

Inspection Checklist

Section 8 Tenant-Based Assistance
Rental Certificate Program
Rental Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 4/30/2001)

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This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family: LAND BANK - STRUCTURE RECOMMENDED FOR REHABILITATION		Tenant ID No:	Date of Request:
Inspector Jeffrey K Hampshire		Neighborhood/Census Tract:	Date of Inspection: 11/1/2018
Type of Inspection: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection:	HA: Cattaraugus Community Action

A. General Information

Inspected Unit		Year Constructed: late 1800's		Housing Type: (check as appropriate)	
Street Address: 109 7th Street		City: Little Valley		<input checked="" type="checkbox"/> Single Family Detached	
County: Cattaraugus		State: NY		<input type="checkbox"/> Duplex or Two Family	
Number of Children In Family Under 6: Vacant		Number of Children In Family With Elevated Blood Lead Level: Vacant		<input type="checkbox"/> Row House or Town House	
Owner		Phone No:		<input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Name of Owner or Agent Authorized to Lease Unit Inspected:		Address of Owner or Agent:		<input type="checkbox"/> High Rise: 6 or More Stories	
				<input type="checkbox"/> Manufactured Home	
				<input type="checkbox"/> Congregate	
				<input type="checkbox"/> Cooperative	
				<input type="checkbox"/> Independent Group Residence	
				<input type="checkbox"/> Single Room Occupancy	
				<input type="checkbox"/> Shared Housing	
				<input type="checkbox"/> Other	

B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	No. of Bedrooms for Purposes of the FMR or Payment Standard:	No. of Sleeping Rooms:
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive	3	

Inspection Checklist

Item No.		yes pass	No Fail	In-Conc.	comment	Final Approval Date
1.1	Living Room Present	<input checked="" type="checkbox"/>				
1.2	Electricity	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
1.3	Electrical Hazards	<input checked="" type="checkbox"/>				
1.4	Security	<input checked="" type="checkbox"/>				
1.5	Window Condition		<input checked="" type="checkbox"/>		1 wood window poor condition, single pane. 2 vinyl windows, poor condition.	
1.6	Ceiling Condition	<input checked="" type="checkbox"/>				
1.7	Wall Condition	<input checked="" type="checkbox"/>				
1.8	Floor Condition	<input checked="" type="checkbox"/>			some wrinkling, needs stretched and cleaned by new owner.	
1.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	

Item NO.	2. Kitchen	Yes pass	No Fail	In-Conc.	Comment	Final Approval Date
2.1	Kitchen Area Present	<input checked="" type="checkbox"/>				
2.2	Electricity	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
2.3	Electrical Hazards		<input checked="" type="checkbox"/>		1 outlet by sink not GFCI protected	
2.4	Security	<input checked="" type="checkbox"/>				
2.5	Window Condition		<input checked="" type="checkbox"/>		3 wooden windows in poor condition, single pane glass.	
2.6	Ceiling Condition	<input checked="" type="checkbox"/>				
2.7	Wall Condition	<input checked="" type="checkbox"/>				
2.8	Floor Condition	<input checked="" type="checkbox"/>			minor damage and wear.	
2.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven				N/A	
2.11	Refrigerator				N/A	
2.12	Sink	<input checked="" type="checkbox"/>				
2.13	Space for Storage, Preparation, and Serving of Food	<input checked="" type="checkbox"/>				
Item No.	3. Bathroom	Yes pass	No Fail	In-Conc.	Comment	Final Approval Date
3.1	Bathroom Present	<input checked="" type="checkbox"/>				
3.2	Electricity	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
3.3	Electrical Hazards		<input checked="" type="checkbox"/>		outlets near sink not GFCI protected	
3.4	Security	<input checked="" type="checkbox"/>				
3.5	Window Condition		<input checked="" type="checkbox"/>		1 wooden window in poor condition, single pane glass.	
3.6	Ceiling Condition	<input checked="" type="checkbox"/>				
3.7	Wall Condition	<input checked="" type="checkbox"/>			piece of trim off board, new owner can repair.	
3.8	Floor Condition	<input checked="" type="checkbox"/>				
3.9	Lead Paint				<input type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit	<input checked="" type="checkbox"/>				
3.11	Fixed Wash Basin or Lavatory in Unit	<input checked="" type="checkbox"/>				
3.12	Tub or Shower in Unit	<input checked="" type="checkbox"/>				
3.13	Ventilation	<input checked="" type="checkbox"/>			opening window	
Item No.	4. Other Rooms Used for Living and Hall*	Yes pass	No Fail	In-Conc.	Comment	Final Approval Date
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>1</u> Floor Level	down bedroom
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				
4.4	Security	<input checked="" type="checkbox"/>				
4.5	Window Condition		<input checked="" type="checkbox"/>		1 vinyl window in poor condition.	
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				
4.7	Wall Condition	<input checked="" type="checkbox"/>				
4.8	Floor Condition	<input checked="" type="checkbox"/>			stains, new owner can clean.	
4.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors	<input checked="" type="checkbox"/>			1 in dining room, no CO detectors observed.	

