

# COMMUNITY REBUILD AND RESTORE PRE-WORK CERTIFICATION



**FHLBank Member**

Member Name \_\_\_\_\_

**Homeowner(s)**

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County (from FFIEC) \_\_\_\_\_ Mobile Home? (Yes/No) \_\_\_\_\_

Must have at least 30 days current ownership prior to disaster

**Name of Major Disaster Declaration:**

**Date of Major Disaster Declaration:**

**FEMA ID# (if applicable):**

\_\_\_\_\_  
Date home was purchased (must have at least 30 days current ownership at the time of the Emergency Declaration or Natural Disaster)

\_\_\_\_\_  
Single-family dwelling? (Yes/No)  
(1-4 dwelling units)?

\_\_\_\_\_  
Property located in rural area? (Yes/No)

**Intermediary**

Company Name \_\_\_\_\_ Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

**Contractor** (If more than one contractor, attach additional page with contact information for each additional contractor)

Company Name \_\_\_\_\_ Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Note: If more than one contractor, attach additional page with contact information (for each additional contractor)

**Estimated Rehabilitation**

**Hard Costs:** List below the hard (construction) costs estimated for the work that will be completed on the Homeowner's residence.

**EXTERIOR DOORS**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Front Entrance Door		Ea.			
Rear Entrance Door		Ea.			
Other Exterior Door					
<b>Total - Exterior Doors</b>					

**WINDOWS**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Replace Windows		Ea.			
Repair Windows		Ea.			
Other - Windows					
<b>Total</b>					

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documentation is subject to penalties that may include fines, imprisonment, or both, under the provisions of Title 18, United States Code, Sec. 1014.

**HEATING, VENTILATION, AND AIR CONDITIONING**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Furnace and Air Conditioner		Ea.			
Air Conditioner Only		Ea.			
Condenser Only		Ea.			
Furnace Only		Ea.			
Ductwork		LF			
Registers		Ea.			
Thermostat		Ea.			
Other HVAC					
<b>Total - HVAC</b>					

**INSULATION**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Attic Insulation		SF			
Wall Insulation		SF			
Crawl Space Insulation		SF			
Duct Insulation		LF			
Pipe Insulation		LF			
Other Insulation					
<b>Total - Insulation</b>					

**ROOFING**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Shingle Roof		SF			
Soffit and Fascia		LF			
Other - Roofing					
<b>Total</b>					

**LOW FLOW PLUMBING FIXTURES**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Kitchen Faucet		Ea.			
Bathroom Faucet		Ea.			
Toilet		Ea.			
Shower Head		Ea.			
Repair Leaking Pipes		LR			
Other Leak Repair					
Other - Low Flow Plumbing					
<b>Total</b>					

**BATHROOMS INCLUDING TOILETS, SINKS, VANITIES, AND SHOWERS**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Replace Sink Cabinet and Faucet		Ea.			
Replace Toilet with HCP Toilet		Ea.			
Other (must be related)					
<b>Total</b>					

**REPLACEMENT OF FLOOR COVERINGS**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Vinyl Floor Covering		SF			
Tile Floor Covering		SF			
Other (must be related)					
<b>Total</b>					

**KITCHEN CABINETS / SINK**

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
Kitchen Cabinets		LF			
Kitchen Countertop		LF			
Kitchen Sink		Ea.			
Kitchen Faucet		Ea.			
Other (must be related)					
<b>Total - Insulation</b>					

**OTHER REHABILITATION** May not be used for cost overruns from above.

Description	Specifications	Unit Costs	Unit	Quantity	Cost of Work
<b>Total</b>					

**Subtotal - Hard Costs**

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**SOFT COSTS**

List below the soft (non-construction) costs that will be incurred for the rehabilitation on the Homeowner's residence.  
Total soft costs may not exceed 20% of hard costs. Member fees and intermediary fee may not exceed 12% of hard costs.

<b>Financing / Closing Costs</b>	<b>Cost of Work</b>
Member Fees	
Attorney's Fee	
Title Search	
Counseling Fee	
<b>Rehab Assistance</b>	
Intermediary Fee	
Inspection Fee	
Permit Fee	
<b>Subtotal Soft Costs</b>	
Member Fees + Intermediary Fees may not exceed 12%. Total Soft Costs may not exceed 20% of hard costs.	
<b>Total:</b> Total Costs may not exceed <b>\$25,000.00</b> for Community Rebuild and Restore.	

