name and telephone number of the State Senator(s) representing your jurisdiction. Also identify the district number for each.

<u>Name</u>	<u>Senate District #</u>
_____	_____
_____	_____
_____	_____

2. Identify the name and telephone number of the State Representative(s) representing your jurisdiction. Also identify the district number for each.

<u>Name</u>	<u>Representative District #</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Identify the U.S. Congressman representing your jurisdiction and congressional district number.

<u>Name</u>	<u>Congressional District #</u>
_____	_____
_____	_____
_____	_____

4. Target Area Zip Code + Four digits: \_\_\_\_\_  
\_\_\_\_\_

5. List the name of the target area(s).

	<u>Census Tract / Block Group(s)</u>
Name of target area _____	_____
Name of target area _____	_____

6. Applicant's fiscal year end date \_\_\_\_\_

## INSTRUCTIONS

### Supplemental Information

- Item 1: Enter the name, telephone number, and district number of each State Senator representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Senators representing the target area(s).
- Item 2: Enter the name, telephone number, and district number of each State Representative representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Representatives representing the target area(s).
- Item 3: Enter the name and district number of each Congressman representing the local governing body.
- Item 4: Enter the zip code + four digits for the project target area. (Note: If you are unsure of your + four digits of your zip code, please contact your local post office.) Please refer to the following scenarios which best describe the location of your project area.

- The zip code + four digits of the city/town/village hall should be used for applicants whose project is community-wide.
- For a project with multiple target areas, the zip code + four digits of the target area where the majority of the construction funds will be spent must be used.

Note: If you have any questions or need assistance, please call Carol Newton at (225) 342-7412.

- Item 5: Name or brief description of the target area(s). Indicate the census tract and block group(s).
- Item 6: Enter the applicant's fiscal year end date.

BUDGET/COST SUMMARY FORM

APPLICANT NAME:

I. Costs by Activity (Read Instructions Before Completing)				
Activity (A)	LCDBG (B)	Other (C)	Total (D)	Source of Other Funds <sup>1</sup> (E)
1.				
2.				
3.				
4.				
5. Administration				
<b>TOTAL</b>				

II. Line Item Budget – LCDBG Funds Only		For State Use Only
1. Acquisition of Real Property	\$	\$
2. Clearance Demolition	\$	\$
3. Rehabilitation Loans and Grants	\$	\$
a. Substantial Rehabilitation	\$	\$
b. Spot Rehabilitation	\$	\$
c. Reconstruction	\$	\$
4. Rehabilitation Administration		
a. Substantial Rehabilitation Administration	\$	\$
b. Spot Rehabilitation Administration	\$	\$
c. Reconstruction Administration	\$	\$
5. Relocation Payments and Assistance (Permanent)	\$	\$
6. General Program Administration		
a. Pre-agreement Costs	\$	\$
b. General Administration	\$	\$
7. Total	\$	\$

\* If other funds are being injected in a housing project, attach a document certifying the other funding.

INSTRUCTIONS  
Budget/Cost Summary

Enter Name of Applicant.

SECTION I. COSTS BY ACTIVITY

Column A: List each activity on a separate line. Administration (including pre-agreement costs) is shown separately on line 5.

Columns B, C, D, & E: For each activity, complete the cost columns. Indicate all LCDBG money you are requesting in Column B. In column (C) list other funds you will use to accomplish the activity. Add together LCDBG (B) and Other (C) and record the result in Column D. In Column E, identify the sources of the funds listed in Column C.

Be sure to include all costs related to an activity in the cost columns. For example, if you intend to construct a new sewer treatment plant, you must include the engineering costs, construction costs, inspection costs, etc.

SECTION II: LINE ITEM BUDGET

Include LCDBG costs only in this budget. In this section, the costs shown in the LCDBG column of Costs by Activity in Section I should be broken down by the type of cost.

Example:

- 3 Houses will be demolished but not replaced with demo costing \$5,000 each.  
(Enter \$15,000 for item 2—Clearance Demolition)
- 6 Houses will be substantially rehabilitated costing \$20,000 each  
(Enter \$120,000 for item 3a—Substantial Rehabilitation)
- 2 Houses will spot rehabilitated at a cost of \$5,000 each  
(Enter \$10,000 for item 3b—Spot Rehabilitation)
- 6 Houses will be demolished and reconstructed at a cost of \$45,000 each  
(Enter \$270,000 for item 3c—Reconstruction)
- Construction Administration for 6substantial rehabilitation units at \$3,200 per unit  
(Enter \$19,200 for item 4a—Substantial rehabilitation administration)
- Construction Administration for 2 spot rehabilitation units  
(Enter \$2,000 for item 4b—Spot rehabilitation administration) Construction  
Administration for 6 reconstruction units at \$3,200 per unit  
(Enter \$19,200 for item 4c—Reconstruction administration)

NOTE: If the applicant is requesting reimbursement for pre-agreement costs for engineering/architectural and/or administrative consulting services, those funds must be identified on line 6a. In addition, the amount of funds requested for general program administration must be identified on line 6b. The amount of funds requested for pre-agreement costs and general program administration must be identified separately.

LCDBG PROGRAM TIME SCHEDULE						APPLICANT NAME:						
ACTIVITIES	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	Quarter 11	Quarter 12
Activity #1 Milestones a. b. c. d. e.												
Activity #2 Milestones a. b. c. d. e.												
Activity #3 Milestones a. b. c. d. e.												
Activity #4 Milestones a. b. c. d. e.												

## INSTRUCTIONS

### Program Schedule

The LCDBG program may have a duration period up to three years (twelve quarters). On this schedule, for each major activity, indicate when completion of major project milestones is expected. For example, on a sewer project, milestones could be acquisition of easements, engineering, bid advertisement/award, construction, acceptance of work, and release of liens.

Consider the activities and decide what major tasks must be accomplished to complete them. List these tasks as milestones under **each** activity. Then indicate by lines on the twelve quarter schedule showing when these tasks will occur. **For each activity also estimate projected expenditures by dollar amount for each quarter. The expenditures should reflect all funds (LCDBG and other) being used to complete the activity. Distinguish between the funds by source and amount. Identify other funds with the use of parenthesis.**

If more space is needed, attach additional sheets.

When completing this form, identify **each** activity as it corresponds to the line item budget (Section II. of the Budget/Cost Summary Form).

**Note:** **Although pre-agreement costs will have been incurred prior to the award of a grant, identify those costs as administrative costs incurred in the first quarter.**

Louisiana Community Development Block Grant -- Activity Beneficiary Form

1 Name of Applicant \_\_\_\_\_  
 2 Application Type/FY \_\_\_\_\_  
 3 \_\_\_\_\_

4 Target Area \_\_\_\_\_  
 5 Comments \_\_\_\_\_

6	Name of Activity	
7		Persons
8	Total--All Income Levels	
9	LMI % (See Instructions)	
10	Extremely Low Income	
11	Low Income	
12	Moderate Income	
13	Above Income	
14	American Indian or Alaskan Native	Total
		Hispanic
15	Asian	Total
		Hispanic
16	Black or African American	Total
		Hispanic
17	Native Hawaiian or Pacific Islander	Total
		Hispanic
18	White	Total
		Hispanic
19	American Indian and White	Total
		Hispanic
20	Asian and White	Total
		Hispanic
21	Black and White	Total
		Hispanic
22	American Indian and Black	Total
		Hispanic
23	Other Multi-racial	Total
		Hispanic
24	Total--All Racial Groups	Total
		Hispanic
25	Handicapped Persons	
26	Handicapped Head of HH	
27	Female-Headed Households	
28	Elderly-Occupied Households	
29	Total Occupied Households	

30	Rehabilitation Loans and Grants			
31	Persons		Households	
	Owner	Renter	Owner	Renter
32				
33				
34				
35				
36				
37	Persons		Owner	Renter
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50	Handicapped Head of HH			
51	Fem. Headed O/R HH			
52	Elderly-Occupied HH			
53	Total HH			

## **Activity Beneficiary Form—General Instructions**

**Actual Beneficiaries Only** Housing applicants are required to conduct a one hundred percent survey of the target area(s). A Target Area Survey Form must be filled out for every household or structure in the target area(s)—as discussed later in this chapter. A map, having map key numbers, must be prepared with map key number linked to the Target Area Survey Form—as discussed later in this chapter. However, beneficiaries as listed on the Activity Beneficiary Form are to be only those persons and households slated to receive assistance via one of three types of improvement: (a) substantial rehabilitation (b) reconstruction and (c) spot rehabilitation. Beneficiary data involving vacant units slated for clearance demolition will not be listed on the Activity Beneficiary Form.

