

IHCDA INTERIM 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 current 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, Federal requirements and are 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 that have been completed are in accordance with the contract.

_____/_____/_____
Printed Name Date

Signature