## Inspector Certification

By signing below, I certify to the member, intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) 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-work Certification, completed a written report, and provided a copy of that written report to the member.
- Initials: \_\_\_\_\_ 2. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and have not provided services for compensation or received services from any parties involved in the transaction including the homeowner(s), intermediary organization, contractor, subcontractors, or suppliers within the last year other than inspection services.
- Initials: \_\_\_\_\_ 3. No rehabilitation work has begun that is associated with the scope identified in this Pre-work Certification.
- Initials: \_\_\_\_\_ 4. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 5. The rehabilitation will be done to correct a defect or deficiency resulting from the identified disaster.
- Initials: \_\_\_\_\_ 6. The rehabilitation work will meet all applicable building codes, including accessibility codes.
- Initials: \_\_\_\_\_ 7. Based on my professional experience, opinion, and based on industry standards, the costs that are estimated in this document are reasonable.
- Initials: \_\_\_\_\_ 8. The home will meet commonly accepted habitability standards upon completion of the scope of work.
- Initials: \_\_\_\_\_ 9. I agree to notify the member, then intermediary (with member's approval) of any certifications that I cannot make on this Pre-work Certification.
- Initials: \_\_\_\_\_ 10. To the extent the certification contains any of homebuyer(s)/homeowner(s) Non-public Personal Information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homeowner, except as may be required by applicable law.

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

**WARNING:** I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

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## Intermediary Certification, or by Member if no Intermediary

By signing below, I certify to the member (as defined below) and the Federal Home Loan Bank of Atlanta (the Bank) the following:

- Initials: \_\_\_\_\_ 1. I have completed the required FHLBank Atlanta Rehab product training. Completion date: \_\_\_\_\_
- Initials: \_\_\_\_\_ 2. The rehabilitation will be completed and done in a workmanlike manner.
- Initials: \_\_\_\_\_ 3. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 4. The rehabilitation will be done to correct a defect or deficiency resulting from the identified disaster.
- Initials: \_\_\_\_\_ 5. The rehabilitation work will meet all applicable building codes, including accessibility codes.
- Initials: \_\_\_\_\_ 6. Any changes to the scope of work that results in a 10% +/- change in any line item requires review and approval by FHLBank Atlanta prior to the start of construction.
- Initials: \_\_\_\_\_ 7. No rehabilitation work has begun that is associated with the scope identified in this Pre-work Certification.
- Initials: \_\_\_\_\_ 8. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and other than for intermediary services, have not provided services for compensation for any parties involved in the transaction including the Homeowner(s), Inspector, Contractor, subcontractors, or suppliers within the last year.
- Initials: \_\_\_\_\_ 9. The home will meet commonly accepted habitability standards upon completion of the scope of work.
- Initials: \_\_\_\_\_ 10. The contractor(s) identified on page 1 of this certification is experienced in completing the type of work that will be completed for this home.
- Initials: \_\_\_\_\_ 11. The contractor(s) identified on page 1 of this certification is licensed and insured, and all subcontractors where required by law are licensed and insured.
- Initials: \_\_\_\_\_ 12. To the extent the certification contains any of homebuyer(s)/homeowner(s) Non-public Personal Information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer/homeowner, except as may be required by applicable law.

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### The intermediary is to answer Yes or No to the following statements and provide names of the individuals that are involved.

To the extent of the due diligence conducted, no material party to the rehabilitation of this unit, or any company in which any management or executive personnel of any material party to the project have an interest in (as a partner, officer, director, or stockholder) has:

- \_\_\_\_\_ Ever been involved in a bankruptcy or similar proceeding.
- \_\_\_\_\_ Ever been involved in any lawsuit or legal proceeding in which it was alleged that any material party to the project performed deficient construction services.
- \_\_\_\_\_ Ever been involved in any criminal proceeding relating to fraud, real estate services, contracting, or is financially related, or has been subject to any proceeding in which your firm or any affiliate was alleged to have violated any Federal or State securities law.
- \_\_\_\_\_ Ever been involved in any proceeding in which any material party to the project lost their requisite license or been suspended by any government agency, or has otherwise been barred from participating in any type of business practice.
- \_\_\_\_\_ Has been barred from participation in any housing or economic development project or program or is currently under investigation.

If the response to any of the above is **Yes**, attach documentation that provides a detailed explanation.

**Intermediary, if applicable:** Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

## Contractor(s) Certification

The contractor is to initial each item. If more than one contractor is involved, attach additional copies of this page.

