



Pre-Rehabilitation Inspection Form

April 15, 2021

Member Name: _____

Homeowner Name(s): _____

Property Address: _____

Street	City	State	Zip Code
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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.

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

Heating, Ventilation, and Air Conditioning				
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: _____

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; and,
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.

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; and,
- Initials: _____ 4. The rehabilitation work has not been completed prior to submission of funds reservation for this home.

Sponsor:

Signature