Item NO.	4. Other Rooms Used for Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date
4.1	Room Code* and Room Location <input type="text" value="2"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Floor Level	dining room
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
4.3	Electrical Hazards		<input checked="" type="checkbox"/>		loose outlets on wall below kitchen pass through.	
4.4	Security	<input checked="" type="checkbox"/>				
4.5	Window Condition		<input checked="" type="checkbox"/>		2 wooden windows in poor condition, single pane glass	
4.6	Ceiling Condition	<input checked="" type="checkbox"/>			stains	
4.7	Wall Condition	<input checked="" type="checkbox"/>				
4.8	Floor Condition	<input checked="" type="checkbox"/>			stains, new owner can clean.	
4.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors	<input checked="" type="checkbox"/>			1 in dining room, no CO detectors observed.	
4.1	Room Code* and Room Location <input type="text" value="6"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Floor level	front closed in porch
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				
4.4	Security	<input checked="" type="checkbox"/>				
4.5	Window Condition	<input checked="" type="checkbox"/>			wooden windows, condition sound for non heated porch area.	
4.6	Ceiling Condition		<input checked="" type="checkbox"/>		loose/bowing wainscoting boards in front right corner from leaking roof.	
4.7	Wall Condition	<input checked="" type="checkbox"/>				
4.8	Floor Condition	<input checked="" type="checkbox"/>				
4.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors				N/A	
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Floor level	up bedroom
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				
4.4	Security	<input checked="" type="checkbox"/>				
4.5	Window Condition		<input checked="" type="checkbox"/>		2 vinyl windows in poor condition. Windows at floor level, hazard to children, need guards.	
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				
4.7	Wall Condition	<input checked="" type="checkbox"/>			minor damage and wear.	
4.8	Floor Condition	<input checked="" type="checkbox"/>			some stains.	
4.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors		<input checked="" type="checkbox"/>		1 in dining room, no CO detectors observed.	
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Floor level	up bedroom
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				
4.4	Security	<input checked="" type="checkbox"/>				
4.5	Window Condition		<input checked="" type="checkbox"/>		3 vinyl windows in poor condition. Windows at floor level, hazard to children, need guards.	
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				
4.7	Wall Condition	<input checked="" type="checkbox"/>			minor damage and wear. Access hatch/door frame missing to attic behind closet.	
4.8	Floor Condition	<input checked="" type="checkbox"/>			some wrinkling, needs stretched and cleaned by new owner.	
4.9	Lead Paint				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors		<input checked="" type="checkbox"/>		1 in dining room, no CO detectors observed.	

* Room Codes: 1 Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;

3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item NO.	4. Other Rooms Used for Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead Paint				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Floor level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead Paint				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Floor level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead Paint				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Floor level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead Paint				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					

* Room Codes: 1 Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	5. All Secondary Rooms (Rooms not used for living)	Yes pass	No Fail	In- Conc.	Comment	Final Approval Date
5.1	None <input checked="" type="checkbox"/> Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other-Potentially Hazardous Features in time Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date
6.1	Condition of Foundation		<input checked="" type="checkbox"/>		Framed foundation wall on drive side has rotting and settling, basement support post needs footing.	
6.2	Condition of Stairs, Rails, and Porches		<input checked="" type="checkbox"/>		rear porch railings loose, need repairs. Entrance door to kitchen needs replaced and new storm door.	
6.3	Condition of Roof/Gutters		<input checked="" type="checkbox"/>		front porch roof leaking, house needs gutters on rear addition, and both porches.	
6.4	Condition of Exterior Surfaces	<input checked="" type="checkbox"/>			minor damage.	
6.5	Condition of Chimney	<input checked="" type="checkbox"/>				
6.6	Lead Paint: Exterior Surfaces				<input checked="" type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs				<input checked="" type="checkbox"/> Not Applicable	
Item NO.	7. Heating and Plumbing	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date
7.1	Adequacy of Heating Equipment			<input checked="" type="checkbox"/>	NOTE* utilities disconnected	
7.2	Safety of Heating Equipment		<input checked="" type="checkbox"/>		vent pipe extends through living space, 1970's vintage furnace.	
7.3	Ventilation/Cooling	<input checked="" type="checkbox"/>				
7.4	Water Heater		<input checked="" type="checkbox"/>		improperly vented with over long horizontal run tied into furnace vent pipe.	
7.5	Approvable Water Supply	<input checked="" type="checkbox"/>			municipal	
7.6	Plumbing	<input checked="" type="checkbox"/>			NOTE* utilities disconnected	
7.7	Sewer Connection	<input checked="" type="checkbox"/>			municipal	
Item No.	8. General Health and Safety	Yes pass	No Fail	In- Conc.	Comment	Final Approval Date
8.1	Access to Unit	<input checked="" type="checkbox"/>				
8.2	Fire Exits	<input checked="" type="checkbox"/>				
8.3	Evidence of Infestation	<input checked="" type="checkbox"/>				
8.4	Garbage and Debris		<input checked="" type="checkbox"/>		garbage, debris and old furniture left throughout house	
8.5	Refuse Disposal	<input checked="" type="checkbox"/>			municipal	
8.6	Interior Stairs and Common Halls		<input checked="" type="checkbox"/>		windows in up hall deteriorated wood units, at floor level causing hazard to children.	
8.7	Other Interior Hazards	<input checked="" type="checkbox"/>				
8.8	Elevators				<input checked="" type="checkbox"/> Not Applicable	
8.9	Interior Air Quality	<input checked="" type="checkbox"/>				
8.10	Site and Neighborhood Conditions	<input checked="" type="checkbox"/>				
8.11	Lead Paint: Owner's Certification				<input checked="" type="checkbox"/> Not Applicable	

