

MI Neighborhood Project Specific Checklist for Subrecipients

Assisted Property Address:	Date App Received:
Verification Of Property Within Agency's Area/Zip Code	
Boundaries Date Applicant Selection Date:	
Applicant Selection Criteria Utilized:	
Homeowner/Tenant(s) Names:	
Contact Information: Phone/Email Address(es)	
Clear ID Verification Complete and SIGNED copy of MI Neighborhood application	
□ SIGNED and DATED copy of Household Income Self-Certification Form	
□ Procurement/Cost Reasonableness/Formal Bids Obtained (2 or 3 if necessary)	
Before pictures, including one that shows entire front of house with address numbers	
 Copy of insurance certifications and license for contractor applicable) 	and subcontractors (if
□ Volunteer labor approved by MSHDA (if applicable)	
□ Proof of current homeowner insurance	
\Box Proof that property taxes are up to date or property is current in a repayment plan	
□ Inspections/Lead/Asbestos evaluations and actions underta	aken
□ Activity Scope determined/Specs/Work orders approved b	by all parties
Contract Fully Executed Date:	
Name of Contractor/Subcontractor: /	
Total Contract Amount Total Contract Amount	
Notice To Proceed Issued Date:	
Change Orders/Revisions to Contract - Note if >10% MSHDA Pre- Description:	
Approval and Request for Contractor Payment(s) Signed and Dated	by all Parties
\Box Reimbursement from MSHDA requested for work performed and a	pproved
n Completion of Work	
After picture	☐ Final energy bill/savings calculation
	□ Surveys-Owner/Occupant
□ Invoice(s) submitted/Final billing and Approval Form provided	- Surveys-Owner/Occupant



Upon

Michigan State Housing Development Authority is committed to providing meaningful access. For accommodations, modifications, translation, interpretation, or other services, please contact MSHDA-NDD@MICHIGAN.GOV