Rental Set Up and Completion Form
HOME Program (For single and multi-address activities)

Check the appropriate box:	Name and Phone Number of Person Completing Form:
☐ Original Submission ☐ Change Owner's Address ☐ Ownership Transfer ☐ Revision	

Set Up Activity:

A. General Information.

1. Name of Participant:	2. IDIS Activity ID Number:	3. Activity Name:

B. CHDO Questions.

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC)? (Y/N): (If Yes, STOP. DO NOT FILL OUT THIS FORM.) Choose One	2. Will the activity be funded with CR (Y/N)? Choose Y/N If yes, CHDO Acting As: (enter code) Choose Code (1) Owner (2) Sponsor (3) Developer
3. Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)? Choose Y/N (If Y, answer Item 4.)	4. Is the activity going forward? (Y/N) Choose Y/N (If Y, fill out the rest of the form. If N, only the cost information is needed.)

C. Objective and Outcome.

1. Objective (enter code): Choose Code (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): Choose Code (1) Availability/accessibility (2) Affordability (3) Sustainability

D. Special Characteristics.

1. Activity Location Type "Y" next to any that apply: (1)____CDBG Strategy Area (2)____Local target area (3)____Presidentially declared major disaster area (4)____Historic preservation area (5) ____Brownfield redevelopment area (6) ____Conversion of nonresidential to residential use (7) ____Colonia (For AZ, CA, NM, TX)	2. Will this activity be carried out by a faith-based organization (Y/N)? Choose Y/N

E. Activity Information.

1. Activity Type (check one): ☐ Rehab Only ☐ Acquisition & Rehab ☐ New Construction Only ☐ Acquisition & New Construction ☐ Acquisition Only			2. Property Street Address:	
3. City:	4. State:	5. Zip Code:	6. County Code:	Activity Estimates: 7. HOME Units: 8. HOME Cost:
9. Multi-Address (Y/N)? Choose Y/N				

F. Property Owner or Developer Information. (Only applicable if this is a multi-address activity)

1. Property Owner or Developer Type (enter code): (1) Individual (4) Not-for-Profit (2) Partnership (5) Publicly Owned (3) Corporation (9) Other Choose One	2. Property Owner or Developer's Name:		
	3. Street Address:		
	4. City:	5. State:	6. Zip Code:

G. Activity Information. (If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each building (Sections H, I, J , K, and L.))

1. Activity Type (enter code): Choose One	2. Property Type (enter code): Choose One	3. FHA Insured (Y/N) ?
(1) Rehab Only (4) Acquisition & Rehab (2) New Construction Only (5) Acquisition & New Construction (3) Acquisition Only	(1) Condominium (4) Apartment (2) Cooperative (5) Other (3) SRO	Choose Y/N

4. Mixed Use (Y/N) ?	5. Mixed Income (Y/N) ?	6. Completed Units:
Choose Y/N	Choose Y/N	Total Number: HOME-assisted Units:

H. Property Address. (For multi address activities)

1. Building Name:	2. Property Street Address:	3. City:	4. State:	5. Zip Code:	6: County code:

I. Units

1. Of the Units Completed, the number:	Total	HOME-assisted
Meeting Energy Star standards:	_____	_____
504-accessible:	_____	_____
Designated for persons with HIV/AIDS:	_____	_____
Of those, the number for chronically homeless:	_____	_____
Designated for the homeless:	_____	_____
Of those, the number for the chronically homeless:	_____	_____

J. Period of Affordability. If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability.

PJ-imposed period of affordability: _____ years

K. Costs.

1. *HOME Funds (Including Program Income)*

(1) Amortized Loan	$	
(2) Grant	$	
(3) Deferred Payment Loan	$	
(4) Other	$	
(5) CHDO Loan	$	
Total HOME Funds		$

2. *Public Funds*

(1) Other Federal Funds	$	
(2) State/Local Funds	$	
(3) Tax-Exempt Bond Proceeds	$	
Total Public Funds		$

3. *Private Funds*

(1) Private Loans	$	
(2) Owner Cash Contribution	$	
(3) Private Grants	$	
Total Private Funds		$
4. *Low-Income Housing Tax Credit Proceeds*		$
5. Activity Total or Total This Address		$

