**C3**

**TxCDBG Housing Rehabilitation**

**Work Write-Up and Cost Estimate Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Recipient: |  | TxCDBG Contract No.: |  |
|  |  |  |  |
| Property Address: |  | Applicant (Homeowner): |  |
|  |  |  |  |
| Estimate Prepared by: |  | Date of Assessment: |  |

**Work Write-Up and Cost Estimate: Summary**

|  |  |
| --- | --- |
| Estimated Cost for Construction: |  |
| Estimated Cost for Lead-Based Paint Abatement: |  |
| Estimated Cost for Inspection(s): |  |
| Total Budget for House: |  |
| Square Feet of Heated Area: |  |
| Cost of Rehab per Sq Ft: |  |

A copy of the following information has been provided and explained to the Homeowner:

\_\_\_\_\_ Housing Rehabilitation Guidelines

\_\_\_\_\_ Five-year forgivable loan process and requirements

\_\_\_\_\_ EPA Brochure on Lead Based Paint

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Estimate Preparer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant (Homeowner) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grant Recipient Date

**Work Write-Up and Cost Estimate: Detailed Description**

| **Item** | **Description of Work** | **Req. for Code (Y/N)** | **Quantity (# of items, sq ft. etc.)** | **Total Estimated Cost** | **Recommended for this Project** |
| --- | --- | --- | --- | --- | --- |
| **SITE WORK** |  |  |  |  |  |
| Dumpster |  |  |  | $ | $ |
| Site Toilet |  |  |  | $ | $ |
| Fill |  |  |  | $ | $ |
| Site Prep |  |  |  | $ | $ |
| Make Ready |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FOUNDATION** |  |  |  |  |  |
| Slab |  |  |  | $ | $ |
| Porch |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FLAT WORK** |  |  |  |  |  |
| Drywall |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **PLUMBING** |  |  |  |  |  |
| Underground |  |  |  | $ | $ |
| Rough-in |  |  |  | $ | $ |
| Top-Off |  |  |  | $ | $ |
| Kitchen Sink |  |  |  | $ | $ |
| Toilet |  |  |  | $ | $ |
| Toilet Seat |  |  |  | $ | $ |
| Tub w/Surround |  |  |  | $ | $ |
| Bathroom Faucet |  |  |  | $ | $ |
| Tub Faucet |  |  |  | $ | $ |
| Copper/PVC/Flex |  |  |  | $ | $ |
| Hose Bib |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **ELECTRICAL** |  |  |  |  |  |
| Electric Rough-In |  |  |  | $ | $ |
| Electric Top-Off |  |  |  | $ | $ |
| Range Vent |  |  |  | $ | $ |
| Bath Vanity Light |  |  |  | $ | $ |
| Bath Vent/Light |  |  |  | $ | $ |
| Hail Light |  |  |  | $ | $ |
| Ceiling Fans |  |  |  | $ | $ |
| Exterior Lights |  |  |  | $ | $ |
| Kitchen Light |  |  |  | $ | $ |
| Utility Area Light |  |  |  | $ | $ |
| Bedroom Lights |  |  |  | $ | $ |
| Breakfast  Area Light |  |  |  | $ | $ |
| Closed Light |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FRAMING** |  |  |  |  |  |
| Trusses |  |  |  | $ | $ |
| Studs (Interior) |  |  |  | $ | $ |
| Studs (Exterior) |  |  |  | $ | $ |
| Top and Bottom Plates |  |  |  | $ | $ |
| Headers |  |  |  | $ | $ |
| Total Framing |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **DOORS & WINDOWS** |  |  |  |  |  |
| Interior Doors |  |  |  | $ | $ |
| Interior Door Knobs |  |  |  | $ | $ |
| Exterior Doors |  |  |  | $ | $ |
| Ext. Knobs and Deadbolts |  |  |  | $ | $ |
| Storm Doors |  |  |  | $ | $ |
| Windows and Screens |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **INSULATION** |  |  |  |  |  |
| Insulation |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **EXTERIOR SURFACE** |  |  |  |  |  |
| Siding, Soffits,  and Trim |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **INTERIOR SURFACE** |  |  |  |  |  |
| Drywall |  |  |  | $ | $ |
| Tape, Texture,  and Float |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **MECHANICAL** |  |  |  |  |  |
| HVAC |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FINISH CARPENTRY** |  |  |  |  |  |
| Trim Carpenter |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **CABINETS** |  |  |  |  |  |
| Base Cabinets |  |  |  | $ | $ |
| Wall Cabinets |  |  |  | $ | $ |
| Counter Top |  |  |  | $ | $ |
| Bath Vanity |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **APPLIANCES** |  |  |  |  |  |
| Range |  |  |  | $ | $ |
| Refrigerator |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FLOORING** |  |  |  |  |  |
| Carpet/Vinyl |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **PAINT** |  |  |  |  |  |
| Interior Paint |  |  |  | $ | $ |
| Exterior Paint |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **ROOFING** |  |  |  |  |  |
| Shingles |  |  |  | $ | $ |
| Decking |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **FINISH DETAILS** |  |  |  |  |  |
| Med Cab/Mirror |  |  |  | $ | $ |
| Other |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **MISCELLANEOUS** |  |  |  |  |  |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  | $ | $ |