

Property Address: \_\_\_\_\_

### CDBG SERVICE UTILIZATION REPORT HOUSING REHABILITATION

PROGRAM YEAR DATES: October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_

Organization/Town Dept. \_\_\_\_\_

Reporting Quarter \_\_\_\_\_

Program \_\_\_\_\_

Agency Representative \_\_\_\_\_

Date Form Completed \_\_\_\_\_

Signature \_\_\_\_\_

**INSTRUCTIONS:** For each section below, enter the total number of **NEW** CDBG-assisted households **served during this reporting period only**. Report CDBG-assisted households **ONE TIME ONLY**, regardless of the number of times services were provided. **Numbers must reflect unduplicated households.** For the final year-end report, all quarterly counts should be compiled to provide a comprehensive count of the number of households assisted through the program.

	White	Black/ African American	Asian	Am. Indian/ Alaskan Native	Native Hawaiian/ Other Pacific Islander	Am Indian/ Alaskan Native & White	Asian & White	Black/ African Am & White	Am. Indian/ Alaskan Native & Black/ African Am	Other Multi- Racial	<b>Total Households Race</b>	Female head of household
<b>OWNERS</b> <b># of units</b> _____												
# of households: who are: Hispanic or Latino												
<b>RENTERS</b> <b># of units</b> _____												
# of households: who are: Hispanic or Latino												

**TOTAL # OF HOUSEHOLDS SERVED:** \_\_\_\_\_

**TOTAL # OF LOW/MOD INCOME HOUSEHOLDS SERVED:** \_\_\_\_\_



**CDBG SERVICE UTILIZATION REPORT HOUSING REHABILITATION (CONT.)**

PROGRAM YEAR DATES: \_\_\_\_\_

**TOTAL # OF OWNER UNITS SERVED: \_\_\_\_\_**

Of The Total Owner Units Served, Number of:

1. Units Occupied by Elderly: \_\_\_\_\_
2. Units Moved from Substandard to Standard: \_\_\_\_\_
3. Section 504 Accessible Units: \_\_\_\_\_
4. Units qualified as Energy Star: \_\_\_\_\_
5. Brought into compliance with Lead Safety Rules: \_\_\_\_\_

**TOTAL # OF RENTER UNITS SERVED: \_\_\_\_\_**

Of the Total Rental Units, Number of:

1. Affordable Units: \_\_\_\_\_
2. Units Occupied by Elderly: \_\_\_\_\_
3. Section 504 Accessible Units: \_\_\_\_\_
4. Units Moved from Substandard to Standard: \_\_\_\_\_
5. Units qualified as Energy Star: \_\_\_\_\_
6. Brought into compliance with Lead Safety Rules: \_\_\_\_\_
7. Years Affordability is Guaranteed (lien term): \_\_\_\_\_