Appendix A (of Tier I RER)

Before an activity is approved, this **Appendix A** review must be successfully completed and kept in file for each residential structure proposed for acquisition/rehabilitation/disposition. The Appendix A may be used only in conjunction with a currently valid **RER** (Rehabilitation Environmental Review) for the target area. Completion of the Appendix A does not require the submission of an additional RROF/C (Request for Release of Funds/Certification-HUD 7015.15) if the Responsible Entity has received Authority to Use Grant Funds (HUD 7015.16) for the project. *This worksheet includes documentation of compliance with the relevant related laws/authorities listed at §58.6*.

Grant(s) Name(s)/Number(s): HOME Programs

Project (Building/Unit) Address: Address listed here and will be utilized during Tier 2, as applicable during the inspection phase once the family and house is enrolled into the HOME Program.

Part III HISTORIC PRESERVATION (NHPA, Section 106)

1. Does this undertaking involve only those activities permitted without further consultation under a currently-valid **programmatic agreement** or **Letter of Understanding** among the responsible entity, the State Historic Preservation Officer (**SHPO**) or Tribal Historic Preservation Officer (**THPO**) and/or the Advisory Council on Historic Preservation **(ACHP)**?
() Yes ( ) No
If yes, note date of programmatic agreement or Letter of Understanding _____, document implementation of the terms of the agreement and STOP here; the Section 106 Historic Preservation review is complete. If no, PROCEED.
2. Does the undertaking involve only acquisition and/or minor rehabilitation of a 1-4 unit residential structure (or individual unit(s) within a multifamily structure) that is **less than 50 years old** and **will involve only interior rehabilitation with no visible changes to the exterior of the structure**?
( ) Yes ( ) No
If Yes, record date of building construction _____, age: _____years and document that scope of work is limited to minor interior rehabilitation and STOP here. The Section 106 Historic Preservation review is complete. If No, PROCEED.
3. If the proposed rehabilitation involves physical work with potential to affect any historic structure, **determine** -in consultation with the appropriate **SHPO/THPO**- whether the building is **listed or eligible** for inclusion in the National Register of Historic Places (**NR**). (*If the structure is located in a National Register Historic District, the area of effects includes not only the subject property, but the Historic District as a whole.)
Is the building listed in or eligible for listing in the NR? ( ) Yes ( ) No
If No, attach **SHPO**/THPO concurrence or other evidence of conclusion and STOP here. This part is complete pursuant to 36 CFR §800.4(d). If Yes, PROCEED.
4. Determine whether **historic properties are affected** per §800.4(d). Has SHPO/THPO concurred with your fully documented determination of "no historic properties affected", or failed to object within 30 days of receipt of such determination, allowing sufficient time for mail delivery?
( ) Yes. Enclose documentation and stop here.
( ) No. Proceed.
5. **Determine whether the undertaking will have adverse effects** on historic properties according to § 800.5, in consultation with the SHPO/THPO and consulting parties [see §800.2(c)].
Will this undertaking have adverse effect(s) on historic properties? ( )Yes ( )No
If "no", attach SHPO/THPO concurrence and STOP here. This part is complete per 36 CFR §800.5(d)(1).
If "yes", PROCEED.
6. Resolve Adverse Effects per §800.6 -in consultation with the SHPO/THPO, the Advisory Council on Historic Preservation (ACHP) if participating, and any consulting parties. The loan or grant may not be approved until adverse effects are resolved according to §800.6 or ACHP comment is considered by the Responsible Entity.
NOTES: 1. A determination/consultation of eligibility for the NR, may be sent to SHPO/THPO concurrently with the determination of effect/no effect and with the determination of adverse/no adverse effects. 2. The **Chief Executive Officer of the jurisdiction cannot delegate to another person** the decision to approve a project in opposition to Advisory Council comment.

Part IV Airport Clear Zones (24CFR51D)

1. Does this proposal involve the purchase or sale of property? ( )Yes (**XX**)No

If no, STOP here. See attachment 1 and 2. This project complies with 24 CFR Subpart D §51.300. If yes, PROCEED.

2. Is the subject property located in the Clear Zone (CZ), Approach Protection Zone, or in the Runway Clear Zone (RCZ) of a commercial civil airport or military airfield? NA

( ) No Source Documentation:

If no, stop here; this project complies with 24 CFR 51Subpart D §51.300. If yes, PROCEED.

( )Yes. Provide an airport disclosure statement advising the buyer that the property is in a RCZ or CZ, what the implications of such a location are and that there is a possibility that the property may, at a later date, be acquired by the airport operator. Obtain the buyer's signature acknowledging receipt of this information and attach it to this Appendix. (This disclosure requirement does not apply to Accident Potential Zones). AND PROCEED.

3. Does the rehabilitation significantly prolong the physical or economic life of the building?

( ) No; the activity complies with HUD policy at 24 CFR 51 Subpart D §51.303.

( ) Yes; the proposal is not in compliance with HUD policy at 24 CFR 51 Subpart D §51.303; **deny HUD assistance for this activity**.

