



Pre-Rehabilitation Inspection Form

January 18, 2019

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.

Description	Specifications	Unit Costs	Quantity	Cost of Work
Doors				
Front Entrance				
Rear Entrance				
Interior				
Hardware				
Widen Exterior				
Widen Interior				
Other				

Description	Specifications	Unit Costs	Quantity	Cost of Work
Heating, Ventilation, and Air Conditioning				
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