CDBG HOUSING PROGRAMS
PARTICIPANT FILE CHECKLIST

Grantee and Contract Number: _____
Rehab Address: _____
Loan Number: _____ Total Project Cost: _____ Emergency: _____
Total Project Cost: _____
Project is: Owner-Occupied_____ Renter-Occupied_____ Homebuyer_____

BASIC REQUIREMENTS:

Completed Rehabilitation Application Form _____

Dated _____

Marital property statement _____

Age of structure (if over 50, historic preservation) _____

US Citizen or Qualified Alien _____

Release of Information signed by all over 18 _____

Conflict of Interest _____

Title Verification _____

Homeowner Insurance during project _____

Dates _____

Proof property taxes are paid/current (except emergencies) _____

LMI Status/Income: _____

Signed and Dated income certification _____

Income Limits by County _____

PROJECT DOCUMENTS:

HQS: _____

Inspections dates: _____

Initial _____
Interim _____
Final inspection checklist _____

Asbestos results: _____positive _____negative

If positive, confirmation that contractor is Asbestos Certified?_____

Project after May 24- Radon assessment/statement _____

If positive for radon, was radon mitigation completed _____

Specifications for the work to be done and signed by HO _____

Adequate Smoke Detectors _____

Cost estimate of repairs by inspector _____

Was relocation involved? (Attach Relocation Monitoring Form) _____

Local unit of government added to HO insurance _____

Individual Obligations Journal completed to date _____

Documentation of match or other funds brought into the project _____

Timely Completion Report or Close out Letter _____

Projects over $50,000 have approval _____

Lead – based paint brochure to occupant _____

LEAD PAINT:

Lead Risk Assessment_____ Assumption_____ Unit Exempt_____

If lead safe project, does the contractor have certification _____

If lead abatement project, dos the contractor have certification _____

Clearance notice _____

Clearance notice sent to homeowner _____

MORTGAGE PAPERWORK:

Recorded Mortgage:
Date Signed_____Date Recorded _____ Mortgage Amount_____
Revised Mortgage:
Date Signed_____Date Recorded _____ Mortgage Amount_____

Promissory Note _____

Right of Rescission Date _____

Truth-In-Lending Statement _____

Terms and Conditions _____

REHABILITATION PROJECTS:

Bids for work:

_____

_____

_____

Documentation of attempt to solicit 3 bids _____

Denial letters sent to non-selected contractors _____

If program admin sends out for H.O.- acceptance of bid by homeowner _____

Debarment Check Owner Name_____ Company Name_____

Debarment Check Owner Name_____ Company Name_____

Debarment Check Owner Name_____ Company Name_____

Debarment Check Owner Name_____ Company Name_____

Contractor Insurance Dates: _____

Contractor Insurance Dates: _____

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Signed Contract(s) between owner and contractor (must include lead-based paint restrictions and one-year guarantee of work)

Contractor:_____ Amount:_____ Date:_____
Contractor: _____ Amount:_____ Date:_____
Contractor: _____ Amount:_____ Date:_____
Contractor:_____ Amount:_____ Date:_____

Payment Requests for Project- Each must be signed by all:

_____
_____
_____
_____
_____

Change Orders have authorization: _____

Lein Waivers _____

ENVIRONMENTAL REVIEW:

Completed Statutory Checklist _____

Initial Project Review Form: _____

Historic Preservation if home older than 50: _____

Attachments:

Floodplain _____
Manmade hazards _____
Noise _____
Endangered Species _____
Farmland Protection _____
Thermal and Explosive Hazards _____

FINANCIAL NOTES:

Current FMV: _____

Current Mortgages/Liens _____

Current Equity _____

Rehab Costs _____

Estimated After Rehab _____

Estimated After-Rehab 120% _____

After rehab equity available _____

HOMEBUYER PROJECTS: __Y/N_____

Homebuyer loan calculation form _____

Proof of first mortgage financing amount _____

Affordable calculation sheet (if applicable) _____

Proof for home buyer counseling _____

RENTAL REHAB PROJECTS: ____Y/N_____

Landlord agreement to rent to LMI _____

Verification of LMI tenants _____

Rent/Utilities less than or equal to FMR _____

Notes: