

Contractor Selection Confirmation (CSC)

FHLBank Indianapolis Home Repair Programs

NIP AMP (Please select program applying for)

Homeowners must obtain two independent third-party bids for the repairs requested. Homeowners must also identify which contractor(s) they have selected to complete the repair(s) on their home by completing the information below.

Household Information

Name:	_____
Street address:	_____
City, State, ZIP:	_____

List the primary contractor you have chosen to complete the work:

Contractor:	_____
Address:	_____
Repair to be done:	_____
Bid Amount:	_____

If a second contractor is completing a different repair, please list that information here:

Contractor:	_____
Address:	_____
Repair to be done:	_____
Bid Amount:	_____

Homeowner signature

I/We have willfully and of my/our own accord selected the above named contractor(s) for the purpose of completing specified repairs at my/our property indicated above.		
_____	_____	_____
(Signature)	(Printed name)	(Date)
_____	_____	_____
(Signature)	(Printed name)	(Date)

The completed form should be scanned and submitted with the grant request package.
The FHLBI Member is to retain the original form in their household file.