**Procedure for Two Target Areas** If there is more than one target area, then the information must be determined for each target area independently of the others. An Activity Beneficiary Form for each target area and an additional Activity Beneficiary Form with combined totals from the target areas must be submitted. Each target area must benefit at least fifty-one percent low to moderate income persons.

**Definitions** The following definitions must be used when completing this form.

- **Household** – a dwelling unit and all persons who reside therein. The occupants may be a single family, one person living alone, unrelated individuals, two families, etc.
- **Family** – all persons living in the same household who are related by blood or contract (birth, marriage, adoption). In some instances, two families could reside in one household. Therefore, a household could involve one or more families.
- **Low/Moderate Income** – persons, families, or households whose combined annual income does not exceed eighty percent of the parish median income.
- **Moderate Income** – persons, families, or households whose combined annual income exceeds fifty percent but does not exceed eighty percent of the parish median income.
- **Low Income** – persons, families, or households whose combined annual income exceeds thirty percent but does not exceed fifty percent of the parish median income.
- **Extremely Low Income** – persons, families, or households whose combined annual income does not exceed thirty percent of the parish median income.
- **Elderly** – persons or head of family aged 62 or above.
- **Handicapped** – persons or head of family receiving disability payments or having an obvious handicap.
- **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** – A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

<b><u>Activity Beneficiary Form—Row by Row Instructions</u></b>	
<b>General Comments:</b> For Housing grants use the right panel of the Activity Beneficiary Form. The left panel will remain blank. The left panel of the Activity Beneficiary Form is to be used for sewer, water, street, community center, and other infrastructure projects.	
<b>Rows 1-5</b>	<b>The Activity Beneficiary Form heading (Rows 1 through 5)</b>
1	Enter the name of the local government applying for funding.
2	Enter initials of application type and program year of the application. Examples of “Type”: public facilities (PF), economic development (ED), public accessibility (PA) and housing (HO). Examples of “FY”: 08/09, 08, 09
3	This row may be left blank or additional comments may be entered.
4	“Target Area” Examples: 1,2,3, etc., Community Wide, or Combined.
5	Comments should include source of data or other pertinent information.
Note	If this application is for a Housing grant skip to Row 30.
<b>Rows 30-36</b>	<b>Income levels for rehabilitation by persons, households, owner/renter</b>
30	<p><b><u>Rehabilitation Loans and Grants:</u></b> The name of the HUD activity under which the LCDBG Housing program operates is called Rehabilitation Loans and Grants.</p> <p><b><u>Blank Left Hand Panel of the Page</u></b> For consistency throughout all program types rows 6 through 29 have been retained on the Activity Beneficiary Form although those rows will be left blank for housing programs.</p> <p><b><u>Data Source</u></b> The beneficiaries in a Housing Program are based on 100% surveys. The source documentation for Activity Beneficiary Form data is the Target Area Survey Form, and more accurately, those Target Area Survey Forms having occupied households which are slated to receive assistance under the LCDBG program.</p>
31	<b><u>Persons—Households—Owner—Renter:</u></b> Applications having rehabilitation as an activity must indicate data by number of persons and number of households. Additional components must include owner/renter status for certain categories.
32	<p><b><u>Total—All Income Levels:</u></b> In Row 32, from left to right, enter the following data for all households in the target area(s) which are slated to receive assistance:</p> <ul style="list-style-type: none"> <li>• Enter the total persons of all income levels who own (their home).</li> <li>• Enter the total persons of all income levels who rent.</li> <li>• Enter the total households of all income levels who own.</li> <li>• Enter the total households of all income levels who rent.</li> </ul>
33	<p><b><u>LMI%:</u></b></p> <ul style="list-style-type: none"> <li>• Do not enter data in Row 33.</li> </ul>

34	<p><b><u>Extremely Low Income:</u></b> In Row 34, from left to right, enter the following data for households slated to receive assistance:</p> <ul style="list-style-type: none"> <li>• Enter the total persons of extremely low income status who own.</li> <li>• Enter the total persons of extremely low income status who rent.</li> <li>• Enter the total households of extremely low income status who own.</li> <li>• Enter the total households of extremely low income status who rent.</li> </ul>									
35	<p><b><u>Low Income:</u></b> In Row 35, from left to right, enter the following data for households slated to receive assistance:</p> <ul style="list-style-type: none"> <li>• Enter the total persons of low income status who own (their home).</li> <li>• Enter the total persons of low income status who rent.</li> <li>• Enter the total households of low income status who own.</li> <li>• Enter the total households of low income status who rent.</li> </ul>									
36	<p><b><u>Moderate Income:</u></b> In Row 36, from left to right, enter the following data for households slated to receive assistance:</p> <ul style="list-style-type: none"> <li>• Enter the total persons of moderate income status who own.</li> <li>• Enter the total persons of moderate income status income levels who rent.</li> <li>• Enter the total households of moderate income status who own.</li> <li>• Enter the total households of moderate income status who rent.</li> </ul>									
37	<p><b><u>Above Income:</u></b> There is intentionally no room provided to enter any above income information. All Rehabilitation beneficiaries must be of LMI income status.</p>									
<p><b>Rows 38-48</b></p>	<p><b><u>Racial/Ethnic beneficiary data by persons, households, and owner/renter status</u></b>  <b><u>Note About Hispanic Ethnicity:</u></b> Each racial group will have a total number of persons and within that number of persons there may be persons of Hispanic ethnicity. Hispanic is considered an ethnicity—not a racial group. The number of Hispanic persons is a subset of the number of total persons of a particular race.</p> <p><b><u>Data Source</u></b> The beneficiaries in a Housing Program are based on 100% surveys. The source documentation for Activity Beneficiary Form data is the Target Area Survey Form, and more accurately, those Target Area Survey Forms having occupied households which are slated to receive assistance under the LCDBG program. Racial data will be collected from the Target Area Survey Form.</p>									
38	<p><b><u>American Indian or Alaskan Native:</u></b> Row 38 shall be considered subdivided as follows. Information must be entered as subdivisions indicate.</p> <table data-bbox="406 1386 1136 1501" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Persons</th> <th style="text-align: center;">Owner HH</th> <th style="text-align: center;">Renter HH</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">38 A</td> <td style="text-align: center;">38 C</td> <td style="text-align: center;">38 E</td> </tr> <tr> <td style="text-align: center;">38 B</td> <td style="text-align: center;">38 D</td> <td style="text-align: center;">38 F</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• 38A: American Indian or Alaskan Native persons</li> <li>• 38B: The subset of American Indian or Alaskan Native persons who also consider the household (actually the head of the household) to be of Hispanic ethnicity</li> <li>• 38C: American Indian or Alaskan Native number of households that own (their home)</li> <li>• 38D: The subset of American Indian or Alaskan Native number of households that own who also consider the household (actually the head of the household) to be of Hispanic ethnicity.</li> <li>• 38E: American Indian or Alaskan Native number of households that rent.</li> <li>• 38F: The subset of American Indian or Alaskan Native number of households that rent who also consider the head of household to be of Hispanic ethnicity.</li> </ul>	Persons	Owner HH	Renter HH	38 A	38 C	38 E	38 B	38 D	38 F
Persons	Owner HH	Renter HH								
38 A	38 C	38 E								
38 B	38 D	38 F								

39-47	<b>Remaining categories:</b> For each racial/ethnic category use the procedure of Row 38.									
48	<p><b>Racial totals for the rehabilitation activity:</b> Row 48 shall be considered subdivided:</p> <table border="0"> <tr> <td>Persons</td> <td>Owner HH</td> <td>Renter HH</td> </tr> <tr> <td>48 A</td> <td>48 C</td> <td>48 E</td> </tr> <tr> <td>48 B</td> <td>48 D</td> <td>48 F</td> </tr> </table> <ul style="list-style-type: none"> <li>• 48A: Add the persons in the Total field for each racial group in Rows 38 through 47. Enter the sum in field 48A.</li> <li>• 48B: Add the persons in the Hispanic field for each racial group in Rows 38 through 47. Enter the sum in 48B</li> <li>• 48C: Add the households in the Total/Owner field for each racial group in Rows 38 through 47. Enter the sum in 48C</li> <li>• 48D: Add the households in the “Total/Owner and of Hispanic ethnicity” fields for each racial group in Rows 38 through 47. Enter the sum in 48D.</li> <li>• 48E: Add the households in the Total/Renter field for each racial group in Rows 38 through 47. Enter the sum in 48E.</li> <li>• 48F: Add the households in the “Total/Renter and of Hispanic ethnicity” fields for each racial group in Rows 38 through 47. Enter the sum in 48F.</li> </ul>	Persons	Owner HH	Renter HH	48 A	48 C	48 E	48 B	48 D	48 F
Persons	Owner HH	Renter HH								
48 A	48 C	48 E								
48 B	48 D	48 F								
Rows 49-53	<b>Categories other than income and race</b>									
49	<b>Handicapped Persons:</b> Enter the number of handicapped persons from households that are slated to receive assistance based on the Target Area Survey Forms.									
50	<b>Handicapped Head of Households:</b> Enter the number of handicapped head of households for households slated to receive assistance. Use the data from the Target Area Survey Form.									
51	<b>Female Headed Households by Owner/Renter Status:</b> Enter the number of Female Headed Households by owner or renter status based on households slated to receive assistance and as listed on the Target Area Survey Form.									



**Target Area Survey Form      Map Key # \_\_\_\_\_**

I, \_\_\_\_\_, rent or own at \_\_\_\_\_, in  
 (Occupant's or owner's name) (EMS/911 Street Address)

\_\_\_\_\_, Louisiana and certify the following:  
 (Village, Town, City, Parish)

1. Type of structure?

\_\_\_\_\_ Single Family Detached      \_\_\_\_\_ Mobile Home/Modular Housing Unit  
 \_\_\_\_\_ Apartment      \_\_\_\_\_ Other (Specify) \_\_\_\_\_

(If the structure is something other than residential, skip to #5, provide signature, and then go to #6)

a. How many rooms are there in the home, excluding bathrooms, hallways, and closets? \_\_\_\_\_

2. Please answer the following questions concerning persons living in the home:

a. How many persons live in the home? \_\_\_\_\_

b. What is the ethnic/racial background of the persons?	Total	(Subset) Hispanic/Latino
American Indian/Alaskan Native	_____	_____
Asian	_____	_____
Black/African American	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
White	_____	_____
American Indian /Alaskan Native <i>and</i> White	_____	_____
Asian <i>and</i> White	_____	_____
Black/African American <i>and</i> White	_____	_____
American Indian/Alaskan Native <i>and</i> Black	_____	_____
Other Multi Racial	_____	_____

c. Is the head of household: \_\_\_\_\_ Female      \_\_\_\_\_ Elderly      \_\_\_\_\_ Handicapped

d. How many persons in the house are: \_\_\_\_\_ Elderly      \_\_\_\_\_ Handicapped

e. Annual Household Income (Use income figures provided in the application package):  
 \_\_\_\_\_ Extremely Low      \_\_\_\_\_ Low      \_\_\_\_\_ Moderate      \_\_\_\_\_ High

3. Do you:    Own      \_\_\_\_\_ Rent      \_\_\_\_\_ Have or Can Obtain Permanent Usufruct

a. The house I reside in was constructed in the year of \_\_\_\_\_.

b. I (We) have owned/rented this house since the year of \_\_\_\_\_.

c. Do you plan to continue to reside in this house for the foreseeable future? \_\_\_\_\_

d. \_\_\_\_\_  
 Signature of Homeowner      Date

4. \_\_\_\_\_  
 Name of Surveyor      Date

5. Statements 3a. and 3b. above have been verified by the grant applicant (community).

\_\_\_\_\_  
 Signature of Verifier      Date

**(continued) Target Area Survey Form Page 2**

6. Common Problems

Below is a list of common problems. Please check the problems that apply to your home.

- a. Roof leaks, water stains on ceiling \_\_\_\_\_
- b. Roof sags or is buckled \_\_\_\_\_
- c. Gutters or down spouts missing or broken \_\_\_\_\_
- d. Walls have holes or open cracks \_\_\_\_\_
- e. Walls lean or sag \_\_\_\_\_
- f. Outside paint is peeling, chipping, flaking \_\_\_\_\_
- g. Flooring and or foundation problems \_\_\_\_\_
- h. Porches, stairs or chimney sags or leans, or has  
missing bricks, stairs, etc. \_\_\_\_\_
- i. Windows are broken or missing \_\_\_\_\_
- j. Windows do not have screens \_\_\_\_\_
- k. Doors are loose or broken \_\_\_\_\_
- l. Outdoor toilet \_\_\_\_\_
- m. Indoor toilet does not work \_\_\_\_\_
- n. No hot and cold running water \_\_\_\_\_
- o. No heating system \_\_\_\_\_
- p. Heating system does not work \_\_\_\_\_
- q. Fuses burn out when several appliances are turned  
on at the same time \_\_\_\_\_
- r. Electrical wires are outside of walls, not inside the walls \_\_\_\_\_
- s. There is no or very little ceiling insulation \_\_\_\_\_

7. Please make the following determination regarding this house in terms of the type of assistance to be provided. See instructions for definition of rehabilitation. Check only one item below:

OCCUPIED:

- Substandard, provide spot rehabilitation \_\_\_\_\_
- Substandard, provide substantial rehabilitation \_\_\_\_\_
- Substandard, provide reconstruction \_\_\_\_\_
- Substandard (not eligible because \_\_\_\_\_) \_\_\_\_\_
- Substandard (owner does not wish to participate in the program) \_\_\_\_\_
- Standard \_\_\_\_\_

VACANT:

- Substandard, provide clearance demolition \_\_\_\_\_
- Substandard, not in need of demolition, provide no assistance \_\_\_\_\_
- Substandard, (not eligible because \_\_\_\_\_) \_\_\_\_\_
- Substandard (owner does not wish to participate in the program) \_\_\_\_\_
- Standard \_\_\_\_\_

## Target Area Survey Form--Instructions

A separate Target Area Survey Form must be completed for every household, major structure, or business in the target area and in the case of spot rehabilitation, will include any defined area(s) if such area(s) differ in any way from the boundaries of the target area. One complete set of these individual household survey/homeownership verification forms must be submitted with the application. A field map of the target area must be submitted as well. For more detailed instructions concerning the field maps, please see the Maps section on page 131. Use this form for substantial rehabilitation, spot rehabilitation reconstruction, clearance demolition and for housing units and structures that are not slated for any type of LCDBG assistance.

The following definitions must be used when completing this form.

- Household – a dwelling unit and all persons who reside therein. The occupants may be a single family, one person living alone, unrelated individuals, two families, etc.
- Family – all persons living in the same household who are related by blood or contract (birth, marriage, adoption). In some instances, two families could reside in one household. Therefore, a household could involve one or more families.
- Low/Moderate Income – persons, families, or households whose combined annual income does not exceed eighty percent of the parish median income.
- Moderate Income – persons, families, or households whose combined annual income exceeds fifty percent but does not exceed eighty percent of the parish median income.
- Low Income – persons, families, or households whose combined annual income exceeds thirty percent but does not exceed fifty percent of the parish median income.
- Extremely Low Income – persons, families, or households whose combined annual income does not exceed thirty percent of the parish median income.
- Elderly – persons or head of family aged 62 or above.
- Handicapped – persons or head of family receiving disability payments or having an obvious handicap.
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

1. Mark the space that corresponds with the type structure. If the structure is non-residential, such as a business, we will not need information contained in Questions 1 through 4, so skip to question 5, provide a signature and date before going on to question six.
  - a. Enter the number of rooms in the home, excluding bathrooms, hallways and closets.
2. Enter the following demographic information.
  - a. Enter the number of persons living in the home. Mark the selection that applies to the persons permanently living in the home. Occasional or weekend visitors, or relatives temporarily visiting, would not be listed as persons permanently living in the home.
  - b. Enter the number of persons living in the home in the appropriate racial category under the "Total" column. Use the racial definitions as explained in the instructions for the Activity Beneficiary Form. The listing of persons of Hispanic/Latino ethnicity will be a subset, if applicable, of racial categories. Of the number in the "Total" column, enter the number of persons that are of Hispanic or Latino ethnicity in the "Hispanic/Latino" column.
  - c. If the head of household is female, elderly, or handicapped, please indicate in this space.
  - d. Enter the number of persons living in the household that are elderly or handicapped.
  - e. To identify the income category, you must consider the income of the **entire** household. Complete and use the "Income Categories" chart on page 128 as a basis from which to choose proper income categories. In the event that the application becomes a funded grant each homeowner will have to formally prove, with documentation attached to a homeowner application, the income status of the household.
3. The homeowner will be asked to state whether he or she owns, rents, or has/can obtain usufruct. Enter the response of the homeowner regarding owning, renting, and obtaining usufruct. Also,
  - a. Enter the year the home was constructed.
  - b. Enter the year ownership of the home was obtained.
  - c. Verify whether the owner plans to continue to dwell in the housing unit or if there are plans to move in the foreseeable future.
  - d. The homeowner must sign and date this form.
4. Enter the name of the person conducting the survey and the date the survey was conducted. Enter the map key number from the field map that corresponds to the home at the top right of the form. If the field map has not been completed then enter the map key number as it becomes available.
5. The community submitting the owner-occupied applications for rehabilitation must verify items 3a and 3b informally without documentation. The individual who verifies this information must sign and date this form. Later, if the application is funded the income status and ownership status will have to be formally verified, with documentation, when the homeowner makes a formal application for assistance.
6. This section identifies common housing or structural problems. Mark any problems that are appropriate for each structure.
7. Mark the category of treatment that is appropriate for the structure. When marking "Occupied Substandard not eligible because \_\_\_\_\_" the reason why the household is not eligible should be entered. Reasons may include, but are not limited to: Rental, No verification of ownership, Income Level, Usufruct not easily obtainable, homeowner serving long jail term, temporary occupancy anticipated, Occupied Business, Occupied Institution. Check only one item.

