

LHRD FINAL INSPECTION CERTIFICATION FORM

Award Number: _____ Sub- Recipient: _____

Property Owner: _____ Address: _____

Contractor Business Name: _____

Contractor's Statement:

I certify, under the penalty of perjury, that I have satisfactorily completed the necessary work according to the contract and all program requirements.

_____/_____/_____
Printed Name Date

Signature

Sub-recipient's Statement:

I have made a physical inspection of this property. I certify, under penalty of perjury, that the work items adhere to the construction contract and are in accordance with the Indiana State Building Code (if applicable) and all LHRD Program requirements.

_____/_____/_____
Printed Name Date

Signature License Number

Property Owner's Statement:

I certify that all rehabilitation and/or construction items have been completed in accordance with the contract and understand that final payment will be disbursed to the contractor.

_____/_____/_____
Printed Name Date

Signature