

IHCDA FINAL INSPECTION CERTIFICATION FORM

Award Number: _____ Award Recipient: _____
Property Owner: _____ Address: _____
Contractor Business Name: _____

Contractor's Statement:

I certify, under the penalty of perjury, that I have satisfactorily completed the contracted work according to the construction contract and all local, State, and Federal requirements.

_____/_____/_____
Printed Name Date

Signature

Award Recipient's Inspector's Statement:

I have made a physical inspection of this property. I certify, under penalty of perjury, that the work items adhere to the construction contract and meet the stricter of the local, State, and Federal requirements and is in accordance with IHCDA program policy.

_____/_____/_____
Printed Name Date

Signature License Number

Property Owner's Statement:

I certify that all rehabilitation and/or construction items have been completed in accordance with the contract and understand that final payment will be disbursed to the contractor.

_____/_____/_____
Printed Name Date

Signature