If the estimated cost of the rehabilitation work exceeds seventy-five percent of the fair market value of the house after the rehabilitation work is complete, then the house is not eligible for rehabilitation, but may be reconstructed. This standard is a general rule to use when assessing the housing units for

treatment. Mobile and modular homes may not be rehabilitated with LCDBG funds. However, mobile and modular homes may be reconstructed with “stick built” housing units with LCDBG funds. If you have any questions when developing your application, please call Wayne Dale or Gene Gautreaux at (225) 342-7412.

The demolition of vacant substandard housing units is eligible under the clearance demolition activity. Houses that are vacant, but are not substandard, are not eligible for demolition under this program. Demolition of vacant housing units that are not substandard is addressed by the Anti-Displacement regulations at Section 104 (d) of the Housing and Community Development Act of 1974, as amended. If the applicant demolishes a housing unit that is not substandard with LCDBG funds, then the local governing body would be required to replace the demolished housing unit on a one for one basis.

Rental units are not eligible for assistance under the LCDBG Housing Program.

This form is to be utilized for all homes and structures within the target areas.

The State will conduct a site visit of some of the higher rated housing applicants prior to making grant awards. The State reserves the right to make determinations regarding the assessment of housing units concerning substantial rehabilitation, spot rehabilitation reconstruction, and demolition.

**INCOME BY HOUSEHOLD CHART**  
**HOUSEHOLD SURVEY FOR HOUSING PROJECTS**

Choose the income category below that corresponds to the total annual household income per household size.

CATEGORY	HOUSEHOLD SIZE									
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	9 or more persons*	
Extremely Low Income	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	Number Of Persons _____  Annual Household Income \$ _____
Low Income	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	
Moderate Income	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	
High Income	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	

\* For households with 9 or more persons, enter the number of persons in the household and the annual household income figure and later contact Ms. Natasha Bland, Office of Community Development, at 225/342-7412.

**A copy of this chart with the income figures inserted that is used to conduct the actual survey must be submitted with the application.**

**EXAMPLE**

Income by Household Chart - ACADIA PARISH

CATEGORY	FAMILY SIZE								
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	9 or more persons*
Extremely Low Income	\$ <u>- 0 -</u> to \$ <u>9,900</u>	\$ <u>- 0 -</u> to \$ <u>11,350</u>	\$ <u>- 0 -</u> to \$ <u>12,750</u>	\$ <u>- 0 -</u> to \$ <u>14,150</u>	\$ <u>- 0 -</u> to \$ <u>15,300</u>	\$ <u>- 0 -</u> to \$ <u>16,450</u>	\$ <u>- 0 -</u> to \$ <u>17,550</u>	\$ <u>- 0 -</u> to \$ <u>18,700</u>	Number Of Persons
Low Income	\$ <u>9,901</u> to \$ <u>16,500</u>	\$ <u>11,351</u> to \$ <u>18,900</u>	\$ <u>12,751</u> to \$ <u>21,250</u>	\$ <u>14,151</u> to \$ <u>23,600</u>	\$ <u>15,301</u> to \$ <u>25,500</u>	\$ <u>16,451</u> to \$ <u>27,400</u>	\$ <u>17,551</u> to \$ <u>29,250</u>	\$ <u>18,701</u> to \$ <u>31,150</u>	
Moderate Income	\$ <u>16,501</u> to \$ <u>26,450</u>	\$ <u>18,901</u> to \$ <u>30,200</u>	\$ <u>21,251</u> to \$ <u>34,000</u>	\$ <u>23,601</u> to \$ <u>37,750</u>	\$ <u>25,501</u> to \$ <u>40,800</u>	\$ <u>27,401</u> to \$ <u>43,800</u>	\$ <u>29,251</u> to \$ <u>46,800</u>	\$ <u>31,151</u> to \$ <u>49,850</u>	Annual Household Income
High Income	Over \$ <u>26,450</u>	Over \$ <u>30,200</u>	Over \$ <u>34,000</u>	Over \$ <u>37,750</u>	Over \$ <u>40,800</u>	Over \$ <u>43,800</u>	Over \$ <u>46,800</u>	Over \$ <u>49,850</u>	

### **Income By Household Chart--Instructions**

The table on page 163 identifies the extremely low income categories by number of persons in the household for each parish, the table on page 164 identifies the low income categories by number of persons in the household for each parish, and the table on page 165 identifies the moderate income categories by number of persons in the household for each parish. Those figures should be inserted on the survey form for the corresponding household sizes. Refer to the completed chart for Acadia Parish on the next page as an example. Please note that the extremely low income figure by household size directly corresponds to the figure shown in the table on page 163.

If there are five persons in a household located in Acadia Parish and the annual household income is \$42,000, (more than \$40,800) then the household would be classified as high income. If that same household had an annual income of \$10,000, (less than \$15,301) then the household would be classified as extremely low income.

A copy of the completed chart identifying the income limits for each household size and income category that is actually used to conduct the survey must be submitted with the application package.

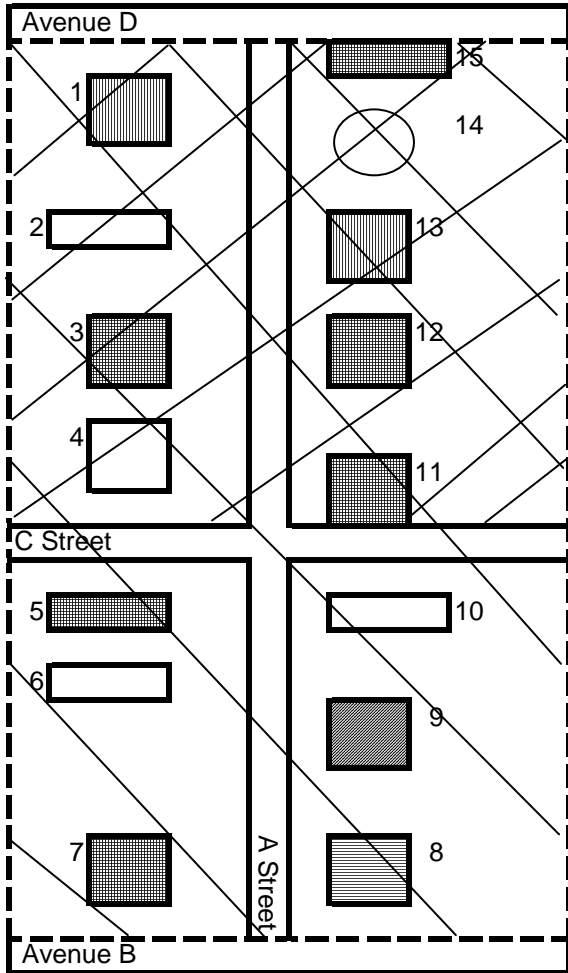
**(Sample) Housing Target Area Map**  
 FY 2008/2009 LCDBG Housing Application

Local Government \_\_\_\_\_  
 Target Area \_\_\_\_\_



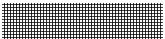
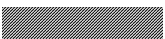





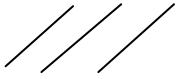

Census Tract \_\_\_\_\_  
 Block Group(s) \_\_\_\_\_

Tip: Use multiple pages if necessary.

Option: Put the legend on a separate page



**Legend**

-  Substantial Rehabilitation
-  Spot Rehabilitation
-  Reconstruction
-  Clearance Demolition
-  No Improvement Scheduled
  
-  House
-  Trailer
-  Business/Church/Other Structure
  
-  Target Area Boundary
-  Areas with Heavy Minority Concentrations
-  Areas with LMI Income Concentrations

## Target Area Map(s)

Enter the name of the local government and a description of the target area for which a map will be prepared. Census tract and block group data will be required to be entered on a Housing Target Area Map on the top right hand side of the page.

