Neighborhood Stabilization Program - Set-Up Checklist for Demolition										
Contract						Contract				
Administrator:					Γ	Number:				
Total Amount of NSP Assista Activity:			ssista	ince for this	\$	Activity #				
Property Owner Name										
If property NOT owned by CA, explain basis for										
authority to demolish										
Physical Address Street:										
of Pr	of Property: City:		, Texas Zip:							
Legal Description of Property			of							
Census Tract										
				will NOT be process						
must then be resubmitted to NSP with ALL required information and support documentation. Unresolved disapproved electronic Set-Up requests remaining in the TDHCA Housing Contract System (HCS) for 30 or										
				mitted" will be placed						
applicable, support documentation will be returned to CA. The CA is responsible for follow-up on all "Pending" electronic requests.										
Environmental Clearance			ce	Environmental						
Date				Mitigation Required						
Demolition start date:										
Demolition Company		Nam	e:			Phone:				
						Fax:				
		Addro	ess:			Email:				
		City:		State: Zip:		Contact Person:				
Contract Administrator's Certification										
				vided herein. I hereby c						
				nents resulting from the mitigation requirement						
meet or exceed the recommended mitigation requirements; (3) in the event any condition affecting eligibility to participate in the NSP Program changes, I will immediately notify the Department of such change(s)										
Signa	Signature of Contract Administra			rator	Dat	e				
Enter data into online HCS and submit the following documentation to NSP										
Contract Administrator:				Contract Numb						
СА			1	Set-Up Support	t Documentatio) DN			TDHCA	
	Copy of environmental clearance notification									
	Copy of doc	Copy of documentation authorizing demolition (if property NOT owned by CA)								
	"Before" photos (interior and exterior) (must indicate address on all photos)									
	Enter budget in HCS									
	Provide accepted Demolition Company's bid (<i>if applicable</i>)									

FOR TDHCA USE ONLY							
Contract Administrator Contract Number							
CSAS# UOG #	CPS # Activity #						
Confirm date of environmental clearance and enter into HCS:							
Review NSP Contract and Performance Statement requirements							
HCS – Verify sufficient uncommitted amounts are available to allow commitment of funds							
Date Set-Up forwarded to Program Services:							
Verify that all data entered in HCS reconciles to Set-Up documents received							
Is TA site visit recommended?							
NSP Program Specialist Signature	Date						