

Housing Rehab Units Only Form

[This spreadsheet may be used for requests to add new and track current CDBG and HOME housing rehabilitation units only]

Submit this form AND a copy of the affordable use restrictions to:

DHCD Office of the Chief Counsel
Attn: Subsidized Housing Inventory
100 Cambridge Street, Suite 300
Boston, MA 02114

Community: _____
Name, Title and Contact Information of person submitting information: _____

Town ID # (if any)	DHCD SHI #	Last Name	First Name	Address	Rent or Own	Level of Affordability (at or below 80% AMI, 50% AMI, or 30% AMI)	Affordable Use Restriction Start Date	Affordable Use Restriction End Date	Grant Year	Number of Units	Loan Repaid (Y/N)	Units Released (#)	Units in Effect (#)	Subsidizing Agency	Program Name (List All)
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