

IHCDA INTERIM INSPECTION CERTIFICATION FORM

Award Number: _____ Award Recipient: _____

Property Owner: _____ Address: _____

Contractor Business Name: _____

Contractor's Statement:

I certify, under the penalty of perjury, that I have satisfactorily completed the current contracted work according to the construction contract, and all local, State, and Federal requirements.

_____/_____/_____
Printed Name Date

Signature

Award Recipient's Inspector'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, all local, State, and Federal requirements, and IHCDA program policy.

_____/_____/_____
Printed Name Date

Signature License Number

Property Owner's Statement:

I certify that all rehabilitation and/or construction items that have been completed are in accordance with the contract.

_____/_____/_____
Printed Name Date

Signature