In order to find the census tract(s) and block number(s) for the target area(s) do the following:

- Go to [www.census.gov](http://www.census.gov)
- Click on “American Fact Finder” in the left panel
- Click on “Maps” in the left panel
- Choose the pop up option of “Reference Maps”
- On the “Reference Maps” page choose the proper boundary grouping which will be “2000 Census Tracts and Blocks”
- Also on the “Reference Maps” page choose the state and the zip code of one of the residences in the target area.
- A map of the zip code area will open. Change the map size as needed. Change the “Features and Boundaries” as needed which will help you to more clearly identify census tracts and block groups.

A map of the target area(s) must be prepared which illustrates all housing units and major structures such as a business or church. Barns, storage sheds, and other minor accessory structures should not be listed on the map. See the sample Target Area Map. Provide a map that is similar to the sample map with structure shapes based on the type of structure and fill patterns based on the type of anticipated improvement for each unit to be done under the LCDBG program. Note: Do not indicate with the patterns what needs to be done but, rather, what is expected to be done under the LCDBG Housing program. The sample map utilizes shapes with fill patterns. You are free to develop your own specialized shapes and fill patterns. The map is only a sample map. The improvement types which should be identified by “fill patterns” include

- substantial rehabilitation
- spot rehabilitation
- reconstruction
- clearance demolition and
- no improvement.

Overall diagonal marks, as shown at the bottom right hand side of the sample map, should be used to specify heavy minority concentrations and heavy low and moderate income concentrations. Please use the overall diagonal marks as shown on the sample map. (Highlighting does not work well when trying to copy highlighted material on a copy machine).

Once the diagram has been prepared each housing unit and major structure should be given a map key number. The map key numbers on the map should match the map key numbers entered on the Target Area Survey Forms.

Housing applications may only have two target areas. In delineating the target areas, it must be kept in mind that the boundaries must be coincident, when possible, with visually recognized boundaries such as streets, streams, canals, etc.

## Tabulation of Structures

Map Key #	Standard	Substandard but not to be treated	Reasons for not treating	Substandard and to be treated	Type of Treatment and/or Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Totals					

**Sample Tabulation of Structures (This corresponds to the sample map on page 131)**

Map Key #	Standard and not to be treated	Substandard but not to be treated	Reasons for not treating	Substandard and to be treated	Type of Treatment and/or Comments
1				1	Substantial Rehabilitation
2	1		Standard		
3				1	Reconstruction
4		1	Refuses to participate		
5				1	Reconstruction
6		1	above income		
7				1	Reconstruction
8				1	Spot rehabilitation
9				1	Clearance demolition
10		1	Renter		
11				1	Reconstruction
12				1	Reconstruction
13				1	Substantial Rehabilitation
14	1		standard, occupied business structure		
15				1	Reconstruction
101	If there were two target areas the numbering should provide a distinct number for each house. In this example the numbering for structures in target area two could begin with 101, etc.				
102					
etc.					
Totals	2	3		10	

## Tabulation of Structures--Instructions

The Target Area Survey Form, will provide the target area map key numbers and will give information regarding the type of treatment needed for each substandard unit. Some units which need treatment, as indicated by reading the back page of the Target Area Survey Form for each respective unit, will not be slated to be treated under the LCDBG program for various reasons that will be indicated on the Tabulation of Structures form.

Every major structure must have a map key number as listed on the Target Area Map and the Target Area Survey form. The tabulation will include housing units and other major structures, such as businesses but not minor accessory structures such as a shed or barn. A sample form has been provided for instructional purposes.

Enter a "1" in one of the three status columns to indicate a status selection. Three columns are provided that deal with the status of a map key number as follows:

- Standard
- Substandard but not to be treated and
- Substandard and to be treated.

When a unit will not be treated enter the reason why in the "Reasons for not treating" column. Reasons could include but are not limited to the following:

- "Standard"—A housing unit is in standard condition
- "Not owner-occupied"—A housing unit is not owner occupied
- "Rental"—A housing unit is renter occupied
- "Income Status"—The owner is not of low and moderate income status
- "Refused"—The owner does not wish to participate
- "Usufruct"—Usufruct cannot be obtained

When a unit will be treated enter one type of anticipated treatment in the "Type of Treatment" column. The four types of treatment available under the LCDBG program are as follows:

- Substantial rehabilitation
- Spot rehabilitation
- Reconstruction
- Demolition

Use more pages if necessary. At the very bottom "Total" row, enter the total number of "Standards", the total number of "Substandard but not to be treated" and the total number of "Substandard and to be treated". The total number of structures, when combined should agree with the Target Area Survey and the Target Area Map.

LCDBG PROGRAM  
HOUSING REHABILITATION

APPLICANT NAME:

**PROJECT DESCRIPTION**

### **Project Description--Instructions**

The information needed in the Project Description should fit on one single spaced page; however, use more than one page if necessary.

If applicable, indicate the number of housing units you plan to rehabilitate or reconstruct that is located in the FEMA one hundred year flood plain.

Describe intended improvements regarding substantial rehabilitation, spot rehabilitation, reconstruction and clearance demolition. Indicate the estimated number of houses for each applicable category.

Indicate the estimated maximum anticipated costs per housing unit for each type of improvement included in the application. Also indicate the estimated minimum costs to be expected for spot rehabilitation and substantial rehabilitation.

The description of each activity must clearly identify the boundaries of the target area(s) by street names or numbers or other notable boundaries such as a canal or the corporate limits. The written description must clearly match the boundaries defined on the project map.

**COST EFFECTIVENESS AND HOUSING PROGRAM COST ESTIMATE (LCDBG funds)**

1. Construction	<u>No. of Units</u>	<u>Avg. LCDBG Cost per Unit</u>	<u>Total LCDBG Cost</u>
Substantial Rehabilitation	_____	\$ _____	\$ _____
Reconstruction (including demo portion of recon)	_____	\$ _____	\$ _____
Spot Rehabilitation	_____	\$ _____	\$ _____
Clearance Demolition	_____	\$ _____	\$ _____
<b>TOTAL CONSTRUCTION COST</b>			<b>\$ _____</b>
2. Construction Administration for substantial rehabilitation			\$ _____
3. Construction Administration for reconstruction			\$ _____
4. Construction Administration for spot rehab			\$ _____
5. General Program Administration			\$ _____
6. Pre-agreement Costs			\$ _____
7. Other _____			\$ _____
—			\$ _____
8. <b>TOTAL PROJECT COST</b>			<b>\$ _____</b>

## INSTRUCTIONS

### **Cost Effectiveness and Housing Program Cost Estimate (LCDBG Funds Only)**

Spot rehabilitation and Clearance demolition will not affect the rating factor of Cost Effectiveness. The cost of substantial rehabilitation and reconstruction will be factors utilized in the calculation of Cost Effectiveness. Another factor considered in calculating rating points for Cost Effectiveness will be the relative cost of substantial rehabilitation and reconstruction as compared to other competing applications.

1. Item 1 covers material, labor, equipment, construction plans, asbestos testing, and incidental costs for the major construction activities. This form, once completed, should be in agreement with the Budget/Cost Summary Form.
2. Construction administration costs for substantial rehabilitation (improvements to an existing home) includes the work write-ups, bidding processes, contract writing processes, inspection, etc. The maximum allowable cost is \$3,200 per completed unit.
3. Construction administration costs for reconstruction (demolition and replacement of a home on the same site) includes the bidding processes, contract writing processes, inspection, etc. The maximum allowable cost is \$3,200 per completed unit.
4. Construction administration for spot rehabilitation (limited treatment of a safety or health condition) includes the work write-ups, bidding processes, contract writing processes, inspection, etc. The maximum allowable cost is \$1,000.
5. The maximum allowable cost for general program administration is \$35,000. These costs include overall program administration, ownership verification, income verification, application verification, title searches, demolition administration, etc.
6. Pre-agreement costs and those costs associated with application preparation cannot exceed \$2,500. Of this amount, a maximum of \$1,000 will be allowed for the packaging of the application and a maximum of \$1,500 will be allowed for household surveying costs. The \$1,500 for household surveying is allowed only if the administrative consultant conducts the household survey. The administrative consultant is required to make a minimum of one on-site visit in order to request pre-agreement costs.
7. Other: Put it here if it does not fit anywhere else. Describe, in the blank provided, or on a reference second sheet what the "other" involves.
8. Enter total LCDBG funds for the entire project. This amount should agree with the Budget Cost Summary Form.

