

Date: _____ Grantee: _____ Contract #: _____

Location: _____

Guidance for HOME Homeowner Rehab Compliance

Is project: ___ Moderate Rehab (<25K) ___ Substantial Rehab (>25K) ___ Reconstruction

Is property listed as an acceptable single-family home (1-4 units)? Y or N

Advertisement of the program: _____

Owner Name: _____

Address: _____

Selection Process: ___ Random Drawing ___ Priority Points ___ First Come System

Current # of household members: _____ age /sex of minors: _____

Was the HOME student question asked? _____ Is there a dated & current application to state the above member information? Y or N

Is income full source documented for entire household and proof in file: Y or N \$ _____
(Income verification must be no greater than 6 months from verification date to the latter of date of occupancy or closing)

Proof of signed OHFA written agreement? Y or N _____

Proof of recorded Warranty Deed? Y or N BK _____, PG _____, Date _____

Documentation & date of recent review of recorded ownership or title search: _____

Documentation uses as principal residence (utility bill): Y or N _____

Does the file contain a project set-up and completion report? Y or N _____

Before rehab value \$ _____

After rehab value \$ _____ Is this price below the 203(b) limit? Y or N \$ _____

Amount of assistance \$ _____ Is this amount =or < than the 221(d)3? Y or N \$ _____

Was Displacement and/ or Relocation assistance required? Y or N _____

Lead Based Paint notification, if applicable: Y or N Year built: _____

Does the file contain OHFA signed required Environmental forms? Y or N _____

Date OHFA authorized funds to be released? (The date OHFA signed the form) _____

Proof of recorded OHFA agreement? Y or N

BK _____, PG _____, Date _____

This list is guidance only and may not list every item requested to be viewed upon inspection.

Guidance for HOME Homeowner Rehab Compliance

Does the file contain the work write up and cost estimate information? Y or N _____

Work write-up estimate: \$ _____ Date _____

Do costs appear reasonable? Y or N

Is the cost estimate reviewed by a party other than the originator of the estimate? Y or N _____

Are all costs eligible? Y or N If not, who paid for these costs? _____

Initial inspection: Inspector _____ Date _____

Does the file contain progress inspections prior to being complete? _____

Was a final inspection completed? Y or N Inspector _____ Date _____

Does the file contain the contractor names, selection process and bids received? Y or N _____

Is it clear who the selected contractor was and why? Y or N _____

Was the contractor debarred? Y or N Is proof in file? Y or N _____

Preconstruction meeting: Y or N _____ Notice of Award Y or N _____ Notice to Proceed Y or N _____

Is there an executed agreement between contractor and grantee &/or homeowner? Y or N

Any change orders? _____ All parties approve & sign? Y or N _____

Did the home-owner approve the completed work? Y or N Date: _____

Final Lien Releases? _____

Contractor Warranty or Equipment Warranties? _____

Is there evidence of Equal Opportunity (attempts to utilize and hire MBE/WBE)? Y or N _____

Is Fair Housing information posted, furthered, and is there a process in place for complaints? _____

Any Fair Housing complaints received? Y or N _____

Who benefited from the program? _____

Survey of housing needs assessment? Y or N _____

Is the conflict of interest language present? Y or N _____

Is there proof of homeowner insurance? Does the grantee have a system in place to be notified if insurance is in default? Y or N _____

(Exception – If homeowner is 50% or below the AMI & \$25,000 or less was spent on the rehab, insurance isn't required.)

This list is guidance only and may not list every item requested to be viewed upon inspection.

