

# Pre-Rehabilitation Inspection



Member Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Homeowner Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_

Single-Family Dwelling? Yes \_\_\_\_\_ No \_\_\_\_\_

Manufactured Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Sponsor Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Estimated Rehabilitation

List below the estimated construction costs for the work that will be completed on the Homeowner's residence. Provide as much detail as possible.

<b>Doors</b>				
Description	Specifications	Unit Costs	Quantity	Cost of Work
Front Entrance	_____	_____	_____	_____
Rear Entrance	_____	_____	_____	_____
Interior	_____	_____	_____	_____
Hardware	_____	_____	_____	_____
Widen Exterior	_____	_____	_____	_____
Widen Interior	_____	_____	_____	_____
Other	_____	_____	_____	_____

<b>Heating, Ventilation, and Air Conditioning</b>				
Description	Specifications	Unit Costs	Quantity	Cost of Work
Furnace and Air Conditioner	_____	_____	_____	_____
Air Conditioner only	_____	_____	_____	_____
Condensor only	_____	_____	_____	_____
Furnace only	_____	_____	_____	_____
Ductwork	_____	_____	_____	_____
Registers	_____	_____	_____	_____
Thermostat	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Insulation**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Attic				
Wall				
Crawl Space				
Duct				
Pipe				
Other				

**Electrical**

Description	Specifications	Unit Costs	Quantity	Cost of Work
GFCI Receptacles				
Smoke Alarms				
Service Upgrade				
Carbon Monoxide Detectors				
Other				

**Floor Coverings**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Vinyl				
Tile				
Laminate				
Hardwood				
Carpet and Pad				
Other				

**Kitchen**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Subfloor				
Cabinets				
Countertops				
Sink				
Faucet				
Other				

**Bathrooms**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Subfloor				
Cabinets				
Countertops				
Sink				
Faucet				
Toilet				
Bathtub/Shower Remodel				
Other				

**Exterior**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Roof Covering				
Roof Sheathing				
Soffit				
Fascia				
Gutters and Downspouts				
Siding				
Walls				
Trim				
Windows				
Handicap Ramp				
Sidewalk				
Driveway				
Steps				
Other				

**Other Rehabilitation**

Description	Specifications	Unit Costs	Quantity	Cost of Work
Inspection Fee(s)				

**Soft Costs (Total soft costs may not exceed 10% of the grant amount.)**

Description	Unit Costs	Quantity	Cost of Work
Admin Fee			
Other			

**Total Cost of Rehabilitation**

**Briefly explain how the above listed items address accessibility and/or emergency repair needs.**

**Homeowner(s) Disclosure**

By signing below, I certify to the Member and the FHLB Cincinnati the following:

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

1. The address identified in this Pre-Rehabilitation Inspection report is my/our primary residence;
2. I/we have reviewed the proposed work contained in this inspection report and request that it be completed;
3. I/we have not received and will not receive funding from another source for the same rehabilitation for which I/we have requested funding under this program; and,
4. Upon completion of the rehabilitation work, I/we will allow the FHLB Cincinnati's five-year retention language to be inserted/attached to the property deed.

**Homeowner(s):**

\_\_\_\_\_  
*Signature(s)*

**Inspector Certification**

By signing below, I certify to the Member and the FHLB Cincinnati the following. The Inspector is to initial each item.

- Initials: \_\_\_\_\_ 1. I have inspected the home based on the scope of work proposed in this Pre-Rehabilitation Inspection;
- Initials: \_\_\_\_\_ 2. No rehabilitation work has begun that is associated with the scope identified in this Pre-Rehabilitation Inspection;
- Initials: \_\_\_\_\_ 3. The work that has been proposed is appropriate and needed based on the current condition of the items that are proposed to be repaired/replaced; and,
- Initials: \_\_\_\_\_ 4. The costs that are estimated in this document are reasonable based on my professional experience and opinion.

**Inspector:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (printed or typed)*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Street* *State* *Zip Code*

**Sponsor Certification**

By signing below, I certify to the Member and the FHLB Cincinnati the following. The Sponsor is to initial each item.

- Initials: \_\_\_\_\_ 1. The rehabilitation will be completed and done in a workmanlike manner;
- Initials: \_\_\_\_\_ 2. The rehabilitation will be completed to correct a defect or deficiency;
- Initials: \_\_\_\_\_ 3. The rehabilitation work will meet all applicable building codes, including accessibility codes;
- Initials: \_\_\_\_\_ 4. The rehabilitation work has not been completed prior to submission of funds reservation for this home; and,

**Sponsor:**

\_\_\_\_\_  
*Signature*