

Client # \_\_\_\_\_

## CERTIFICATE OF FINAL INSPECTION

Date: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Total Rehabilitation Cost: \_\_\_\_\_

The work on the property listed above was performed in accordance with the property evaluation form, and the approved Contractor's proposal for this case.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Construction Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director (Agency/Program/Department)

\_\_\_\_\_  
Date