By signing below, I certify to the member, intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) the following:

- Initials: \_\_\_\_\_ 1. I have completed the required FHLBank Atlanta Rehab product training. Completion date: \_\_\_\_\_
- Initials: \_\_\_\_\_ 2. The rehabilitation will be completed by the contractor identified on page one (1) of this certification and will be done in a workmanlike manner.
- Initials: \_\_\_\_\_ 3. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 4. The rehabilitation will be done to correct a defect or deficiency resulting from the identified disaster.
- Initials: \_\_\_\_\_ 5. The contractor agrees that he will not change the cost or scope of the work proposed in this Pre-work Certification unless authorized by the member. Any changes to the scope of work that result in a 10% +/- change in any line item requires review and approval by FHLBank Atlanta prior to the start of construction.
- Initials: \_\_\_\_\_ 6. I do not have any conflict of interest or appearance of a conflict of interest with any other party associated with this application. Additionally, I do not have any ownership interest in the property, and have not provided services for compensation for any parties involved in the transaction including the homeowner(s), inspector, or intermediary within the last year other than contracting services.
- Initials: \_\_\_\_\_ 7. The rehabilitation work will meet all applicable building codes, including accessibility codes.
- Initials: \_\_\_\_\_ 8. The home will meet commonly accepted habitability standards upon completion of the scope of work.
- Initials: \_\_\_\_\_ 9. Contractor is experienced in completing the type of work that will be completed for this home.
- Initials: \_\_\_\_\_ 10. Contractor, identified on page one (1) of this certification, is licensed and insured.
- Initials: \_\_\_\_\_ 11. As a condition of payment of the hard cost amounts listed above, the contractor shall have received release of liens from any subcontractor or supplier that has filed notices to owner or claims of lien; forever waives all lien rights against the homeowner(s) and the homeowner(s) property, will pay in full any subcontractors and suppliers that have provided products or services for this project, and will diligently work on the homeowner(s) behalf to discharge any liens in an expedient manner.
- Initials: \_\_\_\_\_ 12. Contractor hereby will provide a full builder's warranty for all rehabilitation work completed, and agrees to repair or replace any material or workmanship defects in the work at no cost to the homeowner(s) for one year following completion of the work.
- Initials: \_\_\_\_\_ 13. To the extent the certification contains any of homebuyer(s)/homeowner(s) Non-public Personal Information (as that term is defined in Section 501 of the Gramm-Leach-Bliley Act, and its implementing regulations), it shall be treated as confidential information, and the receiving parties shall use appropriate safeguards to ensure its privacy. It is intended to be reviewed only by the parties listed in this application and should not be made available to any other person or entity without the written consent of the homebuyer/homeowner, except as may be required by applicable law.

The contractor is to answer Yes or No to the following statements and provide names of the individuals that are involved. If more than one contractor is involved, add an additional contractor certification page. Each contractor must complete this section.

To the best of my knowledge, no material party to the rehabilitation of this unit, or any company in which any management or executive personnel of any material party to the project have an interest in, (as a partner, officer, director, or stockholder) has:

- \_\_\_\_\_ Ever been involved in a bankruptcy or similar proceeding;
- \_\_\_\_\_ Ever been involved in any lawsuit or legal proceeding in which it was alleged that any material party to the project performed deficient construction services;
- \_\_\_\_\_ Ever been involved in any criminal proceeding relating to fraud, real estate services, contracting, or is financially related, or has been subject to any proceeding in which your firm or any affiliate was alleged to have violated any Federal or State securities law;
- \_\_\_\_\_ Ever been involved in any proceeding in which any material party to the project lost their requisite license or been suspended by any government agency, or has otherwise been barred from participating in any type of business practice; or
- \_\_\_\_\_ Has been barred from participation in any housing or economic development project or program or is currently under investigation.

If the response to any of the above is **Yes**, attach documentation that provides a detailed explanation.

Contractor: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_ Title: \_\_\_\_\_

State/License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## Homeowner(s) Disclosure

By signing below, I certify to the member, intermediary, and the Federal Home Loan Bank of Atlanta (the Bank) the following:

- Initials: \_\_\_\_\_ 1. I/We currently own, have title to, and have at least 30 days of current ownership at the time of the Emergency Declaration or Natural Disaster by purchase date, by purchase date, life estate or a full interest in the fee title to the property listed on page one (1) of this certification.
- Initials: \_\_\_\_\_ 2. I/We currently reside in the residence identified in this Pre-work Certification and understand that any funding disbursed through the AHP Homeownership Set-aside Program is contingent upon my/our occupying the property as my/our primary residence.
- Initials: \_\_\_\_\_ 3. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 4. The scope of work items identified in this Pre-work Certification are not being paid by FEMA, insurance, or any other source.
- Initials: \_\_\_\_\_ 5. I/We understand that funds are available on a first-come, first-served basis and cannot be reserved or guaranteed.
- Initials: \_\_\_\_\_ 6. I/We will complete prior to funding, the required counseling program provided by the Bank's prescribed debt management and default prevention program provider.
- Initials: \_\_\_\_\_ 7. I/We as the homeowner(s) are current on any debt repayment obligations, if applicable, associated with the residence identified in this Pre-work Certification and are current on all real estate taxes.
- Initials: \_\_\_\_\_ 8. I/We as the homeowner(s) have approved the rehabilitation pre-work estimate.
- Initials: \_\_\_\_\_ 9. The rehabilitation will be done to correct a defect or deficiency resulting from the identified disaster.
- Initials: \_\_\_\_\_ 10. The rehabilitation work was not initiated or started prior to submission of the application for this home, and will not be started prior to the approval of conditional commitment by FHLBank Atlanta.
- Initials: \_\_\_\_\_ 11. I/We as the homeowner(s) have not received and will not receive funding from another source for the same rehabilitation for which I/we have requested funding for under this rehabilitation program.
- Initials: \_\_\_\_\_ 12. I/We as the homeowner(s) have not applied for and will not receive additional Bank funds other than what is set forth in this application.
- Initials: \_\_\_\_\_ 13. Upon completion of the rehabilitation work, the homeowner(s) agree to execute the Post-work Certification indicating satisfactory completion of the rehabilitation work.
- Initials: \_\_\_\_\_ 14. Except as provided in connection with the rehabilitation work, all representations, warranties, guaranties, insurance or other rights or obligations with respect to the residence remain the sole responsibility of the homeowner(s).

### Homeowner - This must be signed PRIOR to any work being started.

Homeowner: Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Homeowner: Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### NOTE: The Homeowner's signature(s) must be witnessed and notarized:

Witness Signature:

Signature: \_\_\_\_\_

Name (printed or typed): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Notarization:

GIVEN under my hand and seal of this office,

this \_\_\_\_\_ date of \_\_\_\_\_

My commission expires \_\_\_\_\_

(seal)

**WARNING:** I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.



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## Member Certification

- Initials: \_\_\_\_\_ 1. I affirm that the contractor associated with the rehab repair of the property listed on page 1 of this document, and the intermediary, if applicable, have completed the required FHLBank Atlanta Rehab product training prior to starting any work on the aforementioned property.
- Initials: \_\_\_\_\_ 2. I affirm that we have verified that all information submitted in support of the AHP Homeownership Set-aside Program application, including but not limited to the homeowner(s) identification, employment, and income is complete, truthful and accurate.
- Initials: \_\_\_\_\_ 3. I have confirmed that homeowner(s) has title to the subject property (for at least 30 days prior to the Emergency Declaration or Natural Disaster) and will maintain supporting documentation (e.g. deed, current tax bill) in my records.
- Initials: \_\_\_\_\_ 4. I have approved or will approve of the selection of a third-party inspector, and a third-party pre-work inspection report was completed, received, and reviewed by the member, to ensure that the scope and cost of work identified in this document is appropriate and needed. A copy of the pre-work inspection report will be maintained by the member.
- Initials: \_\_\_\_\_ 5. The scope of work identified in this Pre-work Certification is for an owner-occupied home located within the United States and its territories in Major Disaster Declaration areas as designated by the Federal Emergency Management Agency (FEMA) or by a local, state, or other federal government agency. A list of these Major Disaster Declaration areas can be found at <http://www.fema.gov/disasters>.
- Initials: \_\_\_\_\_ 6. Any changes to the scope of work that results in a 10% +/- change in any line item requires review and approval by FHLBank Atlanta prior to the start of construction.
- Initials: \_\_\_\_\_ 7. The rehabilitation work was not initiated or started prior to submission of the application for this home, and will not be started prior to the approval of conditional commitment by FHLBank Atlanta.
- Initials: \_\_\_\_\_ 8. Member has established and does maintain an adequate and effective internal control environment including, but not limited to, requisite policies and procedures for the prevention, detection, and reporting of fraud, abuse, and other suspicious activity in connection with the AHP Homeownership Set-aside Program, including related to any intermediaries or other third parties that may participate in the provision of goods or services related thereto.
- Initials: \_\_\_\_\_ 9. Member certifies that a copy of the fully executed certification has been provided directly to the Homeowner(s).
- Initials: \_\_\_\_\_ 10. By signing below, I certify that I am the designated approver/program manager for the member, and that I have relied upon the representations above by the homeowner(s), inspector, intermediary, and contractor in order to submit this unit for AHP Homeownership Set-aside Program funding, and that such reliance does not absolve the member of their responsibilities agreed upon in the AHP Set-aside Agreement that was previously executed.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed or typed):** \_\_\_\_\_ **Title:** \_\_\_\_\_

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