**(Program Name)**

**CERTIFICATION OF COMPLETION/FINAL INSPECTION**

All parties agree that work has been completed satisfactorily on the above property.

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Program Manager Date

**CERTIFICATION OF FINAL INSPECTION**

Final inspection has been made of the property identified above. The construction work has been completed in accordance with the scope of work and contract.

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Rehabilitation Specialist Date

**HOMEOWNER’S CERTIFICATION**

I understand that the warranty lasts one year from today and that it only covers materials and work performed under this contract. Construction work for my property has been satisfactorily completed in accordance with my contact.

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Homeowner Date

**CONTRACTOR CERTIFICATION**

Construction work on the above property has been satisfactorily completed in accordance with the contract. I have obtained or prepared all Warranties of Release of Liens necessary. I further certify that there are no unpaid claims for materials, supplies or equipment, and no claims of laborers or mechanics for unpaid wages out of performance of the contract.

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Contractor Date

Applicant Name:

Applicant Address:

Contractor Name:

Contract Amount:

Final Inspection Date: