

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
OFFICE OF COLONIA INITIATIVES  
TEXAS BOOTSTRAP LOAN PROGRAM**

**Form 20  
Interim Construction Funding Checklist**

NOHP	INITIAL DRAW	PS
<input type="checkbox"/>	Funding Request (Form 23)	<input type="checkbox"/>
<input type="checkbox"/>	Application for Advance (See exhibit to CLA)	<input type="checkbox"/>
<input type="checkbox"/>	Original Real Estate Note	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of Deed of Trust (recorded original to follow)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Lot Survey	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of updated title commitment with no exceptions on Schedule C	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of HUD-1 Settlement Statement	<input type="checkbox"/>
<input type="checkbox"/>	Copy of executed Construction Loan Agreement (CLA)	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of Financing Statement – State (recorded original to follow)	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of Financing Statement – County (recorded original to follow)	<input type="checkbox"/>
<input type="checkbox"/>	Builder’s Risk Insurance	<input type="checkbox"/>
<input type="checkbox"/>	Certified resolutions of the Board of Directors of Borrower authorizing such corporation to execute the Loan Instruments and perform its obligations thereunder	<input type="checkbox"/>
<input type="checkbox"/>	Pictures (rehab only)	<input type="checkbox"/>
<input type="checkbox"/>	Approved Budget	<input type="checkbox"/>
<input type="checkbox"/>	Plans	<input type="checkbox"/>
<input type="checkbox"/>	Evidence of approval of the Plans by any necessary Governmental Authority	<input type="checkbox"/>
<input type="checkbox"/>	Building Permit and all other permits required by the Governmental Requirements with respect to the construction and development of the property, if applicable	<input type="checkbox"/>
<input type="checkbox"/>	Evidence of the availability of all utilities to the Property, including specifically, but without limitation, gas electricity, sewer and water services	<input type="checkbox"/>

**TDHCA PROGRAM SERVICES USE ONLY**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

NOHP	RECORDED DOCUMENTS & TITLE POLICY	PS
<input type="checkbox"/>	Original Recorded Deed of Trust	<input type="checkbox"/>
<input type="checkbox"/>	Original Recorded Mechanic’s Lien Contract	<input type="checkbox"/>
<input type="checkbox"/>	Original Recorded Financing Statement –State	<input type="checkbox"/>
<input type="checkbox"/>	Original Recorded Financing Statement – County	<input type="checkbox"/>
<input type="checkbox"/>	Original Title Policy	<input type="checkbox"/>

**Form 20**  
**Interim Construction Funding Checklist**

NOHP	FINAL DRAW DOCUMENTS	PS
<input type="checkbox"/>	Funding Request final 10% and Administrative Fee (Form 23)	<input type="checkbox"/>
<input type="checkbox"/>	Application for Advance (See exhibit to CLA)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Certificate of Occupancy (if property is located within city limits)	<input type="checkbox"/>
<input type="checkbox"/>	Appraisal Report	<input type="checkbox"/>
<input type="checkbox"/>	Final Inspection Report from TDHCA field office	<input type="checkbox"/>
<input type="checkbox"/>	Final Inspection Report from a certified third party inspector (outside city limits)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Original Recorded Affidavit of Completion	<input type="checkbox"/>
<input type="checkbox"/>	Original Waiver of Subordination of Mechanic's Lien	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Final Survey (with improvements)	<input type="checkbox"/>
<input type="checkbox"/>	Pictures (rehab only)	<input type="checkbox"/>

**NOTE: THIS TRANSACTION IS A COMMERCIAL LOAN BETWEEN THE NOHP AND TDHCA. REFER TO THE PURCHASE MONEY CHECKLIST (FORM 22) TO COMPLETE THE TRANSACTION BETWEEN OWNER-BUILDER APPLICANT AND TDHCA.**

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Comments: \_\_\_\_\_  
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Reviewed By: \_\_\_\_\_

Date Approved: \_\_\_\_\_