

PROJECT SUMMARY SHEET FOR MULTI-FAMILY PROJECTS

INSTRUCTIONS: Complete this Project Cover Sheet and the forms contained in this bundle will auto-populate. The Project Cover Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data. Forms not contained in the bundle can be downloaded from the CAA Portal.

PROPERTY

Multi-Family (and Single Family Rentals) # Units _____ Does Owner reside at the property? Yes No
 Property Street _____ Are children under 6 at the property? Yes No
 Property City State Zip _____ Is property under abatement order? Yes No

PROPERTY OWNER(S)

Applicant (Owner)

Co-Applicant (Co-Owner)

Entity or Owner First Name MI Last Name _____	Co-Entity or Co-Owner First Name MI Last Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name _____	CAA Rep Name _____
Mailing Address _____	CAA Rep Phone _____
City State Zip _____	CAA Rep Email _____
Intake Staff Name _____	Rehab Tech Name _____
Intake Staff Phone _____	Rehab Tech Phone _____
Intake Staff Fax _____	Rehab Tech Email _____
Intake Staff Email _____	

LEAD REDUCTION/ABATEMENT

Lead Designer

Lead Contractor

Designer Name _____	Company Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Phone _____	Phone _____
Email _____	Rep Name _____
	Rep Phone _____
	Rep Email _____

FUNDING

Complete the Tenant Information for each Unit on pages 2-4 and the Project Funding will auto calculate.

Project Funding

Agreement/Constructions Contract

Federal Lead Grant \$ _____
 Healthy Homes Grant \$ _____
 Federal Owner Obligation \$ _____
Federal Lead Total \$ _____

 State Lead Grant \$ _____
 State Lead Owner Match \$ _____
 State Lead Owner Obligation \$ _____
State Lead Total \$ _____

 Leveraged Funds \$ _____

Grant Amount \$ _____
Contract Amount \$ _____
 Contract/Agreement Date _____
 Interior Start Date _____
 Interior End Date _____
 Exterior Start Date _____
 Exterior End Date _____

Change Orders

Federal Lead Change Order #1 \$ _____
 Federal Lead Change Order #2 \$ _____
 State Lead Change Order #1 \$ _____
 State Lead Change Order #2 \$ _____
Final Contract Amount \$ _____

State Lead Match Criteria

10% Non-Abatement 25% Abatement Waived

Total Owner Obligation \$ _____

PROJECT TOTAL \$ _____

PROJECT FUNDING SUMMARY

Complete the Tenant Information for each Unit on pages 2-4 and the Project Funding Summary will auto calculate.

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$

CONTRACT AMOUNT	\$	\$	\$
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TENANT INFORMATION

Complete the Tenant Unit Information on page 2-4 and the Project Funding will auto calculate.

UNIT 1

Tenant Name _____
First MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

Household Size: _____ AMI _____

Maximum Eligible Income: \$ _____

UNIT 2

Tenant Name _____
First, MI Last

Co-Tenant Name _____
First MI Last

Apt/Unit # _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

Household Size: _____ AMI _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

TENANT INFORMATION

UNIT 3

Tenant Name _____
 First MI Last _____

Co-Tenant Name _____
 First MI Last _____

Apt/Unit # _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

Household Size: _____ AMI _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 4

Tenant Name _____
 First, MI Last _____

Co-Tenant Name _____
 First MI Last _____

Apt/Unit # _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

Household Size: _____ AMI _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 5

Tenant Name _____
 First MI Last _____

Co-Tenant Name _____
 First MI Last _____

Apt/Unit # _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

Household Size: _____ AMI _____

Maximum Eligible Income: \$ _____

Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			