L. Household Characteristics - HOME Units Only. **(Use codes indicated below)**

				Household					
Unit #	**# of Bdrms**	**Occupant**	**Total Monthly Rent**	**% AMI**	**Hispanic? Y/N**	**Race**	**Size**	**Type**	**Assistance Type**
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One
	# beds	Choose One		Choose One	Choose Y/N	Choose One	Choose One	Choose One	Choose One

# of Bdrms
0 – SRO/Efficiency
1 – 1 bedroom
2 – 2 bedrooms
3 – 3 bedrooms
4 – 4 bedrooms
5 – 5 or more bedrooms

Occupant
1 – Tenant
2 – Owner
9 – Vacant Unit

Household % of Med
1 – 0 to 30%
2 – 30+ to 50%
3 – 50+ to 60%
4 – 60+ to 80%

Household Race
11 – White
12 – Black or African American
13 – Asian
14 – American Indian or Alaska Native
15 – Native Hawaiian or Other Pacific Islander
16 – American Indian or Alaska Native & White
17 – Asian & White
18 – Black or African American & White
19 – American Indian or Alaska Native & Black or African American
20 – Other Multi Racial

Household Size
1 – 1 person
2 – 2 persons
3 – 3 persons
4 – 4 persons
5 – 5 persons
6 – 6 persons
7 – 7 persons
8 – 8 or more persons

Household Type
1 – Single, non-elderly
2 – Elderly
3 – Single parent
4 – Two parents
5 – Other

Assistance Type
1 – Section 8
2 – HOME TBRA
3 – Other federal, state, or local assistance
4 – no assistance

Instructions for Completing the Rental Set-up and Completion Report HOME Program

Read the instructions for each item carefully before completing the form. The purpose of this report is to assist with the collection of information to be entered into IDIS.

Applicability. This report is to be completed for each homebuyer activity assisted with HOME funds.

Timing. This report form is used to setup an activity in IDIS so that funds may be drawn down and to complete the activity so that the HOME Program reporting requirements are met.

A. General Information.

1. **Name of Participant.** Enter the name of the participating jurisdiction or the agency administering the homeowner rehab activity.
2. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS.
3. **Activity Name.** Enter the name that the grantee or sub-grantee has designated to the activity.

B. CHDO Questions. (Only applicable if the activity is being carried out by a CHDO.)

1. **Is funding limited to CHDO Operating (CO) or CHDO capacity Building (CC)?** This report does not apply to CO or CC activities. In IDIS, fund and draw after selecting CO/CC on the HOME menu.
2. **Will the activity be funded with CR (Y/N)? _____ If yes, CHDO Acting as:** (Enter code) _____
   (1) Owner
   (2) Sponsor
   (3) Developer
3. **Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)? _____** (If Y, answer 4)
4. **Is the activity going forward?** After funding and drawing CL, answer "Y" to proceed to set up a Rental activity or "N" to report costs and complete the activity.

C. Objective and Outcome.

Objective. Enter the code of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to "2" – Decent affordable housing.

1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.

Outcome. Enter code of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to "2" – Affordability.

1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.
3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

D. Special Characteristics

1. **Activity Location.** Type "Y" next to any that apply. IDIS will default the answer to "N" if an answer is not typed in the field.
   (1) CDBG strategy area is defined as HUD-approved neighborhood or Community Revitalization strategy Area (NRSA or CRSA), identified in the grantee's Consolidated/Annual Action Plan under Section 91.215(e) or Section 91.315(e)(2).
   (2) Local target area is defined as a locally designated non-CDBG strategy area targeted for assistance.
   (3) Presidentially declared major strategy area is defined as an area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
   (4) Historic Preservation Area is defined as an area designated for historic preservation by local, state, or federal officials.
   (5) Brownfield redevelopment area is defined as an abandoned, idle, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.
   (6) Conversion from non-residential or residential use is self explanatory. An example is converting an old warehouse into rental units or condominiums.
   (7) Colonia is defined as a rural community or neighborhood located within 150 miles of the U.S.-Mexican border that lacks adequate infrastructure and frequently also lacks other basic services. This field only applies to activities located in the states of Arizona, California, New Mexico, and Texas.
2. **Faith-Based Organization.** Will this activity be carried out by a faith-based organization (Y/N)? Enter "Y" if it is known or if the organization declares itself to be a faith-based organization. If not, enter "N". Note: IDIS will enter the default answer of "N" if an answer is not typed in the field.

