

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

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

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

Address of 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-DR-309 was obtained from all contracting entities working on the home repair and are included in the client file

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

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



**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