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** | | | | | | | | | | | | | | **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 Trust  Amount: | | *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