## Needs Assessment

1. Number of substandard units to be treated in the target area(s).	
2. Number of substandard units that will not be treated in the target area(s)	
3. Total number of substandard units that exist in the target area(s)	
4. Needs Assessment percentage. (Item one divided by item three)	
5. Comments:	

## Involvement of Auxiliary Activities

1. Will other agencies or organizations assist in the renovation or reconstruction of housing units in the target area(s)?	
2. If yes, provide a brief description of the assistance that will be provided and insert documentation of such behind this form. (In order to receive point(s), the information required in the instructions must be included.) Brief Description:	

## Designated Renewal Community

1. Is the target area(s) within the boundaries of a federally designated Renewal Community?	
If yes, a map identifying the boundaries of the appropriate federally designated area and the location of the target area must be included behind this form. The map should also identify the name of the federally designated area and the census tract/block group numbers involved	

## **Needs Assessment--Instructions**

The completed Tabulation of Structures form will be the source for the completion of the Needs Assessment form.

1. Indicate the number of substandard units in the target area that are scheduled for treatment under the LCDBG Housing program. The treatment may be any one of the four types available under the program: spot rehabilitation, substantial rehabilitation, reconstruction, and clearance demolition.
2. From the Tabulation of Structures form, transfer the total number of units in the target area that are classified as substandard units that are not scheduled for treatment under the LCDBG Housing program. The total number of units that will not be treated will include vacant substandard housing units that are not in need of demolition, renter occupied units, vacant substandard business buildings or other structures that are not in need of demolition, owner-occupied units that are above income status, owner-occupied units whose owner refuses to participate, units where the occupant cannot obtain usufruct, etc. In other words, if a structure is substandard, then it is entered on line 2.

Note: Institutions, such as vacant substandard school buildings in need of demolition, are not normally within the scope of treatment via clearance demolition under the LCDBG program. However, such institutions should be clearly indicated on the Target Area Map and given a map key number. Since such institutions are not normally eligible for demolition with LCDBG funds, primarily due to the great cost that would be incurred, then substandard institutional buildings will not be considered as an input factor for the Needs Assessment rating criteria. For rating purposes, such an institutional substandard building will be considered exempt from the rating process. If your application has a building which is a substandard institutional building make note of this on line 5, the "Comments" line, of the Needs Assessment form.

3. Add the substandard units to be treated, line one, to the substandard units that will not be treated, line 2, to get the total number of substandard structures in the target area(s) that exist.

Enter the Needs Assessment percentage by dividing line one, units to be treated, by line 3, substandard units that exist. This percentage will be applied to the total points available for the rating criteria of Needs Assessment.

4. Enter any applicable comments.

### **Involvement of Auxiliary Entities**

1. If other volunteer and civic agencies or organizations will assist in the renovation or replacement of housing units in the housing target area(s), indicate "Yes" in the box. If not, indicate "No" in the box. .
2. If other assistance is to be provided, include a brief description of that assistance. Specific documentation of that assistance must be included. Such documentation must be on the letterhead of the agency or organization providing the assistance and must identify the specific assistance to be provided. A greater level of assistance involving construction will be awarded more points than a lesser level of assistance involving only general cleanup of the target area(s)

### **Designated Renewal Community—Instructions**

1. If the target area(s) is located within the boundaries of a federally designated Renewal Community, then enter yes. Otherwise, enter no. The entire target area(s) must be located within the boundaries of the federally designated area in order for the applicant to get the rating points.

If yes, provide a map identifying the following: (1) Name of renewal community, (2) Boundaries of the renewal community, and (3) Location of the target area(s).

**G. PRE-AGREEMENT AND ADMINISTRATIVE COSTS CERTIFICATION**

I certify that our local governing body will pay all of the pre-agreement and administrative costs associated with the implementation of this LCDBG program; such costs will include, but not be limited to application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, and/or administrative consultant fees. I have marked the following box which indicates who will be responsible for administering the LCDBG program. The documentation to support this is included in this application in accordance with the instructions.

\_\_\_\_\_ The local governing body will utilize an administrative consultant to administer the LCDBG Program. The proposed consultant is \_\_\_\_\_. Attached is a copy of the required resolution by the local governing body.

\_\_\_\_\_ The local governing body will utilize its own staff for the purpose of administering the LCDBG Program. Attached are a resolution and a sheet containing the required documentation requested in the instructions.

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

**Proofs of Publication**

1. After this page attach a copy of the first public notice and proof of publication.
2. After this page attach a copy of the second public notice and proof of publication.

## INSTRUCTIONS

### **Pre-agreement and Administrative Costs Certification**

This form must be completed by those applicants that will pay all of the pre-agreement and administrative costs associated with the implementation of the LCDBG Program. This is a rare occurrence in the LCDBG Housing program. Such administrative costs may include, but not be limited to, application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, administrative consultant fees, etc. **If the applicant is requesting LCDBG funds for pre-agreement and/or administrative costs, this form should not be completed and signed; a point will not be assigned if any LCDBG funds are requested for pre-agreement and/or administrative costs.**

An applicant may intend to utilize the services of an administrative consultant, to utilize local staff, or to utilize both. The certification must identify which circumstances apply by marking one or both boxes.

If the applicant plans to utilize the services of an administrative consultant, local funds must be pledged and allocated for such services. To substantiate that the local governing body will pay the administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A copy of the resolution passed by the local governing body identifying the administrative consultant hired and the proposed amount of the contract must be included in the application. That resolution should also state that local funds will be used to pay the pre-agreement costs, administrative consultant fees and any other administrative costs incurred by the local governing body.

If the local governing body maintains full-time permanent staff for the sole or partial purpose of administering LCDBG or other federal programs, such staff must have proved its capacity to administer LCDBG or other federal programs through previous program administration. To substantiate that the local governing body will pay the pre-agreement and administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A sheet should be attached that identifies the staff person(s) who will be responsible for program administration, their job title or position, and a brief listing of their previous experience in administering LCDBG or other federal programs. A copy of the resolution passed by the local governing body stating that local funds will be used to pay all pre-agreement and administrative costs incurred by the local governing body must be included in the application.

### **Proofs of Publication—Instructions**

A copy of the two public notices and proofs of publication must be included in the application package. The required content of these notices is explained on pages 28 and 29 of this package and a sample of each notice is on pages 35 and 36.



LOUISIANA CDBG PROGRAM

STATEMENT OF ASSURANCES

This applicant hereby assures and certifies that:

1. It possesses legal authority to apply for the grant and to execute the proposed program.
2. Its governing body has duly adopted or passed as an official act a resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
3. It has facilitated citizen participation by:
  - a. Providing adequate notices that provide the information specified in the Application Package.
  - b. Holding a hearing to obtain citizens' views on housing and community development needs and to provide citizens with the information specified in the Application Package.
4. It has adopted a detailed written citizen participation plan that:
  - a. Provides for and encourages citizen participation,
  - b. Provides citizens with reasonable and timely access to local meetings, information, and records,
  - c. Provides for technical assistance,
  - d. Provides for public hearings
  - e. Provides for timely responses to written complaints and grievances, and
  - f. Accommodates the needs of non-English speaking residents and persons with disabilities in public hearings.
5. Its chief executive officer or other officer of applicant approved by the State:
  - a. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 insofar as the provisions of such Act apply to the Louisiana Community Development Block Grant Program; and
  - b. Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the federal courts for the purpose of enforcement of his responsibilities as such an official.
6. The community development program has been developed so as to give maximum feasible priority to activities that will benefit low and moderate income families or aid in the prevention or elimination of slums or blight.

7. It will comply with the regulations, policies, guidelines, requirements of OMB Circulars Numbers A-87, A-102, as amended and made part of the State regulations, A-133, revised, and 24 CFR 85.36, as they relate to the application, acceptance, and use of federal funds under this part.
8. It will administer and enforce the labor standards requirements set forth in 24 CFR 570.603 and regulations issued to implement such requirements.
9. It will comply with the provisions of Executive Order 11296, relating to evaluation of flood hazards and Executive Order 11288 relating to the prevention, control and abatement water pollution.
10. It will require every building or facility (other than a privately owned residential structure) designed, constructed, or altered with funds provided under this part to comply with the “American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped,” Number A-117.1-R 1971, subject to the exceptions contained in 41 CFR 101-19.604. The applicant will be responsible for conducting inspections to insure compliance with these specifications by the contractor.
11. It will comply with:
  - a. Title VI of the Civil Rights Acts of 1964 (Pub. L. 88-252) as amended, and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the property or structure is used for another purpose involving the provision of similar services or benefits.
  - b. Section 104 (b) (2) of Title VIII of the Civil Rights Act of 1968 (Public Law 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing. Title VIII further prohibits discrimination against any person in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, national origin, handicap or familial status.
  - c. Section 109 of the Housing and Community Development Act of 1974, and the regulations issued pursuant thereto (24 CFR Part 570.602), which provides that no person in the United States shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds provided under this Part. Section 109 further prohibits discrimination to an otherwise qualified individual with handicap as provided under Section 504 of the Rehabilitation Act of 1973, as amended, and prohibits discrimination based on age as provided under the Age Discrimination Act of 1975.
  - d. Executive Order 11063 on equal opportunity in housing and non-discrimination in the sale or rental of housing built with federal assistance.

