

**NYS CDBG  
Housing Rehabilitation  
First File Review Checklist**

| <b>Section 1-CDBG Recipient Information</b>                      |         |                    |  |                |  |                     |
|--|---------|--------------------|--|----------------|--|---------------------|
| Recipient Name   |         |                    |  | CDBG #         |  |                     |
| <b>Site Information</b>  |         |                    |  |                |  |                     |
| Address  |         |                    |  | Zip Code       |  |                     |
| City/Town/Village  |         |                    |  | County         |  |                     |
| Section-Block-Lot  |         |                    |  | Household Size |  |                     |
| Single Unit  |         | Multi-Unit 2-4     |  | MH             |  | Well/Septic/Lateral |
| Owner Occupied   |         | Non-Owner Occupied |  |                |  |                     |
| <b>Section 2-Project Documentation</b>                           |         |                    |  |                |  |                     |
| <b>Submitted Prior to First Disbursement</b>                     |         |                    |  |                |  |                     |
| File Documents   | In File | Notes              |  |                |  |                     |
| Homeowner's Application  |         |                    |  |                |  |                     |
| Authorization for Release of Information                         |         |                    |  |                |  |                     |
| HUD Income Limits  |         |                    |  |                |  |                     |
| Verification of Income   |         |                    |  |                |  |                     |
| Proof of Ownership (Deed)  |         |                    |  |                |  |                     |
| Homeowners Insurance   |         |                    |  |                |  |                     |
| Proof that taxes are current (if applicable)                     |         |                    |  |                |  |                     |
| Proof that Mortgage is current (if applicable)                   |         |                    |  |                |  |                     |
| Flood Map and Insurance (if applicable)                          |         |                    |  |                |  |                     |
| Grant Award Letter   |         |                    |  |                |  |                     |
| Owner's Written Grant Agreement                                  |         |                    |  |                |  |                     |
| Declaration of Interest or Grant Enforcement Compliance Mortgage |         |                    |  |                |  |                     |
| Tier II Environmental Form                                       |         |                    |  |                |  |                     |
| Initial Property Inspection                                      |         |                    |  |                |  |                     |
| Detailed Work Write-Up   |         |                    |  |                |  |                     |
| Temporary Relocation Plan (if applicable)                        |         |                    |  |                |  |                     |
| Bid Solicitation Package   |         |                    |  |                |  |                     |
| Contractor COI Clearance   |         |                    |  |                |  |                     |
| Contractor Agreement   |         |                    |  |                |  |                     |
| Notice to Proceed  |         |                    |  |                |  |                     |
| <b>For Pre – 1978 Units</b>                                      |         |                    |  |                |  |                     |
| Receipt for Renovate Right                                       |         |                    |  |                |  |                     |
| Calculating Federal Rehab Assistance                             |         |                    |  |                |  |                     |
| Receipt for Unit LBP Risk Assessment                             |         |                    |  |                |  |                     |
| LBP Homeowner Disclosure Receipts                                |         |                    |  |                |  |                     |
| Contractor LBP Certification                                     |         |                    |  |                |  |                     |
| <b>Section 3-Prepared By</b>                                     |         |                    |  |                |  |                     |
| Name   |         |                    |  |                |  |                     |
| E-mail   |         |                    |  |                |  |                     |
| Phone Number   |         |                    |  |                |  |                     |