8.1 | Lead Paint: Owner's Certification

If the owner is required to treat any interior or exterior surfaces, the HA must obtain certification that the work has been done in accordance with such requirements prior to the execution or renewal of any HAP contract. No reinspection is necessary if certification is obtained. Suggested wording of this certification is as follows:

• The undersigned hereby certifies that the property located at (give full address)

has had applicable surfaces treated as required."

Owner's Signature _____

Type or print name _____ Date _____

Provide a summary description of each item which resulted in a rating of 'Fail' or "Pass with Comments."

Tenant ID No.	Inspector	Date of Inspection	Address of Inspected Unit
Type of Inspection	<input type="checkbox"/> Initial	<input type="checkbox"/> Special	<input type="checkbox"/> Reinspection

[illegible]

109 7th estimate

Cattaraugus Community Action
25 Jefferson Street
Salamanca, NY 14779
716-945-1041, FAX 716-945-1301

For: Land Bank

109 7th Street
Little Valley, NY

Task	Quantity	Units	Description	Units \$	Price
Cellar walls	4.00	Rolls	Kraft face 16` x 6` Roll In	56.00	224.00
Cellar walls	8.00	sheets	5/8" T&G O.S.B. 4'x8'	25.13	201.04
Cellar walls	20.00	Tubes	Silicone Caulk - White 14oz	6.99	139.72
Cellar walls	20.00	Lbs	Galvanized 16d Lbs	1.11	22.12
Cellar walls	20.00	Boxes	Ramset Loads Pwr Lvl 4 Box	9.10	182.00
Cellar walls	1.00	Rolls	Visqueen 6 Mil Clear 10x100	41.99	41.99
Cellar walls	20.00	Misc.Mat.	Misc. Material \$25.00	35.00	700.00
Cellar walls	252.00	SF	Framing Labor - SF	4.90	1234.80
Cellar walls	10.00	Boards	2x8 by 10' Treated	20.68	206.78
Cellar walls	32.00	Boards	2x8 by 8' Treated	16.39	524.61
Cellar walls	8.00	sheets	3/4" treated ply, .60 found	56.00	448.00
Cellar walls	10.00	ExLbr	Excavation Labor	49.00	490.00
Cellar walls	252.00	Rbr.Roofin	Rubber Membrane Roofing	0.83	208.15
Cellar walls	8.00	Hours	Labor - Hour	35.00	280.00
Cellar walls	1.00	Doors	3/0 x 6/8 Ext. Door Pre. H.	278.60	278.60
Task: Cellar walls	= \$ 5181.81				
Electric	3.00	GFCI	GFCI Receptacle	14.00	42.00
Electric	5.00	Each	Standard Ivory Duplex	0.66	3.29
Electric	5.00	Each	Ivory Duplex Coverplate	0.34	1.68
Electric	5.00	Each	Standard Ivory SP Switch	2.79	13.93
Electric	5.00	Each	Ivory Duplex/Switch Cvrplt	0.34	1.68
Electric	5.00	Each	Duplex Plastic Remodel Box	1.81	9.03

