

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



Reconstruction (not feasible for rehabilitation) and New Construction Draw Checklist

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: _____

Activity performed on this home: _____

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

Initial Draw Request - Work performed by CSHC Provider

Initial inspection report (for reconstruction only), itemized invoice(s) detailing address, type of work completed, date(s) of service, and fees.

Provide documentation and Form 3, 13, 14, 28 (15 as applicable) to the county.

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

Itemized invoice(s) detailing address, type of work completed, date(s) of service, and fees.

Provide documentation and Form 28 (15 as applicable) to the county.

Final Draw Request - Work performed by CSHC Provider

Itemized invoice(s) detailing address, type of work completed, date(s) 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.