## HOME REPAIR PROGRAM BID FORM

Property Owner: Property Address:	Date: 02/12/08				
Telephone Number: No. of Bedrooms:	Louisville, KY. 40204				
Rehab Specialist: Telephone Number: Loan Specialist: Telephone Number:	Karen Kirby				
Program/Area: Parcel ID#	<b>CW,CBD,LEAD,OTA,</b> Area, 106 is required Council District #				
Contractor:					
Address:					
Contractor's Signature	:				
BID to be returned by					
HOUSING AND CO	ormed is to be in accordance with the METRO LOUISVILLE MMUNITY DEVELOPMENT GENERAL SPECIFICATIONS evised February 1,1999.) and SPECIAL NOTES PAGES include	led			
All mechanical instal accordance with all a	must be obtained and copies submitted to Louisville Metro Hous lations: (Electrical, Plumbing, H.V.A.C.) shall be installed in pplicable codes by licensed contractors.  ASTERISK (*) by the item # must be completed by using PRACTICES.	ing			
ACCEPTANCE OF	WORK WRITE-UP				
understand that no cha	ed with the Work Write-Up prepared by the Rehab Specialist. I nges or additions will be made to this Work Write-Up unless an ises during the process of the work.				
Homeowner:	Date:				
	Date:				
Rehab Specialist:	Date:				

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Property Owner: Property Address:	Date : Louisville, KY.	402
Item # 1.	Chimneys and Vent Stacks	\$
Item # 2. *	Porches and Steps	\$
Item # 3.	Roofs	\$
Item # 4.	Gutters and Downspouts	\$
Item # 5.	Foundations	\$
Item # 6.	Handrail and Railings	\$
Item # 7.	Cellar Basement Areaway	\$
Item # 8.	Sidewalks and Driveways	\$
Item # 9.	Siding and Exterior Trim	\$
Item # 10. *	Soffit and Overhangs	\$
Item # 11.	Aluminum Wrapped Openings	\$
Item # 12. *	Exterior Doors	\$
Item # 13. *	Windows	\$
Item # 14.	Exterior Light Fixtures	\$
Item # 15.	Accessory Structures	\$
Item # 16.	Miscellaneous (Refer to Notes)	\$
Item # 17.	Framing	\$
Item # 18.	Wall Coverings	\$
Item # 19.	Ceiling Coverings	\$
Item # 20.	Floor Coverings (Carpet)	\$
Item # 21.	Floor Coverings (Vinyl or Tile)	\$
Item # 22.	Wall Insulation	<b>\$</b>
Item # 23.	Ceiling Insulation	\$
Item # 24.	Interior Doors	\$
Item # 25.	Interior Trim	\$
Item # 26.	Painting	\$
Item # 27. *	Baths	\$
Item # 28.	Kitchen	\$
Item # 29.	Plumbing	\$
Item # 30.	H.V.A.C.	\$
Item # 31.	Electrical	\$
Item # 32.	Miscellaneous (Refer to Notes)	\$
TOTAL BI	<b>\$</b>	
Name of Contractor:		
Contractor's Signatu	Date:	

HOME REPAIR PROGRAM BID FORM

## **Special Notes**

<b>Property Owner:</b>			Date:
<b>Property Address:</b>			
	Louisville, KY.	402	

**Work to be Complete:**