NORTH CAROLINA HOUSING FINANCE AGENCY

**Essential Single-Family Rehabilitation Loan Pool**

**Post-Construction Conference Record**

Recipient Organization/Coordinating Agency:

Date: Time: Place:

Homeowner:

Street Address:

City: Zip code:

**Representatives present for (list all persons attending and have each sign and date):**

Recipient Organization:

 Attendee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor(s):

 Attendee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attendee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner:

 Attendee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attendee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** (Note any topics discussed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homeowner Acknowledgement**

I have received all warranty manuals, maintenance schedules and instructions for the scope of work completed on my home. Specifically, I have received the following documents or instructions (circle all that apply):

Instructions for use and care of the following: gutters and downspouts; vinyl siding; thermostat for heating and cooling; return air vent and filter; kitchen exhaust fan; bathroom exhaust fan; gfci outlets in kitchen; gfci outlets in bathroom; CO detectors, and Smoke detectors. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warranties for: roofing-type:\_\_\_\_\_\_\_\_; siding-type:\_\_\_\_\_\_\_\_; insulation-attic; insulation-crawl; insulation-wall; pest treatment application-company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Electrical panel; sump pump-crawl; water heater-type:\_\_\_\_\_\_\_\_\_; HVAC system-type\_\_\_\_\_\_\_\_\_\_\_\_; exhaust fan-kitchen, exhaust fan-bathroom; refrigerator; stove; kitchen faucet, and bathroom faucet. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge receipt of these instructions and warranties on , 20 \_\_ .

Homeowner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_