



## Housing Rehabilitation Monitoring Checklist Form

*Note: All financial activities must comply with the Uniform Administrative Requirements for Federal Grants: 2 CFR, Part 200, which replaces the Circular OMB A-87.*

Rehabilitation       Reconstruction

Grantee:		Owner's Name:	
Grant Number:		Owner's Address:	
Prepared By:		Owner's Phone Number:	
Date Prepared:			

Application and Demographics		
1.	Is the applicant in the original application? If no, provide documentation of amended environmental and selection committee minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there an application for assistance and confirmed eligibility in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the home owner-occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the owner of Low to Moderate Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	What type of reconstruction method was used?	<input type="checkbox"/> Stick-built <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input type="checkbox"/> N/A
6.	Does the optional coverage plan support temporary relocation? <b>(Attach Plan)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	What is the address to which the homeowner was temporarily relocated?	<input type="checkbox"/> N/A <input type="checkbox"/> Address:



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8.	Did the owner contribute any funds to the rehabilitation or reconstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, how much?
<b>Contracts</b>		
9.	What was the work write-up or building specification cost estimate?	
10.	What procurement method was used?	
11.	Date(s) Bid was due:	
12.	How many bids were received?	
13.	What are the bid amounts?	
	Bidding Parties	Bidding Amounts
	a)	a)
	b)	b)
	c)	c)
	d)	d)
	e)	e)
	f)	f)
14.	Was the contract awarded to the lowest bidder? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	What is the contract amount and date signed?	
16.	Is the contract amount consistent with the bid amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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17.	<p>a) Was a preconstruction conference held with the homeowner and contractor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	<p>b) If yes, is there evidence of the meeting in the file?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	<p>c) Date of preconstruction meeting?</p>							
18.	<p>Are the contractor or any subcontractors confirmed as currently debarred on the federal or state funds list?</p> <p>What was used for verifications?</p> <p><input type="checkbox"/> Federal debarment list. <a href="http://www.sam.gov">www.sam.gov</a></p> <p><input type="checkbox"/> NC Vendor Debarment. <a href="http://www.doa.nc.gov">www.doa.nc.gov</a></p> <p><input type="checkbox"/> Certificate of eligibility (dated and signed)</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
19.	<p>a) Does the Total Rehabilitation Cost exceed \$72,000 or \$70.00 per square foot for construction and Lead-Based Paint Abatement? (square footage of unit times \$70 per square foot)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	<p>b) If yes, is the Substantial Rehab documentation in the file? (If the unit exceeds \$70 per square foot or over \$72,000)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	<p>c) If yes, did REDD approve the Substantial Rehab, and are the documents in the file?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
20.	<p>Please complete the contractor's information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">Contractor's Name:</td> <td></td> </tr> <tr> <td style="text-align: right;">License Number:</td> <td></td> </tr> <tr> <td style="text-align: right;">Tax ID Number:</td> <td></td> </tr> </table>		Contractor's Name:		License Number:		Tax ID Number:	
Contractor's Name:								
License Number:								
Tax ID Number:								
21.	<p>Is there evidence of the contractor's personal Damage Insurance in the file? If no, explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						



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22.	Is there evidence of the contractor's Bodily Injury Insurance in the file? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Is there evidence of the contractor's Workman's Compensation in the file? (Required if the contract employs 3 or more-NC Article 97). If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Capturing and Recapture</b>			
24.	Date Rehab contract signed?		
25.	Date of Note and Deed of Trust recorded? (recorded within 60 days of rehab contract signed)		
26.	What is the amount of the Deferred Loan?		
27.	What is the recapture amount (no more than 8 years)?		
	Amount:	Number of Years:	
	Date Recorded:	Book and Page:	
28.	Were there any modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Modification #1	Modification #2
	Date Recorded:		Modification #3
	Book & Page:		
29.	Final Note and Deed of Trust Amount:		
30.	Did the grantee approve the contractor's work before payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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31.	What was the square footage of the previous dwelling before clearance?	<input type="checkbox"/> N/A <input type="checkbox"/> Sq. Ft. _____	
32.	What is the square footage of the newly constructed dwelling?	<input type="checkbox"/> N/A <input type="checkbox"/> Sq. Ft. _____	
33.	Is the square footage substantially the same amount as the previous dwelling? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
34.	List Change Order dates, if any, amounts, and reasons: <input type="checkbox"/> No Change order(s)		
	Date	Amount	
	Reason		
35.	Verify the Change Order(s) are signed by: Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Homeowner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Grantee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, explain:	
36.	Contract Amount:		
	Total Change Order(s):		
	Total Cost:		
37.	What was the total amount paid to the contractor?		



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38.	What was the Service Delivery Cost? (ERR work, title checks, lead-based paint, Etc.)	
<b>Post Construction</b>		
39.	Verify that one of the following documents is in the file. <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Certification of Compliance <input type="checkbox"/> Final Inspection	
40.	Were copies of the Warranty and Guarantee documents given to the homeowner? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Is a Contractor's Lien Waiver in the file? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Is there a Sub-Contractor's Lien Waiver in the file? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Is there a Material Lien Waiver in the file? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Is there a Homeowner's Acceptance of Work in the file? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lead-Based Paint</b>		
45.	Is the CI Lead-Based Paint Checklist signed by the grantee's designated representative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>(Attach copy for submittal)</b>
46.	Do any children 6 years old or younger occupy the structure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
47.	Is there a Risk Assessment in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Miscellaneous</b>		



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48.	a) Was the property identified in the ERR as Historically Significant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b) If yes, did the grantee comply with the requirements of the National Preservation Act as identified by the N.C. Department of Cultural Resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	a) Is the property located in a floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
49.	b) If the property is in a floodplain, is there evidence of Flood Insurance in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
50.	Was a Site Visit made to the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	Was the owner interviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	Do the visible rehabilitation/reconstruction work correspond to the work write-up and the N.C. State Building Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address any other concerns that are not in the work write-ups:		

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

\_\_\_\_\_  
Grantee Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Management Representative Signature

\_\_\_\_\_  
Date