

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

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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cost to meet local codes   | <input type="checkbox"/> Remediation of environmental hazards         |
| <input type="checkbox"/> Accessibility improvements | <input type="checkbox"/> Energy improvements                          |
| <input type="checkbox"/> Septic repair/replacement  | <input type="checkbox"/> Repair/replacement/upgrade of existing wells |
| <input type="checkbox"/> 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 dollars:**

*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.*

**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:**

**HOMEOWNER 2 (if applicable):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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