

**Home Repair Initial Inspection | MHTF – Disaster Relief**

Date of Initial Inspection: \_\_\_\_\_

Homeowner(s) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please select any eligible Home Repair activities that apply to this job:**

☐

Cost to meet local codes

☐

Remediation of environmental hazards

☐

Accessibility improvements

☐

Energy improvements

☐

Septic repair/replacement

☐

Repair/replacement/upgrade of existing wells

☐

Soft costs

**As of the date listed above, the following scope of work was evaluated for full or partial repair. Please describe in detail all the repairs that will be completed using Missouri Housing Trust Fund-Disaster Relief dollars:**

**Notes: Other comments or issues to be addressed (if applicable)**

**INITIAL INSPECTOR:** The undersigned inspector certifies that he/she personally performed the initial inspection of the premises and that the foregoing is his/her true assessment of the conditions observed.

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

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

**HOMEOWNER:** The undersigned homeowner certifies that the assessment of the conditions of his/her property above is accurate.

Homeowner Signature: \_\_\_\_\_

Homeowner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner 2 Signature (if applicable): \_\_\_\_\_

Homeowner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_