

## **Homeowner Rehab Contractor Selection**

been used to procure the contract	or rights of procurement and or for rehabilitation of my ho Program Administrator hav	agree with the methods that have ome. I/we understand that only we been presented to me/us and that
I/We have been given the opportunate reviewed all reasonable proprehabilitation project. I/we elect to of my/our own free will.	osals from all qualified contr	actors for my/our home
Further, I/We understand that this percent (0%) interest, deferred pay Restrictive Covenant Agreement.		m of conditionally forgivable, zero as memorialized in the
IN WITNESS WHEREOF, Owner h	as executed this Agreement	
Owner Signature		/20 Date
Owner Printed Name		
Co-Owner Signature		//20 Date
Co-Owner Printed Name		

\*Attachment: Contractor Proposal