- e. Executive Order 11246, and the regulations issued pursuant thereto and Section 4(b) of the Grant Agreement, which provides that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of federal or federally assisted construction contracts. Contractors and subcontractors on federal and federally assisted construction contracts shall take affirmative action to insure fair treatment in employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training and apprenticeship.
12. It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, requiring that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project area and contracts for work in connection with the project be awarded to eligible Section 3 business concerns.
  13. It will:
    - a. To the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42; and
    - b. Inform affected persons of their rights and of the acquisition policies and procedures set forth in the regulations at 24 CFR Part 42.
  14. It will:
    - a. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606;
    - b. Provide relocation payments and offer relocation assistance as described in Section 205 of the Uniform Relocation Assistance Act to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant Program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that ensures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex or source of income; and
    - c. Assure that, within a reasonable period of time prior to displacement, comparable decent, safe and sanitary replacement dwellings will be available to all displaced families and individuals and that the range of choices available to such persons will not vary on account of their race, color, religion, national origin, sex, or source of income.
    - d. It will follow a residential antidisplacement and relocation assistance plan and it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as required under Section 570.606(a) and HUD implementing regulations at 24 CFR Part 42; the requirements in Section 570.606(b) governing the residential antidisplacement and relocation assistance plan under Section 104(d) of the Housing and Community Development Act of 1974; the relocation requirements of Section 505.606(c) governing displacement subject to Section 104(k) of the Act; and the relocation requirements of Section 505.606(d) governing optional relocation assistance under Section 105(a)(11) of the Act.

15. It will establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
16. It will comply with the provisions of the Hatch Act that limits the political activity of employees.
17. It will give the State and HUD, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.
18. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the program are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify HUD of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
19. It will comply with the flood insurance purchase requirement of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat.975, approved December 31, 1973 Section 103(a) required, on and after March 2, 1974, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any federal financial assistance for construction or acquisition purposes for use in any area, that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "federal financial assistance" includes any form of loan, grant guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect federal assistance.
20. It will, in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C.470), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1966 (16 U.S.C. 469a-1, et.seq.) by:
  - a. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse affects (see 36 CFR Part 800.8) by the proposed activity; and
  - b. Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.
21. It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements, approved in accordance with OMB Circular A-102, revised as it existed prior to its publication in revised form in the March 11, 1988 Federal Register, Vol. 53, No. 48.
22. It will minimize displacement of persons as a result of activities assisted with such LCDBG funds.
23. It will not attempt to recover any capital costs for public improvements financed in whole or in part with LCDBG funds, through assessments against properties owned and occupied by low and moderate income persons including any fees charged or assessed made as a condition of obtaining access to such public improvements.

Exception to the Requirement - The first sentence of Section 570.200(c)(2) of the regulations prohibits levying special assessments to recover any CDBG funds used to pay for public improvements, and remains applicable. There are, however, two exceptions or circumstances in which an assessment or fee may be made to recover the non-CDBG share of the capital costs:

- a. Where funds received under the State's CDBG allocation are used to pay the proportion of a fee or assessment against properties owned and occupied by low and moderate income persons. (Such payments are eligible CDBG activities subject to the provisions of S570.200(c)(3) of the regulations); or
  - b. Where the grantee certifies that it lacks sufficient CDBG funds to comply with the requirements, for the payment of assessments against properties owned and occupied by persons of low and moderate income who are not very low income (i.e., not below 50 percent of median). In this case, the assessment may be made against such properties without paying for the assessment with CDBG funds.
24. It will adopt and enforce a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in non-violent Civil Rights demonstrations in accordance with Section 519 of Public Law 101-1448 (the 1990 HUD Appropriations Act).
25. It certifies that no federally appropriated funds will be paid for any lobbying purposes regardless of the level of government.

Signing these assurances means that the municipality/parish agrees to implement its program in accord with these provisions. Failure to comply can result in serious audit and/or monitoring findings that require repayment of funds to the State or expending municipality/parish funds to correct deficiencies. A training session will be held to describe these requirements to all funded applicants. Municipality/parish staff attendance will be mandatory.

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SIGNATURE OF CHIEF ELECTED OFFICIAL

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TYPED/NAME AND TITLE OF CHIEF ELECTED OFFICIAL

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DATE



DISCLOSURE REPORT

PART I - APPLICANT/GRANTEE INFORMATION

1. Applicant/grantee name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_

2. This is an: Initial Report  Updated Report \_\_\_\_\_

3. Project Assisted/to be Assisted \_\_\_\_\_  
\_\_\_\_\_  
a. Fiscal year: \_\_\_\_\_  
b. Competitive Grant:   
c. Amount requested/received: ..... \_\_\_\_\_  
d. Program income to be used with c. above: ..... \_\_\_\_\_  
e. Total of c. and d: ..... \_\_\_\_\_

PART II - THRESHOLD DETERMINATIONS

1. Is the amount listed at 3.e. (above) more than \$200,000? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Have you received or applied for other HUD assistance (through programs listed in Appendix A of the Instructions) which when added to 3.e. (above) amounts to more than \$200,000?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either 1. or 2. of this Part is "yes", then you must complete the remainder of this report.

If the answer to both 1. or 2. of this Part is "no", then you are not required to complete the remainder of this report, but you must sign the following certification.

I hereby certify that this information is true.

\_\_\_\_\_  
(Chief Elected Official)

\_\_\_\_\_  
(Date)

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PART III - OTHER GOVERNMENT ASSISTANCE PROVIDED/APPLIED FOR

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Provide the requested information for any other Federal, State and/or local governmental assistance, on hand or applied for, that will be used in conjunction with the LCDBG program. (See Appendix A of the Instructions for a listing of the HUD programs subject to disclosure.)

Name and Address of Agency Providing or to Provide Assistance	Name of Program	Type of Assistance (loan, grant, etc.)	Amount Requested or Provided

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PART IV – INTERESTED PARTIES

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Alphabetical Listing of All Persons With a Reportable Financial Interest in the Project	Social Security # or Employer Identification # (Optional)	Type of Participation in Project	Contract Execution Date	Financial Interest In Project \$ and %

PART V - EXPECTED SOURCES AND USES OF FUNDS

This Part requires you to identify the sources and uses of all assistance, including LCDBG, that have been or may be used in the project.

Source	Use

PART VI – CERTIFICATION

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title or imprisoned not more than five years, or both.

\_\_\_\_\_  
(Chief Elected Official)

\_\_\_\_\_  
(Date)

## INSTRUCTIONS FOR COMPLETION OF DISCLOSURE REPORT

All applicants for or recipients of LCDBG Funds must complete and submit Parts I and II of the Disclosure Report. At the completion of Part II of the report, some applicants/recipients will find that they must also complete Parts III, IV, V and VI of the Report.

Part I requires the applicant's name, address, phone and federal employer identification number; indicate as to whether this is an initial report or an updated report (all FY 2006 - FY 2007 applicants/recipients will check the initial report box when preparing this report for the first time); provide a brief description of the project and include contract number, if known; identify the fiscal year of the LCDBG funds requested (FY 2006 - FY 2007); the amount of FY 2006 - FY 2007 LCDBG funds being requested or received; the amount of any LCDBG program income that will be used with the FY 2006 - FY 2007 LCDBG funds; and, the total amount (FY 2006 - FY 2007 funds plus program income). The requirements for updated reports are discussed on the following page.

Part II asks two questions. If the answer to both questions is "no", then the chief elected official must sign the certification at the end of Part II, but is not required to complete the remainder of the Report. If the answer to either question is "yes", then the applicant must complete the remainder of the Report.

