

Texas Department of Housing and Community Affairs
Colonia Self-Help Center Program



Residential Rehabilitation Draw Checklist
(Rehabs, Utilities Connections, Small Home Repair)

County: _____ Contract Number: _____

Homeowner: _____

Address: _____

Guidelines maximum amount for activity on this home? _____ CSHC funds going into this home: _____

The following forms must be submitted prior to approval of construction draw requests:

Date the Contractor was cleared (Form 13): _____ Date Notice to Proceed (Form 14) signed: _____

Required Documentation per Activity - Form A203/A204 is required for every draw request.

Utilities Connections

Type of Connection: _____

☐ Work performed by the County

Salaries - Only actual hours worked directly on this address are eligible for reimbursement and must be documented. Support documentation must include timesheet(s) signed by the supervisor and employee, breakdown of hours worked for the work week, hourly rate of pay, receipts for materials, procurement costs/fees, and FEMA equipment rates.
Attach Forms 3, 13, 20, 28 and 30 (15, 29 and PRWORA/SAVE as applicable).

☐ Work performed by CSHC Provider

Itemized invoice(s) detailing address, type of work completed, fees, date of service, and change order(s) if applicable.
Provide documentation and Forms 3, 13 and 28 to the county.

Small Home Repair

☐ Work performed by the County

Salaries - Only actual hours worked directly on this address are eligible for reimbursement and must be documented. Support documentation must include timesheet(s) signed by the supervisor and employee, breakdown of hours worked for the work week, hourly rate of pay, receipts for materials, procurement costs/fees, FEMA equipment rates, and photos of completed work.
Attach Forms 3, 12, 20, 28 and 30 (29 and PRWORA/SAVE as applicable).

☐ Work performed by CSHC Provider

Itemized invoice(s) and/or receipts detailing address, type of work completed, date of service, fees, initial inspection report, work write-up with actual materials costs, and photos of completed work.
Provide documentation and Forms 3, 12 and 28 to the county.

Residential Rehab

☐ Initial Draw Request - Work performed by CSHC Provider

Copy of the awarded bid work write-up with costs per spec item, initial inspection report, itemized invoice(s) detailing address, type of work completed, date(s) of service, and fees.
Provide documentation and Forms 3, 13, 14, and 28 (15 and PRWORA/SAVE as applicable) to the county.

☐ Subsequent Draw Request(s) - Work performed by CSHC Provider

Copy of the awarded bid work write-up, itemized invoice(s) detailing address, type of work completed, date of service, and fees.
Provide documentation and Form 28 (15 as applicable) to the county.

☐ Final Draw Request - Work performed by CSHC Provider

Copy of the awarded bid work write-up, itemized invoice(s) detailing address, type of work completed, date of service, fees, final inspection report, evidence of property insurance (flood insurance if applicable), copy of Promissory Note and recorded Deed of Trust detailing affordability period if applicable.
Provide documentation and Form 28 (15 as applicable) to the county.

Direct Delivery Administration (for County employees only)

- ☐ Salaries - Only actual hours worked directly on the CSHC for this address are eligible for reimbursement and must be documented. Support documentation must include the timesheet(s) signed by the supervisor and employee, breakdown of hours worked for the work week, hourly rate of pay, and all other invoices and documents directly relating to this home. *Attach Form 20 (21, 29 and 30 as applicable).*

The Texas Department of Housing and Community Affairs reserves the right to request additional documentation as deemed necessary.

Refer to the Activity File Documentation Checklist (Form 2) for documentation that is to be maintained by the county.

- ☐ All required documentation has been reviewed, approved and submitted.

County Representative Signature: _____ Date: _____

County Representative Printed Name: _____

- ☐ All required documentation has been reviewed, approved and submitted, and ORACLE has been updated.

OCI Representative Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.