Housing Rehabilitation Monitoring Form

 [ ]  Rehabilitation [ ]  Reconstruction

Grantee:  Grant Number:

Prepared by: Date Prepared:

Owner’s Name: Tenant’s Name:

Telephone Number:  Email Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Unit Address:

|  |
| --- |
|  |
| **Application and Demographics** |
|  | Is the applicant in the original application? | *Yes*[ ]  | *No*[ ]  | If no, provide documentation of (amended environmental) and selection committee minutes |
|  | Is there an application for assistance and confirmed eligibility in the file? | *Yes*[ ]  | *No*[ ]  |  |
|  | Is the home owner-occupied?  | *Yes*[ ]  | *No*[ ]  |  |
|  | Is the home tenant-occupied, if applicable? | *Yes*[ ]  | *No*[ ]  |  |
| *N/A*[ ]  |
|  | Is the owner of Low- to Moderate-income?  | *Yes*[ ] *Yes No* | *No*[ ]  |  |
|  | Is the tenant of Low-to Moderate-income?  | [ ]  | [ ]  |  |
| *N/A*[ ]  |
|  | What type of reconstruction method was used? | [ ] Stick-built[ ] Manufactured[ ] Modular[ ] N/A |
|  | Does the optional coverage plan support temporary relocation? | Attach Plan[ ]  Yes[ ]  NO[ ]  N/A |
|  |  | **Comments** |
|  | What is the address to which the homeowner was temporary relocated? | [ ]  N/A Address:  |
|  | Did the owner contribute any funds to the rehabilitation or reconstruction? | *Yes No*[ ]  | [ ]  | If yes, how much? If no, explain |
| *N/A*[ ]  |
|  | What was the work write-up or building specification cost estimate?  |  |
|  | What procurement method was used? |  |
|  | Date(s) Bid was due: |  |
|  | How many bids were received? | # |
|  | What are the bid amounts? | **Bidding Parties**1.
2.
 | **Bidding Amounts** |
|  | Is the contractor or any sub-contractors confirmed as currently debarred on federal or state funds list? | *Yes*[ ]  | *No*[ ]  | What was used for verification?Date of verifying documents? |
|  | Was the contract awarded to the lowest responsible bidder? | *Yes*[ ]  | *No*[ ]  | If not, please give reason: |
|  | Does the Total Rehabilitation Cost exceed $72,000 or $70.00 per square foot for construction and Lead Based Paint abatement? | *Yes*[ ]  | *No*[ ]  | Square Footage of Unit: |
|  | Is the Substantial Rehab documentation in the file? | *Yes*[ ]  | *No*[ ]  |  |
| *N/A*[ ]  |
|  | If yes, did REDD concur with the Substantial Rehab? | *Yes*[ ]  | *No*[ ]  |  |
| *N/A*[ ]  |
|  | Please complete the contractor’s information.  | **Contractor’s Name:****License Number:****Tax ID Number:** |
|  | Is there evidence of the contractor’s Personal Damage Insurance in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is there evidence of the contractor’s Bodily Injury insurance in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is there evidence of the contractor’s Workman’s Compensation in the file?(Required if the contract employs 3 or more-NC Article 97) | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  |
| **Capturing and Recapture** |
|  | What is the amount of the Deferred Loan? |  |
|  | What is the recapture amount? What is the number of years in the recapture period? Date Recorded? Book and Page?  | Number of Years: Date Recorded: Book Page  |
|  | Were there any Modifications?Final Book and Page: Any Additional Final Note and Deed of TrustAmount:  | *Yes* [ ]   *No*[ ]  *N/A*[ ] Date Recorded: Book: Page: Date Recorded: Book: Page Date Recorded: Book: Page: |
|  | Did the homeowner receive a copy of the Note and Deed of Trust? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| 1. Did
 | Did the homeowner receive a Notice of Recession (3 Day law)?Did the homeowner receive a Good Faith Estimate?Did the homeowner receive a Truth in Lending Statement? | *Yes*[ ] [ ] [ ]  | *No*[ ] [ ] [ ]  | If No, Explain:  |
| 1. Wha
 | What is the Contract Amount and Date Signed? |  |  | Signee: Contractor:  |