Part V Explosive & Flammable Operations (24CFR51C)

1. Will this proposed acquisition/rehabilitation project result in increased residential density or cause a vacant building to become physically or legally habitable?

( ) Yes (X) No.

If the answer to both parts of the question is No, STOP HERE; this proposal complies with 24 CFR §51.201.

If the answer to any part of the question is "yes", PROCEED.

2. Is this proposed project within 1 mile of any visible, explosive-or-flammable-substance container (a stationary, above-ground tank with a capacity of more than 100 gallons)? NA

( ) Yes ( ) No (See 24 CFR 51C, Appendices I and II).

Field inspection by:_____Date:_____

If No, STOP here. This part is complete. If yes, PROCEED.

3. Note Tank volume: _____ gallons, or diked area around tank:_____ square feet. NA

Record distance from the project to the flammable/explosives container: _____ feet. NA

4. According to HUD Guidebook "Siting of HUD-Assisted Projects Near Hazardous Facilities" NA (HUD-1060-CPD), the **Acceptable Separation Distance** (**ASD**) for thermal radiation (Appendix F) is _____ ft. and the ASD for blast overpressure (Appendix G) is _____ ft. The greater ASD is _____ ft.

Is the project located beyond the ASD according to Appendices F and G?

( )Yes, STOP; the project complies with 24 CFR 51C. ( )No, **Deny HUD assistance,** or

( ) **APPROVE ONLY** if the following shielding/mitigation measures- designed in compliance with 24 CFR §51.205- are carried out:

_____

_____

_____

Part VI Toxic/Hazardous/Radioactive Materials policy (24 CFR 58.5(i)(2)

1. Field Observations of the property (exterior/interior):

See enclosed Building inspections and risk assessment

_____

_____

2. Are there visible dumps, landfills, industrial sites or other locations containing or releasing toxic/hazardous/ radioactive/ materials, chemicals or hazardous wastes on or near the subject site? ( ) No, proceed ( )Yes, describe and proceed

_____

_____

_____.

3. Does this project site contain an underground storage tank (which is not a residential fuel tank)?

( ) No, proceed. ( ) Yes, describe and proceed

_____

_____

_____

4. Search Federal, State or local environmental toxic sites records (e.g. http://nepassisttool.epa.gov/nepassist/entry.aspx). Do these sources reveal nearby sites that may pose threats to the subject site occupants' health or safety?

(**XX**)No; cite databases and proceed. ( )Yes; cite databases, describe and proceed.

___http://epa.gov/oar/oaqps/greenbk/_NonAttainment Areas**:** Ozone, Lead, SO2, PM2.5, PM10

5. Determination. Are the neighborhood and property free of hazardous materials, contamination, toxic chemicals (including lead-based paint), gasses and radioactive substances which would affect the health or safety of occupants?
(**XX**) Yes, according to toxic site database research, field observations and/or testing
( ) No, the following toxic or hazardous conditions must be mitigated during implementation:
__Reference Remediation Plan_____
(Prescribe mitigation measures now, and attach mitigation compliance, disclosure & clearance documents, as appropriate, after project implementation).
( ) No, hazardous exposure or risk will not be mitigated; **Deny HUD Assistance for this activity**.

PART VII Flood Insurance/Flood Disaster Protection Act [24CFR58.6(a)]

(The Flood Disaster Protection Act mandates the purchase of **flood insurance** for buildings located in SFHA's as a condition of approval for federal financial assistance. Flood insurance protection is mandatory for acquisition, construction, reconstruction, repair and improvement activities. Responsible Entities approving such Federally assisted activities located in SFHA's must ensure that flood insurance is maintained for the statutorily-prescribed period and dollar amount. In the case of grants, flood insurance must be maintained for the life of the building. In the case of loans, flood insurance must be maintained for the term of the loan. A copy of the flood insurance Policy Declaration must be maintained in the ERR. The amount of flood insurance coverage must be at least equal to the total project cost (less the estimated land cost) or to the maximum limit of coverage made available by the NFIP).

1. Does the project involve the acquisition or rehabilitation of structures, buildings or mobile homes?
( ) No; flood insurance is not required. Stop; compliance is established.
(**XX**) Yes; proceed.
2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?
(**XX**) No. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):
_____(Stop; compliance is established).
( ) Yes. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):
_____(Proceed).
3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
( ) Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the activity to cover the total activity cost. A copy of the flood insurance policy declaration must be kept in the Environmental Review Record.
( ) No, **HUD assistance may not be provided for this property in the Special Flood Hazards Area.**

Coastal Barriers Resources Act [24CFR58.6(c)]

1. Is the project located in a coastal barrier resource area? (See http://www.fws.gov/cbra/).
(**XX**) No; Cite Source Documentation:
___http://www.dep.state.pa.us/river/about/boundMapsLECZ.htm_____
(This element is completed).
( ) Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES 24CFR58.6(d) (SEE Part V above)

_ _____
Preparer Name and Title Signature Date

_____
Responsible Entity Official-Name and Title Signature Date