

# 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

### Applicant (Owner)

\_\_\_\_\_  
 Entity or Owner First Name MI Last Name  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Co-Applicant (Co-Owner)

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

### COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 CAA Rep Name \_\_\_\_\_  
 CAA Rep Phone \_\_\_\_\_  
 CAA Rep Email \_\_\_\_\_  
 CAA Contact \_\_\_\_\_  
 CAA Contact Title \_\_\_\_\_  
 CAA Contact Phone \_\_\_\_\_  
 CAA Contact Email \_\_\_\_\_  
 Lead Designer Name \_\_\_\_\_  
 Lead Designer Phone \_\_\_\_\_  
 Lead Designer Fax \_\_\_\_\_  
 Lead Designer Email \_\_\_\_\_

### LEAD REDUCTION/ABATEMENT CONTRACTOR

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Rep Name \_\_\_\_\_  
 Rep Phone \_\_\_\_\_  
 Rep Email \_\_\_\_\_

### NOTES/COMMENTS

\_\_\_\_\_

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

### Project Funding

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                        \$ \_\_\_\_\_

#### State Lead Match Criteria

10% Non-Abatement     25% Abatement     Waived

**Total Owner Obligation**                    \$ \_\_\_\_\_

### Agreement/Constructions Contract

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**                \$ \_\_\_\_\_

**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>	\$	\$	\$
<b>CONTRACT AMOUNT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Leveraged Funds	\$	\$	\$
<b>PROJECT TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 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			
<b>Federal Lead Total</b>			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
<b>State Lead Total</b>			
Leveraged Funds			
<b>UNIT TOTAL</b>			

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



## TENANT INFORMATION

### UNIT 7

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			
<b>Federal Lead Total</b>			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
<b>State Lead Total</b>			
Leveraged Funds			
<b>UNIT TOTAL</b>			

### UNIT 9

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			
<b>Federal Lead Total</b>			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
<b>State Lead Total</b>			
Leveraged Funds			
<b>UNIT TOTAL</b>			

### UNIT 8

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			
<b>Federal Lead Total</b>			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
<b>State Lead Total</b>			
Leveraged Funds			
<b>UNIT TOTAL</b>			

### UNIT 10

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			
<b>Federal Lead Total</b>			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
<b>State Lead Total</b>			
Leveraged Funds			
<b>UNIT TOTAL</b>			