

*(Attach Sufficient Number of Exterior and Interior Photographs to Substantiate the Need for Demolition)*

Property Address: \_\_\_\_\_

\_\_\_\_\_

Square Footage (*current home*): \_\_\_\_\_ Lot size: \_\_\_\_\_

Square Footage (*substantial reconstruction*): \_\_\_\_\_

A. Estimated Cost of Rehab (Attach Cost Estimate and  
HQS Inspection Form) \_\_\_\_\_

B. Estimated Cost of Substantial Reconstruction \_\_\_\_\_

C. Alternatives to Substantial Reconstruction and costs associated:  
(Check **all** that apply)

- ☐ Relocation was offered to the family
- ☐ Supplemental funding is not available at this time to rehab  
the home at costs that exceed DHCD cost limits
- ☐ Other (explain) \_\_\_\_\_

\_\_\_\_\_

The homeowner understands and agrees that the plans for a substantially reconstructed house have been reviewed and the Program regulations state that if the current home, listed above, has too many deficiencies to be rehabilitated within the cost limits, it may be demolished and reconstructed.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
DHCD Approval

\_\_\_\_\_  
Date

**THIS PAGE INTENTIONALLY LEFT BLANK**