

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
- MHTF-222 was obtained from all contracting entities working on the home repair and are 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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