

NORTH CAROLINA HOUSING FINANCE AGENCY
Essential Single-Family Rehabilitation Loan Pool – Disaster Recovery

Preconstruction Conference Record

Recipient Organization/Coordinating Agency: _____

Date: _____ Time: _____ Place: _____

Homeowner: _____

Street Address: _____

City: _____ Zip code: _____

Representatives present for (list all persons attending):

Recipient Organization: _____

Contractor(s): _____

Homeowner: _____

Comments: _____

Recorded by: _____

Homeowner Acknowledgement

I have received a written copy of the Essential Single-Family Rehabilitation Loan Pool – Disaster Recovery (ESFRLP-DR) “Assistance Policy”, and a Recipient Organization representative has described the terms, conditions, limitations, and provisions of the ESFRLP-DR Program. In addition, a Member Organization representative has described the repair process and reviewed with me the repair Contract, the work write-up, and related documents. Therefore, with full understanding of the assistance being offered, I acknowledge execution of the ESFRLP-DR Contract, and agree that the work will begin on or about _____, 20

Homeowner’s Signature: _____