Contractor Selection Confirmation (CSC)



REVIVE HOME REPAIR GRANT

Homeowners must identify and certify which contractor(s) have been selected to complete the repair(s) on their home by completing the information below. A CSC FORM SHOULD BE COMPLETED FOR EACH SELECTED CONTRACTOR.

Name		
Address		
City	State	Zip
ist the selected c	ontractor, repair(s), ar	ıd quoted cost(s):
Contractor Business Nan	ne:	
Contractor Full Address:		
Repairs to be done: (exal	mple: Replace siding, Replace 10	windows)
		\$
This amount should no contractor's bid. No contractor amount w	nirror the selected ents allowed. The	ount for Eligible Repairs: \$
Homeowner Signat	ure and Certification:	
-	my/our own accord selected th irs at my/our property indicated	e above-named contractor for the purpose of d above.
iignature	Printed/Typed Name	e Date
Signature	Printed/Typed Name	e Date

retain the original form in their household file.