Part III requires information on any other Federal, State and/or local assistance that is to be used in conjunction with the FY 2006 - FY 2007 LCDBG program. "Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State (other than the LCDBG assistance requested/received the application/grant award), or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the LCDBG project or activities. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there is reasonable grounds to anticipate that the assistance will be forthcoming or if other funds were identified in the application. If the applicant has no other government assistance to disclose, then state "No other government assistance has been applied for or will be provided" on this form.

Part IV requires the identification of interested parties. Interested parties are persons and entities with a reportable financial interest in the project. Person and "entity" means an individual (including a consultant, lobbyist, or lawyer), corporation, company, association, authority, firm, partnership, society, state, unit of general local government, governmental entity or agency, Indian tribe, and any other organization or group of people. If an entity is being disclosed, the disclosure in Part IV must include an identification of each officer, director, principal stockholder or other official of the entity. All consultants, developers or contractors involved in the application for LCDBG assistance, or in the planning, development or implementation of the project, must be identified as an interested party. Also, any other person or entity that has a pecuniary interest in the project that exceeds \$50,000 or ten percent of the LCDBG assistance, whichever is lower, must be listed as an interested party. Pecuniary interest means any financial involvement in the project, including (but not limited to) situations in which an individual or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project. (The following are not considered interested parties: local LCDBG administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property

owner and the contractor.) The financial interest in the project must be identified both as a dollar amount and as a percentage of the total amount of the LCDBG funds.

It is realized that at the time of application, applicants may not be aware of all interested parties since contracts and agreements for goods and services are not generally awarded until after notice of grant award. Subsequent to grant award, as projects are being implemented, funds will be committed to interested parties which will necessitate the submission of an updated Disclosure Report. However, if other governmental assistance is identified under Part II of the Disclosure Report to be used in conjunction with the LCDBG funds and, if these other funds have been committed to interested parties, then those interested parties must be identified in Part IV of the initial report.

Entry of the social security number or federal employer identification number is optional.

Part V requires applicants/recipients to identify the sources and uses of all funds to be used in conjunction with the LCDBG funded project. The sources and uses must include all the other assistance identified in Part III as well as the LCDBG funds identified in Part I, items 3c. and 3d.

Part VI requires a signed certification by the Chief Elected Official.

#### Updated Reports

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports whenever any of the following instances occur:

1. The applicant/grantee discovers that information was omitted from its initial report or any updated reports.
2. Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last updated report was submitted.
3. There is a change in other government assistance that exceeds the amount of assistance that was previously disclosed.
4. There is a change in the pecuniary interest of any person or entity that exceeds the amount of all previously disclosed interests by the lesser of \$50,000 or ten percent of such interest.
5. For all projects receiving a tax credit under federal, state, or local law, there has been a change in the expected sources or uses of funds that were previously disclosed.
6. There is a change in the expected source of funds from a single source that exceeds the lesser of the amount previously disclosed for that source of funds by \$250,000 or ten percent of the funds previously disclosed for that source.
7. There is a change in the expected sources of funds from all sources previously disclosed that exceeds the lesser of \$250,000 or ten percent of the amounts previously disclosed from all sources of funds.

8. There is a change in a single expected use of funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.
9. There is a change in the use of all funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.

Grantees must constantly monitor their project to ensure that an updated disclosure report is submitted within thirty days of any change that meets one of the nine criteria discussed above. Updated reports are required until the project is closed out.



## APPENDIX A

This Appendix contains a list of all the HUD Programs that are subject to the disclosure requirements of the Housing and Urban Development Reform Act of 1989. All applicants for or recipients of FY 2006 - FY 2007 LCDBG assistance must review this list to determine if they are receiving, or expect to receive, assistance from other covered HUD programs besides the LCDBG Program. HUD funds that are received either directly from HUD or through the State must also be considered. The State administered LCDBG Program is listed as item 3(v).

It is the total amount of funds received from all of the below sources that the applicant/recipient uses to answer the second question of Part II of the Disclosure Report.

- (1) Section 312 Rehabilitation Loans under 24 CFR part 510, except loans for single family properties.
- (2) Applications for grant amounts for a specific project or activity under the Rental Rehabilitation Grant program under 24 CFR part 511 made to:
  - (i) A State grantee under Subpart F;
  - (ii) A unit of general local government or a consortium of units of general local government receiving funds from a State or directly from HUD (whether or not by formula) under Subparts D, F, and G; and
  - (iii) HUD, for technical assistance under S511.3.

(Excludes formula distributions to States, units of general local government, or consortia of units of general local government under Subparts D and G, within-year reallocations under Subpart D, and the HUD-administered Small Cities program under Subpart F.)

- (3) Applications for grant amounts for a specific project or activity under Title I of the Housing and Community Development Act of 1974 made to:
  - (i) HUD, for a Special Purpose Grant under Section 105 of the Department of Housing and Urban Development Reform Act of 1989 for technical assistance, the Work Study program or Historically Black colleges,
  - (ii) HUD, for a loan guarantee under 24 CFR part 470, Subpart M;
  - (iii) HUD, for a grant to an Indian tribe under Title I of the Housing and Community Development Act of 1974; and
  - (iv) HUD, for a grant under the HUD-administered Small Cities program under CFR part 570, Subpart F; and
  - (v) A State or unit of general local government under 24 CFR part 570.
- (4) Applications for grant amounts for a specific project or activity under the Emergency Shelter Grants program under 24 CFR part 576 made to a State or to a unit of general local government, including a Territory.

(Excludes formula distributions to States and units of general local government [including Territories]; reallocations to States, units of general local government [including Territories] and non-profit organizations; and applications to an entity other than HUD or a State or unit of general local government.)

- (5) Transitional Housing under 24 CFR part 577.
- (6) Permanent Housing for Handicapped Homeless Persons under 24 CFR part 578.
- (7) Section 8 Housing Assistance Payments (only project-based housing under the Existing Housing and Moderate Rehabilitation programs under 24 CFR part 882, including the Moderate Rehabilitation Program for Single Room Occupancy Dwellings for the Homeless under Subpart H).
- (8) Section 8 Housing Assistance Payments for Housing for the Elderly or Handicapped under 24 CFR part 885.
- (9) Loans for Housing for the Elderly or Handicapped under Section 202 of the Housing Act of 1959 (including operating assistance for Housing for the Handicapped under Section 162 of the Housing and Community Development Act of 1987 and Seed Money Loans under Section 106(b) of the Housing and Urban Development Act of 1968).
- (10) Section 8 Housing Assistance Payments - Special Allocations - under 24 CFR part 886.
- (11) Flexible Subsidy under 24 CFR part 219 - both Operating Assistance under Subpart B and Capital Improvement Loans under Subpart C.
- (12) Low-Rent Housing Opportunities under 24 CFR part 904.
- (13) Indian Housing under 24 CFR part 905.
- (14) Public Housing Development under 24 CFR part 941.
- (15) Comprehensive Improvement Assistance under 24 CFR part 968.
- (16) Resident Management under 24 CFR part 964, Subpart C.
- (17) Neighborhood Development Demonstration under Section 123 of the Housing and Urban-Rural Recovery Act of 1983.
- (18) Nehemiah Grants under 24 CFR part 280.
- (19) Research and Technology Grants under Title V of the Housing and Urban Development Act of 1970.
- (20) Congregate Services under the Congregate Housing Services Act of 1978.
- (21) Counseling under Section 106 of the Housing and Urban Development Act of 1968.
- (22) Fair Housing Initiatives under 24 CFR part 125.

- (23) Public Housing Drug Elimination Grants under Section 5129 of the Anti-Drug Abuse Act of 1988.
- (24) Fair Housing Assistance under 24 CFR part 111.
- (25) Public Housing Early Childhood Development Grants under Section 222 of the Housing and Urban-Rural Recovery Act of 1983.
- (26) Mortgage Insurance under 24 CFR Subtitle B, Chapter II (only multifamily and non-residential).
- (27) Supplemental Assistance for Facilities to Assist the Homeless under 24 CFR part 579.
- (28) Shelter Plus Care Assistance under Section 837 of the Cranston-Gonzalez National Affordable Housing Act.
- (29) Planning and Implementation Grants for HOPE for Public and Indian Housing Homeownership under Title IV, Subtitle A, of the Cranston-Gonzalez National Affordable Housing Act.
- (30) Planning and Implementation Grants for HOPE for Homeownership of Multifamily Units under Title IV, Subtitle B, of the Cranston-Gonzalez National Affordable Housing Act.
- (31) HOPE for Elderly Independence Demonstration under Section 803 of the Cranston-Gonzalez National Affordable Housing Act.

## **Income Limits**

The following income limits, as established by HUD, are provided in a chart format and are based on the number of occupants per household.