

# Housing Trust Fund Owner-Occupied Rehabilitation 2019 Beneficiary Application Checklist

Sponsor is required to submit one (1) original and one (1) copy of the following information for processing: **ALL photos submitted must be in color.**

TAB #	ITEM DESCRIPTION	SPONSOR INITIALS	
1	(a) Owner-Occupied Rehabilitation Beneficiary Application	(a)	(b)
	(b) Participation Certification ( <a href="#">Form HTF-1A</a> )		
	(c) Copy of Deed ( <i>Sponsor must review for recordation information, ownership &amp; legal description</i> )	(c)	(d)
	(d) Documentation of Homeowner's Insurance Coverage	(e)	
	(e) Copy of Paid Property Tax Receipt for most recent year		
2	(a) Completed Request for Initial Inspection ( <a href="#">Form HTF-2A</a> )	(a)	(b)
	(b) Site Map & Directions to the Site from the Authority ( <b>Initial</b> )		
	(c) Work Write-Up ( <b>Form HTF-2B</b> )		
	(d) <b>Color</b> 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)
	(f) Copy of Sub-contractor(s) License(s) General Liability & Worker's Compensation Insurance Policy(s)		
3	(a) Household Income and Asset Verification ( <b>Form HTF-3A</b> )	(a)	(b)
	(b) Verification of Employment ( <a href="#">Form HTF-3B</a> )		
	(c) Notarized Affidavit of Zero Income ( <i>if applicable</i> ) ( <a href="#">Form HTF-3C</a> )	(c)	(d)
	(d) Declaration of Citizenship Status ( <a href="#">Form HTF-3D</a> )		
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** *(Initial Inspection Only)*

**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

**Household Income and Asset Verification**

**Verification of Employment**

**Notarized Affidavit of Zero Income**

*(if applicable)*

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

**Declaration of Citizenship Status**

# Tab 4

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