E. Activity Information

1. **Activity Type.** Enter code to indicate the type of activity.
   (1) Rehab Only. A HOME-assisted rehabilitation activity that did not include acquisition of real property.
   (2) New Construction Only. Any activity that involved: (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s).
   (3) Acquisition Only. Acquisition of a structure that received certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable housing.
   (4) Acquisition & Rehab. A HOME-assisted rehabilitation activity, which included the acquisition of real property.
   (5) Acquisition & New Construction. A HOME-assisted new construction activity, which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.
2. **Property Street Address.** Self explanatory. For multi address activities enter a general description of the project location.
3. **City**. Self explanatory.
4. **State**. Self explanatory.
5. **Zip code**. Self explanatory.
6. **County code**. Enter the county name or code. IDIS provides help to select the appropriate code.
7. **Activity Estimates. HOME Units.** Enter the estimated total number of units (upon completion) that will receive HOME assistance.
8. **Activity Estimates. HOME Cost.** Enter the total amount of HOME funds requested for the activity.
9. **Multi-Address (Y/N)?** If the activity consists of more than one home, enter "Y" so that costs and beneficiary information can be reported for each address at completion.

10. **Loan Guarantee? Y/N.** Enter Yes or No to indicate whether this activity is supported by a loan guarantee.

F. Property Owner/Developer Information.

1. **Property Owner/Developer Type.** Enter code to indicate the type of property owner/developer:
   (1) Individual
   (2) Partnership
   (3) Corporation
   (4) Not-for-Profit
   (5) Publicly Owned
   (6) Other
2. **Property Owner's/Developer's Name.** Enter the name of the property owner or developer.

3., 4., 5., and 6. **Owner's/Developer's Street Address, City, State,** and **Zip Code.** Self-explanatory.

Complete Rental Activity

G. Activity Information.

1. **Activity Type.** Only if the activity type has changed from set up in E. 1, enter the revised completion activity type in the box.
2. **Property Type.** Enter code to indicate the type of property assisted:
   (1) Condominium
   (2) Cooperative
   (3) SRO
   (4) Apartment
   (5) Other
3. **FHA Insured.** (Y/N)? (For single address activities.) Enter Y for yes or N for no to indicate whether the property's mortgage is insured by FHA.
4. **Mixed Use.** (Y/N)? Indicate "Y", if the activity is designated in Part for uses other than residential but where residential living space must constitute at least 51 percent of the activity space. Indicate N, if the activity is not mixed-use.
5. **Mixed Income.** (Y/N)? Indicate "Y", if less than 100 percent of the activity's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Indicate N, if the activity is not mixed-income.
6. **Completed Units: Total Number**: **HOME Assisted:** Enter the total number of completed units and the total number of HOME assisted units.

H. Property Address. (For multi address activities.)

1. , 2., 3., 4., 5., and 6. **Building name, Property's Street Address, City, State, Zip Code and County Code.** Self-explanatory.

   Note: Each unit or apartment is not to be entered as a separate address. A multi address activity would have more than one building.

I. Units.

1. **Of the units completed, the number:**
   Total and Home-Assisted Meeting Energy Star Standards. Enter the total number of completed units that meet Energy Star standards and the number of completed HOME-Assisted units that meet Energy Star standards.

   Energy Star applies to substantial rehabilitation. It is a system for achieving and verifying a level of building performance with respect to energy efficiency. The performance level is certified by third party contractors. See www.energystar.gov for more information.

   Total and HOME Assisted 504 accessible. Enter the total number of completed units and completed HOME assisted units that are 504 accessible.

   Note: IDIS will default the answers to zero if units are not entered in these fields.

   Of the units completed, Total and HOME-Assisted Designated for Persons with HIV/AIDS. Enter the number of completed units that have been designated for persons with HIV/AIDS and the number of HOME-assisted units designated for persons with HIV/AIDS.

   Of those, the number for the chronically homeless. Enter the number of completed units and HOME-assisted units that have been designated for chronically homeless persons with HIV/AIDS. Chronically homeless is defined below.

