**North Carolina CDBG-NR Rehabilitation**

***Homeowner Exterior/Interior Color Selection Form***

***CDBG-NR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Sub-recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Homeowner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| Contractor must present homeowner at least three (3) different paint color(s) to select from. All color selection(s) shall include appliance(s), kitchen cabinet(s), bathroom vanity(s), interior/exterior paint. Homeowner shall choose accordingly and initial selection(s). | **Homeowner Selection** | **Homeowner****Initials** |
| Roof shingles: One (1) color selectionExterior Wall(s)/Porch: One (1) color selection |  |  |
|  |  |
| Foundation Wall(s): One (1) color selection |  |  |
| Exterior Trim: One (1) color selection |  |  |
| Interior Wall(s): One (1) color selection throughout entire dwelling. |  |  |
| Interior Trim: One (1) color selection throughout entire dwelling.  |  |  |
| Kitchen Cabinet(s) model: One (1) selection  Kitchen Cabinet(s): One (1) color selection  |  |  |
|  |  |
| Kitchen Countertop(s): One (1) color selection |  |  |
| \*Appliance(s): All new appliance(s) shall be the same color. Homeowner(s) shall make selection from standard size model(s) to accommodate existing household.When replacing an existing appliance, match color as close as possible | **Select (1)** **Color****below** | **Homeowner****Initials** |
| Appliance(s) Model selection: Range model#---------------------------------------Rangehood model# --------------------------------------------Refrigerator model#--------------------------------------------\*Select one (1) color for all carpet and one (1) additional color for all vinyl to cover all floor(s) throughout entire dwelling.Carpet: One (1) color selectionVinyl: One (1) color selection\*Carpet shall not be installed in kitchen, dining or bathroom floor area(s). | **for appliance(s)** | **Homeowner Initials** |
|  |  |
| **Same color** |  |
| **Same color** |  |
| **Select (1)****Color each****below for carpet and vinyl** |  |
|  |  |
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|  |

**\*Homeowner must initial each selection and sign this form before Rehabilitation can start on this dwelling.**

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| **Homeowner(s) Signature Date**  |
|  |

 **\_\_\_\_\_\_**

 **Homeowner(s) Signature Date Administrator/Rehab Specialist Signature Date**