|  | Was the contract amount consistent with the bid amount? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is there a Rent Control document in the file? | *Yes*[ ]  | *No*[ ]  | *N/A*[ ]  | If No, Explain:  |
|  | Is there a Maintenance Agreement in the file? | *Yes*[ ]  | *No*[ ]  | *N/A*[ ]  | If No, Explain:  |
|  | Was a preconstruction conference held with the homeowner/tenant and contractor? | *Yes*[ ]  | *No*[ ]  | Date: If yes, is there evidence of the meeting in the file: If No, explain:  |
|  | Did the grantee approve the contractor’s work prior to payment? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| 1. Wa
 | What was the square footage of the previous dwelling before clearance? |  *Sq. Ft* [ ]  *N/A* |  |
|  | What is the square footage of the newly constructed dwelling? |  *Sq. Ft*  [ ]  *N/A* |  |
| 1. Is
 | Is the square footage substantially the same amount as the previous dwelling? | *Yes*[ ]  | *No*[ ]  | *N/A*[ ]  | If No, Explain:  |
|  | List Change Order dates, if any, amounts and reasons:[ ]  No change Order(s)  | Date | Amounts: | Reason: |
|  | Verify Change Order was signed by:Contractor Homeowner Grantee  | *Yes*[ ] [ ] [ ]  | *No*[ ] [ ] [ ]  | *N/A*[ ] [ ] [ ]  | If No, Explain:  |
|  | Contract Amount: Change Order(s): Total Cost  | CDBG | Other |
|  | What Was the total amount paid to the Contractor? |  |  |
|  | What was the service Delivery Cost? |  |  |
|  |
| **Post Construction** |
|  | Is there a Certificate of Occupancy or Certificate of Compliance? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Were copies of the Warranty and Guarantee documents given to the Homeowner? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is a Contractor’s Lien Waiver in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is there Sub-Contractor’s Lien Waiver in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| 1. I
 | Is there a Material Lien Waiver in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Is there a Homeowner’s Acceptance of Work in the file? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  |
| **Lead Based Paint** |
|  | Is the REDD Lead based Paint Checklist signed by the Grantee’s designated representative? (Attach copy to this checklist for submittal.) | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| *N/A*[ ]  |
|  | Do any children 6 years old or younger occupy structure? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  |
| **Inspection/Risk Assessment** |
|  | Is there a Risk Assessment in File? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| *N/A*[ ]  |
|  | Is there a Lead Based Paint Clearance Report in the file? (Attach copy to this checklist for submittal) | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| *N/A*[ ]  |
|  |
| **Miscellaneous** |
|  | Was the property identified in the ERR as Historically Significant? | *Yes*[ ]  | *No*[ ]  |  |
| 1. If
 | If yes, did the Grantee comply with the requirements of the National Preservation Act as identified by the N.C. Department of Cultural Resources? | *Yes*[ ]  | *No*[ ]  |  |
| *N/A*[ ]  |
|  | Is the property located in a Flood Plain? | *Yes*[ ]  | *No*[ ]  |  |
|  | If the property is located in a Flood Plain, is there evidence of Flood Insurance in the file? | *Yes*[ ]  | *No*[ ]  |  |
| *N/A*[ ]  |
|  | Was a Site Visit made to the dwelling? | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
|  | Was the Owner/Tenant interviewed?  | *Yes*[ ]  | *No*[ ]  | If No, Explain:  |
| *N/A*[ ]  |
|  | Do the visible rehabilitation/ reconstruction work correspond to the work write up or building specifications? | *Yes*[ ]  | *No*[ ]  | If no, which areas do not correspond?  |
| *N/A*[ ]  |
|  | Address any other concerns that are not in the work write up:  |

**\*List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist.**

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Grantee Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Management Representative Date