

Housing Trust Fund Owner-Occupied Rehabilitation 2017 Beneficiary Checklist

Sponsor is required to submit one (1) original and one (1) copy of the following information for processing:

TAB #	ITEM DESCRIPTION	SPONSOR INITIALS	
1	(a) Owner Occupied Rehabilitation Beneficiary Application	(a)	(b)
	(b) Participation Certification (Form HTF-1A)		
	(c) Copy of Deed (<i>Sponsor must review for recordation information, ownership & legal description</i>)	(c)	(d)
	(d) Documentation of Homeowner's Insurance Coverage		
	(e) Copy of Paid Property Tax Receipt for most recent year	(e)	
2	(a) Completed Request for Inspection (Form HTF-2A)	(a)	(b)
	(b) Site Map & Directions to the Site from the Authority		
	(c) Work Write-Up (Form HTF-2B)		
	(d) Color Photographs of Structure (<i>copies must also be in color!</i>) <i>*** (front, back and area to be rehabilitated)</i>	(c)	(d)
	(e) Copy of Contractor's License and General Liability & Worker's Compensation Insurance Policy	(e)	
	(f) Copy of Sub-contractor(s) License(s) and General Liability & Worker's Compensation Insurance Policy(s)		
3	(a) Certification of Total Household Income (Form HTF-3A) & Third Party Income Documentation	(a)	(b)
	(b) Verification of Employment (Form HTF-3B)		
	(c) Certification of Zero Income (<i>if applicable</i>) (Form HTF-3C)	(c)	(d)
	(d) Declaration of Citizenship Status (Form HTF-3D)		
4	Commitment Letter(s) for other Financing (<i>if applicable</i>)		

Tab 1

OOR Beneficiary Application

Participation Certification

Copy of Deed

(Review for ownership & legal description- must have owned for two (2) years or more)

Documentation of Insurance Coverage

Copy of Paid Property Tax Receipt

Tab 2

Completed Request for Inspection Form

Site Map & Directions to the Site from the Authority

Work Write-Up

Color Photographs of Structure
(front, back & area to be rehabilitated)

Contractor's License and Insurance

Sub-contractor(s) License and Insurance
(if applicable)

Tab 3

Certification of Total Household Income

Verification of Employment

Certification of Zero Income *(if applicable)*

- a. Copy of Beneficiary's Tax Returns
- b. Utility Payment Documentation

Declaration of Citizenship Status

Tab 4

Commitment Letter(s) for other Financing
(if applicable)