

**Home Repair Final Inspection | Missouri Housing Trust Fund**

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

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

Address of the Home Repair: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**As of the date listed above, the following repairs have been completed:**

**Certification-Final Inspection:**

**FINAL STAFF INSPECTION:** The undersigned inspector (staff member) certifies that he/she has performed a Final Inspection of the premises of the repairs listed above, and that the foregoing is his/her true assessment of the conditions observed:

- Work performed meets all applicable municipal codes
- All necessary permits were obtained
- Work meets habitability standards
- Before/after home repair pictures were obtained and included in the client file

Inspector Signature: \_\_\_\_\_

Inspector Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov/> or call (573) 751-3779 to learn about available resources.*



**CONTRACTOR:** The undersigned certifies that all work has been satisfactorily completed in accordance with:

- All applicable contracts
- Property meets all applicable codes
- Appropriate warranties have been obtained or issued
- No unpaid claims for material, supplies, equipment, or claims of laborers for unpaid wages

Contractor Signature: \_\_\_\_\_

Contractor Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

By the signatures below, Homeowner agrees that the repairs listed above have been satisfactorily completed.

**HOMEOWNER:**

**HOMEOWNER 2 (if applicable):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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