

CLOSING INSTRUCTIONS FOR FA

Applicant Name:

Applicant ID #:

Option:

Compensation Grant

\$

Elevation Grant

\$

Affordable Compensation Loan

\$

Mitigation Grant

\$

Total:

\$

Additional Signatures Required from Homeowner

(Please PRINT all applicable forms marked below for Homeowners signature)

CDBG

Income Calculation Worksheet

Final BSF

2nd Disbursement

Yes

No

Approved by:

Signature:

Date:

Yes	No	GENERAL REVIEW
	✓	1. Are there any open issues in JIRA (Issue Tracker)? a. If "YES", STOP and follow procedures to determine if issue(s) can be closed. b. If "NO", continue review.
	✓	2. On the "Approve Grant Amount" screen in eGrantsPlus, is there an "A" to the right of the PSV in the Current Values column? ("A" indicates the value came from an applicant provided appraisal) a. If "YES", STOP and follow procedures to validate appraisal. b. If "NO", continue review.
✓		3. Is there either a CDBG form or an Income Waiver attached to the applicant's eGrantsPlus online file? a. If "YES", continue review. b. If "NO", STOP and follow procedures to place CDBG form in file for signing once file is transferred First American. A-2
	✓	4. Is there an Affordable Compensation Loan amount on the signed Options Letter? a. If "YES", continue review. b. If "NO", SKIP Step # 6
		5. Does the income amount on the Income Verification/ Certification Worksheet agree with the range selected on the CDBG Form and is all income documentation attached to file? a. If "YES", continue review. b. If "NO", STOP and follow procedures.
	✓	6. Does the applicant qualify for an ACL and indicated (e.g. in option letter, JIRA) that they do not wish to accept it or a portion of it? a. If "YES", STOP and follow procedures for instructions if applicant refuses ACL. b. If "NO", continue review.

To be completed by ADVISOR:

I have reviewed this file and the following actions are required prior to release for closing:

HOLD FOR:

FORWARD

Printed Name: BETH H. WILLETT

Signature: Beth H. Willett

Date: 4-30-2007

Yes	No	N/A	FINAL CHECK - INTERNAL REVIEW TEAM
✓			1. Is only ONE Option selected?
✓			2. Is the Options Letter properly signed by applicant or co-applicant?
✓			3. Is the ACL award or non-award confirmed as appropriate?
		✓	4. If the applicant qualifies for an ACL, are the Income Documentation and Certification Worksheet on file?
✓			5. Is the CDBG Reporting Form or Waiver Form or instructions to get CDBG Form signed at Closing attached to file?
✓			6. If appraisal used for PSV, were Appraisal Validation Procedures properly completed by Advisor?
✓			7. Are all changes to the Options Letter initialed and dated?

To be completed by INTERNAL REVIEWER:

Printed Name: Monica J. Harper

Signature: Monica J. Harper

Date: 04/30/07

Attachment 2

BENEFIT SELECTION FORM (Please complete and return this form)

Applicant Name: _____ **Applicant ID:** _____

Address of Eligible Property: _____

INSTRUCTIONS: There are four (4) options available to you. Select **ONLY ONE** option by **CHECKING** the appropriate box. Your choice must represent your actual plans for the future of your property. Answer the questions shown for the option you select. **All pages of Attachment 2** must be returned to *The Road Home*. If you are delaying your decision, right now, please return Attachment 4.

4/30/07

<input checked="" type="checkbox"/> Option 1: Stay in My Home	
\$ 96,552.31	Compensation Grant
\$ 11,670.00	Elevation Compensation. You may be eligible to receive this amount to assist with elevation costs. <input checked="" type="checkbox"/> You are eligible for Elevation Compensation. Do you elect to elevate and receive Elevation Compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> This property is not eligible for Elevation Compensation.
\$ 0.00	Additional Compensation Grant (ACG). If the amount on this line is \$0, this means your expected household income exceeds the limit for this assistance, you chose not to disclose the income information necessary to establish eligibility for this assistance, or there was no gap between the estimated cost of damage to your home and the total funds you received.
\$ 108,222.31	TOTAL AVAILABLE BENEFITS (Option 1)

*STW
4/30/07*

Option 2: Relocate as a Homeowner in Louisiana: If you sell your home to *The Road Home* and you have already or plan to purchase another home as your primary residence within the State, you qualify for the following award amounts:

\$ 96,552.31	Compensation Grant
\$ 0.00	Additional Compensation Grant (ACG). If the amount on this line is \$0, this means your expected household income exceeds the limit for this assistance, you chose not to disclose the income information necessary to establish eligibility for this assistance, or there was no gap between the estimated cost of damage to your home and the total funds you received.
\$ 96,552.31	TOTAL AVAILABLE BENEFITS (Option 2)

If you choose Option 2, answer the questions below AND complete and sign Attachment 3: Voluntary Acquisition Information

Attachment 2 (continued)
Please complete and return this form
BENEFIT SELECTION FORM

Applicant Name: _____ **Applicant ID:** _____
Address of Eligible Property: _____

Please answer the following four questions if you are choosing Option 2.

1. I have already purchased another home in Louisiana. Yes No
2. I have not yet purchased another home in Louisiana, but I have identified the home I want to purchase. Yes No
3. If you answered "Yes" to either of the questions above, what is the address of the new home?

Street	City	State	Zip
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4. You may be eligible for elevation compensation to raise the new home if it requires elevation to meet the new ABFE. Would you like to consider elevation compensation for the new home? Yes No

<input type="checkbox"/>	Option 3: Sell My Home. If you choose to sell your property to the State and no longer be a homeowner in Louisiana, you qualify for the following award amount:
\$ 44,552.31	TOTAL AVAILABLE BENEFIT (Option 3)
If you choose Option 3, complete and sign Attachment 3: Voluntary Acquisition Information	

<input type="checkbox"/>	Option 4: Decline Assistance From The Road Home. If you decline, you will forfeit the award amount you are eligible to receive from <i>The Road Home</i> .
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SIGNATURES:

The applicant or co-applicant must sign the *Benefit Selection Form* or the individual signing the *Benefit Selection Form* must have a Power of Attorney to act for and on behalf of any owner who is not signing. If you have already provided a Power of Attorney acceptable to *The Road Home* program, you do not need to attach another Power of Attorney form.

Printed Name	Signature	Date

*If you need more room for signatures, please copy this page.

RETURN BOTH PAGES OF ATTACHMENT 2 (PAGES 5 AND 6)