

**Oklahoma Housing Finance Agency**  
Housing Development Team NHTF Program  
**Activity Completion Report**  
**Rental Housing**

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

**OHFA Awardee** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_  
**Telephone Number** \_\_\_\_\_

**NHTF Contract Number** \_\_\_\_\_ **Period of Affordability** \_\_\_\_\_  
(begins after activity is completed in IDIS)

Circle one                      **Original**              **Revision**

**IDIS Activity #** \_\_\_\_\_

**Activity Name** \_\_\_\_\_  
**Site Street/Mailing Address** \_\_\_\_\_  
**City & Zip Code** \_\_\_\_\_

**Activity Set-up Amount** \_\_\_\_\_ **Draw Down Amount** \_\_\_\_\_

**Activity Type** \_\_\_\_\_ **Property Type** \_\_\_\_\_

**Total Number of Units** \_\_\_\_\_ **Number of NHTF Units** \_\_\_\_\_

**NHTF Funds for Property Cost**  
**(Acquisition, Rehabilitation, and/or New Construction)**

**NHTF FUNDS**  
**(grant)**

	TOTAL	NHTF-Assisted
Of the units complete, the number:		
Meeting Energy Star?	_____	_____
Section 504 accessible?	_____	_____

	TOTAL	NHTF-Assisted
Units Designated for Disabled Individuals Or Families for Other than Mobility Impairments?	_____	_____
Units Designated for Homeless Individuals?	_____	_____
Of the units designated for Homeless Individuals, Number of Units Designated for Chronically Homeless Individuals?	_____	_____
Of the units designated for Homeless Individuals, Number of Units Designated for Homeless Veteran Individuals?	_____	_____
Units Designated for Homeless Families? Of the units designated for Homeless Families, Number of Units Designated for Chronically Homeless Families?	_____	_____
Units Designated for Homeless Families? Of the units designated for Homeless Families, Number of Units Designated for Homeless Veteran Families?	_____	_____
Units Designated for person with HIV/AIDS?	_____	_____
<hr/>		
Units Designated for Victims of Domestic Violence?	_____	_____
Units Designated for Homeless Youth?	_____	_____
Units Designated for Youth Aging out of Foster Care?	_____	_____

**Only required for Rehabilitation activities:**

**Lead Based Paint Requirement:**

- Housing: constructed before 1978**
- Exempt: housing constructed 1978 or later**
- Otherwise exempt**

**\* Lead Hazard Remediation Actions:**

- Lead Safe Work Practices (24 CFR 35.930 (b))**
- Interim Controls or Standard Practices (24 CFR 35.930 (c))**
- Abatement (24 CFR 35.930 (d))**

**LEVERAGE (Other Sources of Funds)**

Public Funds	Amount
• Other Federal Funds	_____
• State/Local Funds	_____
• Tax -Exempt Bond Proceeds	_____

**Private Funds**

- Private Loans \_\_\_\_\_
  - Owner Cash \_\_\_\_\_
  - Contributions \_\_\_\_\_
  - Private Grants \_\_\_\_\_
- Low Income Housing Credit Proceeds** \_\_\_\_\_
- Total Funds** \_\_\_\_\_

**Household Characteristics**

Unit No.	Bdrm Code	1=TENANT 2=OWNER 9=VACANT	% Med Code	Hispanic Y/N	Race	Size Hhld	Head Hhld	Asst. Type	Rent

(Attach additional Sheets as needed)

**COMPLETION CODES**

<p><b>Activity Type</b></p> <p>1 – Rehabilitation Only                  2 – New Construction                  3 – Acquisition Only                  4 – Acquisition &amp; Rehabilitation                  5 – Acquisition &amp; New Construction</p>	<p><b>Property Type</b></p> <p>1. Condominium                  2. Cooperative                  3. SRO – Single Family Room                  Occupancy                  4. Apartment                  5. Other</p>
<p><b>No. Of Bedrooms</b></p> <p>0 – Efficiency                  1 – 1 Bedroom                  2 – 2 Bedrooms                  3 – 3 Bedrooms                  4 – 4 Bedrooms                  5 – 5 or more Bedrooms</p>	<p><b>Occupant</b></p> <p>1 - Tenant                  2 - Owner                  9 – Vacant</p>
<p><b>Percent of Area Median Code</b></p> <p>1 – 0 – 30%                  2 – 30 – 50%                  3 – 50 – 60%                  4 – 60 – 80%</p>	<p><b>Ethnicity Code (select <i>only one</i>)</b></p> <p>Y – Hispanic or Latino                  N – Not Hispanic or Latino</p>
<p><b>Race (select <i>one or more</i>)</b></p> <p>11 – White                  12 – Black/African American                  13 – Asian                  14 – American Indian/Alaskan Native                  15 – Native Hawaiian/Other Pacific Islander                  16 – American Indian/Alaskan Native &amp; White                  17 – Asian &amp; White                  18 – Black/African American &amp; White                  19 – American Indian/Alaskan Native &amp;                  Black/African American                  20 – Other Multi-Racial</p>	<p><b>Size of Household</b></p> <p>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                  9 – Vacant</p>
<p><b>Household Type</b></p> <p>1 - Single/non-Elderly                  2 - Elderly                  3 - Single Parent w/dependent child or children                  4 – Two Parents w/dependent child or children                  5 – Other (household not included in the above)                  9 - Vacant Unit</p>	<p><b>Rental Assistance Type</b></p> <p>1 - Section 8                  2 - HOME TBRA                  3 - Other</p>
<p><b>Tenant Contract – Paid to TBRA</b></p> <p>O – Owner                  T – Tenant</p>	