



HOME Homeowner Rehabilitation Program 95% After-Rehab Value Certification

I, _____, of
_____, certify that I have reviewed the value determination for the
HOME Reservation Rehabilitation Project located at:

Property Address: _____

Choose one of the following verification methods:

☐ **If the after-rehabilitation value is more than 20% margin of the HOME & HTF limits:**

I have reviewed the **county assessor's value** along with the project hard cost estimates.

☐ **If the after-rehabilitation value is within 20% of the HOME & HTF limits:**

I certify that I have reviewed a professional **Appraisal and/or Comparative Market Analysis (CMA) / Broker's Price Opinion (BPO)** along with the project hard cost estimates. **The county assessor's value may not be used in this case.**

Project Valuation Details:

- Unit Limit: \$ _____
- Unit Appraisal/CMA/BPO Value: \$ _____
- 60% Unit Hard Cost: \$ _____
- After-Rehabilitation Value: \$ _____

Certification:

I certify that the verified value does not exceed the 95% After-Rehabilitation Value (*Home and Housing Trust Fund Homeownership Sales Price Limits – FY 2024*) for the area and for the type of property being assisted, including any high-cost mortgage limit published by HUD in the Federal Register under HUD's single-family insuring authority under the National Housing Act (24 CFR 92.254(a)(iii)(A) and 24 CFR 92.254(b)(1)).

Signature: _____ Date: _____