109 7th estimate

Electric	8.00 Misc.Mat.	Misc. Material \$25.00	35.00	280.00
Electric	20.00 Each	Add outlet labor	28.00	560.00
Electric	1.00	Electrical Inspection	50.00	50.00
Electric	1.00	outside GFCI cover	7.00	7.00
Task: Electric	= \$	968.61		

Front Porch	3.00 Squares	Tab Shingles Fiberglass	126.00	378.00
Front Porch	1.00 Rolls	Felt 15#	21.00	21.00
Front Porch	1.00 Rolls	IKO Armorguard Ice & Water	99.89	99.89
Front Porch	2.00 Misc. Mat.	Misc. Material \$100.00	140.00	280.00
Front Porch	20.00 LF	20` 40# Valley Tin	2.10	42.00
Front Porch	2.00 Rf.Lbr.	Roofing Labor-Square	280.00	560.00
Front Porch	3.00 Lb's	Roof Nails 1.1/4" 3#/Squar	3.74	11.21
Front Porch	4.00 Lb's	Nails 8D Cement Coat	0.35	1.40
Front Porch	2.00 Pieces	Metal Roof Edge 10'	5.59	11.17
Front Porch	7.00 Sheets	4x8 - 7/16` wafer Board	15.81	110.64
Front Porch	1.00 Bundles	Cap for Fib. Tab Shingle	16.28	16.28
Front Porch	1.00 door	aluminum self storing storm	140.00	140.00
Front Porch	4.00 Hours	Labor - Hour	35.00	140.00
Task: Front Porch	= \$	1811.60		

Gutters	9.00 Each	Gutter, 5`x10' PF	7.69	69.17
Gutters	5.00 Each	Downspout, 5`x10' PF	7.69	38.43
Gutters	8.00 Each	End Cap, 5` PF	1.11	8.85
Gutters	30.00 Strp.Hngrs	Strap Hangers	2.10	63.00
Gutters	12.00 Each	Front Elbow, 5` PF	2.02	24.19
Gutters	4.00 Each	Outlet Section, 5` PF	3.63	14.50
Gutters	12.00 Each	Pipe Band, PF	1.11	13.27
Gutters	9.00 Each	Slip Connector, 5` PF	2.09	18.77
Gutters	1.00 Misc.Mat.	Misc. Material \$25.00	35.00	35.00
Gutters	80.00 LF	Labor - LF	4.90	392.00
Task: Gutters	= \$	677.19		

109 7th estimate

Heat & HW	10.00 Trunk	Rect.Trunk 8"x22" Metal	21.53	215.32
Heat & HW	8.00 F.Duct	Flex Duct 8"x25'	23.80	190.40
Heat & HW	12.00 el's	Elbows 8"	4.23	50.74
Heat & HW	2.00 Rolls	Duct Tape 250'	7.41	14.81
Heat & HW	2.00 Each	8` x 30` Return Air Grill	22.39	44.77
Heat & HW	3.00 Misc. Mat.	Misc. Material \$100.00	140.00	420.00
Heat & HW	1.00 Each	Furnace	2800.00	2800.00
Heat & HW	25.00 Lin Ft	10` Dia x 1' flex duct	1.25	31.15
Heat & HW	12.00 Each	4` X 12` Vent, Adjustable	7.69	92.23
Heat & HW	2.00 Labor	F/A System Inst. Labor	1400.00	2800.00
Task: Heat & HW	= \$ 6659.42			

Side Porch	1.00 Doors	3/0 x 6/8 Ext. Door Pre. H.	278.60	278.60
Side Porch	1.00 Each	Lockset - Kwikset	20.99	20.99
Side Porch	6.00 Misc.Mat.	Misc. Material \$25.00	35.00	210.00
Side Porch	1.00 Dr.Lbr.	Ext. Door Inst. Labor	245.00	245.00
Side Porch	1.00 door	aluminum self storing storm	140.00	140.00
Side Porch	1.00 Each	Deadbolt - Kwikset	19.59	19.59
Side Porch	6.00 Hours	Labor - Hour	35.00	210.00
Task: Side Porch	= \$ 1124.17			

Windows	19.00 DoubleHung	Vinylmax Paramount DH	195.30	3710.70
Windows	19.00 Misc.Mat.	Misc. Material \$25.00	35.00	665.00
Windows	19.00 wndw. Lbr.	Labor-window inst.	140.00	2660.00
Task: Windows	= \$ 7035.70			

Cattaraugus Community Action

For: Land Bank

Total Material:	\$	13836.70
Total Labor:	\$	9571.80
Total Subs:	\$	0.00
Total Equipment:	\$	50.00
Total Tax:	\$	0.00

Total:	\$	23458.50
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109 7th estimate

In House Estimate:

Jeffrey K. Hampshire - CCA Rehab. Specialist

Date