CDBG HOUSING PROGRAMS PARTICIPANT FILE CHECKLIST

Grantee and Contract Number:			
Property Owner:Rehab Address:			
Loan Number:	Total Project Cost:		Emergency:
Total Project Cost:			
Project is: Owner-Occupied	Renter-Occup	ied	Homebuyer
	BASIC REQUII	REMENTS:	
Completed Rehabilitation Applic	cation Form		
Dated			
Marital property statement			
Age of structure (if over 50, histo	ric preservation)		
US Citizen or Qualified Alien			
Release of Information signed by	y all over 18		
Conflict of Interest			
Title Verification			
Homeowner Insurance during p	roject		
Dates			
Proof property taxes are paid/cu	rrent (except emergencies)		
LMI Status/Income:			
Signed and Dated income certifi	cation		
Income Limits by County			
PROJECT DOCUMENTS:			
Documentation of emergency ofHC	` '. '		
Inspections dates:			
Initial Interim Final inspection checklis	st		
Asbestos results:	positive	negative	
If positive, confirmation	that contractor is Asbestos (Certified?	
Project after May 24- Radon ass	essment/statement		
If positive for radon, was radon r	nitigation completed		

Specifications for the work to b	e done and signed by HO	
Adequate Smoke Detectors		
Cost estimate of repairs by insp	pector	
Was relocation involved? (Attac		
Local unit of government added		
Individual Obligations Journal c		
Documentation of match or oth		
Timely Completion Report or C		
Projects over \$50,000 have app		
Lead – based paint brochure to	occupant	
	LEAD PAINT:	
Lead Risk Assessment	Assumption	Unit Exempt
If lead safe project, does the co	entractor have certification	
If lead abatement project, dos t	the contractor have certification	
Clearance notice		
Clearance notice sent to home	owner	
	MORTGAGE PAPERWORK:	
Recorded Mortgage:		
Date SignedRevised Mortgage:	Date Recorded	Mortgage Amount
	Date Recorded	Mortgage Amount
Promissory Note		
Right of Rescission Date		
Truth-In-Lending Statement		
Terms and Conditions		
and conditions	REHABILITATION PROJECTS:	
Bids for work:	REHABILITATION PROJECTS:	
Documentation of attempt to se	olicit 3 bids	
Denial letters sent to non-selec		
If program admin sends out for		

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 Da	ates:	
Contractor Insurance Da	ates:	
Contractor Insurance Da	ates:	
Contractor Insurance Da	ntes:	
- , ,	een owner and contractor (must include le	ead-based paint restrictions and one-year
guarantee of work)	A ma a contr	Data
	Amount:	
	Amount:	
	Amount: Amount:	
Contractor.		
Change Orders have aut	horization:	
Lein Waivers		
	ENVIRONMENTAL R	EVIEW:
Completed Statutory Ch	ecklist	
Initial Project Review For	m:	
Historic Preservation if h	ome older than 50:	
Attachments:		
Floodplain Manmade hazards		
Noise Endangered Species Farmland Protection Thormal and Evaluation	lozordo	
Thermal and Explosive F		
Current FMV:	FINANCIAL NOT	ES:
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 of 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	
For projects over 4 units did project maintain BABA documentation.	
For projects over 7 units were Labor Standards followed?	

Notes: