

## 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