

HOUSING REHABILITATION PROJECT LOG

CITY OF: _____ GRANT NO: _____

Head/Household			Income					Activity																
Name and Address	Application #	Race & Ethnicity**	Age	Sex	Disabled	Female Head of Household	No. Persons in Household	No. of Children under 6	Rental Units	Date of Application(*)	LMI 30% / 50% / 80%	ADA Y/N	Date of Inspection	Bid Date	Contract Date	Notice to Proceed	Contractor	H&S/Liv/Emerg/HA/Demo	CDBG Rehab \$	Local Rehab \$	LSWP & Cleaning	Total Cost	Completion Date	

** Categories are: 1-White, 2-Black/African American, 3-Asian, 4-American Indian/Alaskan Native, 5-Native Hawaiian/Other Pacific Islander, 6-American Indian/Alaskan Native & White, 7-Asian & White, 8-Black/African American & White, 9-American Indian/Alaskan Native & White, 10-Other Multi Racial, 11-Hispanic, 12-Non-Hispanic

HOUSING LOG INSTRUCTIONS

Name and Addresses: This is the tenant name and address of the rehabilitated property. If you wish to note the landlord, that is fine. In the case of demolition, please note the owner and property address to be demolished.

Application number: Just an identifier number.

Race and Ethnicity: Please use categories at bottom of form.

Age and Sex: Identify the age and sex of the Head of Household.

Disabled: Show number of Disabled residents in the HH.

Female Head of Household: Yes or No

Number of Children under age of 6: Total number of children under six in HH.

Rental Unit: Yes or No

*Date of Application: Date the application was submitted. Once application is complete, change date and add *.

LMI 30%, 50% or 80%: Insert 30, 50 or 80 depending on where that household falls.

ADA Y/N: Simply answer the question, did the scope of work include any accessibility items. Y (for Yes) or N (for No).

Date of Inspection: This is the date of the HQS inspection.

Bid Date: This is the date the bids were opened.

Contract Date: The date the contract was issued.

Notice to Proceed: Date the Notice to proceed is issued.

Contractor: List the contractor bid was awarded.

H&S/Liv/Emerg/HA/Demo: Show the level or type of work completed on this property.

CDBG Rehab \$: State the total amount of the rehabilitation or demolition cost paid with CDBG funds.

Local Rehab\$: State the amount of rehabilitation or demolition cost paid with local funds.

LBP \$: Show the cost of LSWP/Cleaning for Clearance. For Demolition, please show the cost of inspection.

Completion Date: Show the date the certificate of Completion was signed.

Total cost: This will be the total contract cost (Rehabilitation and LSWP/Clearance). For Demolition this will include demolition and inspection.

Note: When you close-out the grant your rehabilitation amount should equal the rehabilitation line item as well as the LSWP/Clearance. The demolition total should also match the certificate of completion and estimated cash disbursement report.

* Must be completed on all applicants whether or not they received assistance.