



Affordable Housing Program (AHP)
Owner-occupied Rehabilitation Third-party Inspection Certification

AHP Project Number: _____

AHP Project Name: _____

Homeowner Name: _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Certification:

I, _____ certify I have physically inspected the rehabilitation work for the property listed above. The work is complete and consistent with the scope of work identified in the estimate.

Company Name

Printed Name

Title

Signature

Date

Inspection Fee(s): (Not Required - may be used in lieu of a separate invoice)

Cost of Inspection: _____

Re-Inspection Fee (if applicable): _____

Mileage Fee (if applicable): _____

TOTAL: _____

Paid in Full

Date: _____

Check Number (if applicable): _____

NOTES