

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 actives 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: _____