



CONTRACTOR VALIDATION & CONSTRUCTION ADVANCE PAYMENT FORM

Reconstruction, Rehabilitation, Elevation, and Mitigation (RREM) Program

HOMEOWNER INFORMATION:		
Applicant Name:	RREM ID#:	
Co-Applicant Name:	Date:	
ADDRESS FOR MAILING THE CONSTRUCTION ADVANCE CHECK:		
Street Address:		
City:	State:	ZIP:

A requirement of the RREM Program is to ensure Contractor(s) have the appropriate state licenses and are in good standing with the State of New Jersey and the Federal Government, i.e. not debarred. Homeowner responsibilities include:

- Provide the Name, Contact Information, License number for the Contractor(s) that will complete your project.
- Provide a copy of current executed construction contract with firm listed below providing Sandy-related construction.
- This form will be submitted to your RREM Program Manager who will confirm the Contractors' standing with respect to licensure and debarment.
- If using a *General Contractor*, the contractor is responsible to demonstrate that all subcontractors are properly licensed and not debarred.

PRIMARY CONTRACTOR INFORMATION			Completed by RREM	
Contractor Name:			Confirmed	Not Confirmed
License #:			<input type="checkbox"/>	<input type="checkbox"/>
Address:	City:			
County:	State:	ZIP:		

CONTRACTOR INFORMATION (IF APPLICABLE)			Completed by RREM	
Contractor Name:			Confirmed	Not Confirmed
License #:			<input type="checkbox"/>	<input type="checkbox"/>
Address:	City:			
County:	State:	ZIP:		

Note: should you need additional contractor spaces, please attach additional page.

Total RREM Grant Award:		\$
Amount Received in Reimbursement:		\$
Remaining Grant Award (after reimbursement):		\$
(i) 50% Remaining Grant Award (after reimbursement)	(ii) 50% Total Cost to Repair and Elevate	(iii) Remaining Construction Award
\$	\$	\$
Construction Advance Amount: <i>(Lesser of (i) 50% of remaining grant, (ii) 50% of Total Cost to Repair and Elevate, or (iii) construction award)</i>		\$



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I certify that all information provided on this Contractor Validation Form is true and correct to the best of my knowledge. I understand that my home will undergo a final inspection in order to ensure that all work claimed by me and paid by RREM is completed and that at the conclusion of construction, the scope of work contained in my Estimated Cost to Repair (ECR) is complete and I have re-inhabited my home.

By signing this Contractor Validation Form and submitting a current executed construction contract, I understand that I will receive a **50% Construction Advance** on my RREM award. I understand that this advance payment is to be used for eligible work for the purpose of reconstruction, rehabilitation, elevation and/or mitigation of my damaged property. I understand that if I use these funds for any other purposes or if the expenditures are non-complaint with the RREM Program requirements, I will be required to repay the funds and I may be subject to civil and criminal penalties.

I commit that my construction will be underway within thirty (30) days unless otherwise approved in writing by DCA. I understand that if I fail to begin construction within this timeline, DCA may require repayment of these RREM funds until I am ready to begin construction.

I understand that I must collect and submit receipts or invoices from third party sources to document how the Construction Advance and other RREM grant funds are used. I understand that I cannot submit any additional requests for payment on the balance of my RREM award until I have documented how the Construction Advance was used.

I certify that the foregoing statements are true. I am aware that by knowingly and willingly making false or fraudulent statements, I am subject to appropriate civil or criminal penalties allowed by law, including but not limited to, the DCA and/or the State of New Jersey bringing action to recover all or a portion of the amount of HUD funds I received. I understand that this information will be used to protect the Government's financial interest and to verify the accuracy of the information furnished and it may be released to appropriate Federal, State, and local agencies when relevant to any civil, criminal, or regulatory investigators, attorneys and/or prosecutors.

APPLICANT SIGNATURE	
Applicant Signature	Date
Co-Applicant Signature	Date

TO BE COMPLETED BY RREM PROJECT MANAGER							
Validated	<input type="checkbox"/>	Not Validated	<input type="checkbox"/>	Date	/ /	Reviewed by	
If not validated, Name of Ineligible Contractor(s)							
If Homeowner initiates work with any Contractor(s) not listed on this Form, Homeowner must submit Contractor(s) information using this Form to their RREM Project Manager prior to additional payment submission.							