   Of the Units Completed, Total and HOME-Assisted designated for the homeless. Of the total number of rental units in the activity, enter the number designated for the homeless and the number of completed HOME-Assisted units designated for the homeless. Homeless is defined as (1) an individuals or family who lacks fixed, regular, and adequate nighttime residence; or (2) An individual or family who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill, (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

   Of those, the number designated for the chronically homeless. Of the number of units designated for the homeless, enter the number designated for the chronically homeless. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either: (1) been continuously homeless for a year or more, or (2) has had at least four episodes of homelessness in the past three years. A disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person is an unaccompanied individual sleeping in a place not meant for human habitation or in an emergency homeless shelter.

   Note: IDIS will default to zero if units are not entered in these fields.

J. Period of Affordability. If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. PJ-imposed period of affordability: _____ years.

K. Costs.

Include all HOME funds used for the activity and all other funds (public and private). ***Do not double count.*** If private funds are used for construction financing and those funds are later replaced by permanent financing, ***do not report both.*** Report all HOME funds expended on the activity. ***(Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.)*** For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount of HOME funds reported in the block titled "Total HOME funds (Total Items (1)" must equal the total amount disbursed through IDIS for this activity.

1. **HOME Funds (Including Program Income).**
   (1) **Amortized Loan.** Enter the amount of HOME funds provided for this activity in the form of an amortized loan. If there are multiple loans, enter the interest rate and term of the largest loan.

(2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note**: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

(3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the property is sold, or is forgiven if the owner does not sell the property for a specified number of years or repayment of principal and interest starts after the bank loan is repaid.)

(4) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed in (1) through (3).

(5) **CHDO Loan.** Enter the amount of HOME funds provided as a CHDO loan for the activity.

Total HOME Funds. Enter the total of items (1) through (5) as the amount of HOME funds expended.

2. **Public Funds.**
   (1) **Other Federal Funds.** Exclude any HOME funds expended.
   (2) **State/Local Funds.**
   (3) **Tax Exempt Bond Proceeds.** Report funds used for development costs only.

   Total Public Funds. Enter the total of items (1) through (3) as the amount of Public Funds expended.
3. **Private Funds.**
   (1) **Private Loans.** Enter the amount of all of the costs that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. **(Do not double count.)**
   (2) **Owner Cash Contribution.** Enter the amount of all cash contributions provided by the project owner.
   (3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

   Total Private Funds. Enter the total of items (1) through (3) as the amount of Private Funds expended.
4. **Low-Income Housing Tax Credit Proceeds.** Enter the total amount of syndicated Low Income Housing Tax Credits provided.
5. **Activity Total or Total this Address.** Enter the sum of totals for HOME funds, Public funds, Private funds, and Low-Income Housing Tax Credit Proceeds.

Beneficiaries.
Complete one line for the head of household of each residential unit that occupies a HOME-assisted rental unit.

Unit Number. Enter the unit number of each unit that will receive HOME-Assistance.

Number of Bedrooms. Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 bedrooms.

Occupant. Enter 1 if the unit is occupied by a tenant, 2 if it is owner-occupied, and 9 if it is vacant.
Note: No more than one HOME-Assisted rental unit can be owner occupied.

Total Rent. For owners, enter 0. For tenants, enter the total monthly rent (tenant contribution plus subsidy amount).

Percent of Area Median Income. For each occupied residential unit, enter one code only based on the following definitions:

1. **0–30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30+–50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50+–60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60+–80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

Hispanic? Y/N. For each occupied residential unit, enter the ethnicity for the head of household as either “Y” for Hispanic or Latino or “N” if the head of household is not Hispanic nor Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

Race of Head of Household. For each occupied residential unit, enter one code only based on the following definitions:

11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
12. **Black/African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
13. **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.
14. **American Indian/Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
15. **Native Hawaiian/Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.
17. **Asian & White.** A person having these multiple race heritages as defined above.
18. **Black/African American & White.** A person having these multiple race heritages as defined above.
19. **American Indian/Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

Household Size. Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

Household Type. For each residential unit, enter one code only based on the following definitions:

1. **Single, Non-elderly.** One-person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

4. **Two Parents.** A two-parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

Assistance Type. For rented units, enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME TBRA.** Tenants receiving HOME tenant-based rental assistance.
3. **Other federal, state or local assistance.** Tenants receiving rental assistance through other federal, state or local rental assistance programs.
4. **No assistance.** Self-explanatory.