NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

NYS HOME Program

Pre-Construction Meeting

3-party sign off for work scope approval

LPA: _____

Date: _____

Unit Address:_____

SHARS ID: _____ IDIS Activity #: _____

Description of Work to be Completed: (or attach work scope)

Name of Contractor Performing Work: _____

Full Contract Amount: $_____

By signing below, I/we certify that the rehabilitation work scope for this unit work has been reviewed and accepted by all parties.

Approved by: _____

Homeowner Signature *Date*

Approved by: _____

LPA Inspector Signature *Date*

Approved by: _____

Contractor Signature *Date*