**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 selection  Exterior 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 selection  Vinyl: 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**