

MOBILE HOME REPLACEMENT PROGRAM
CERTIFICATION OF FINAL INSPECTION

APPLICANT:

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Technician:

Technician Name: _____

Technician Telephone: _____

Technician Email: _____

Contract Date: _____

I, the undersigned, hereby certify that the Contractor has satisfactorily completed the work, including all change orders, as outlined in the Construction Contract, as outlined in the Construction Contract between the Applicant(s)/Owner(s) and the Contractor.

By signing this Certificate of Final Inspection,

1. The CAA Technician and Applicant(s)/Owner(s) certifies that the completed work is satisfactory and is in accordance with the agreed upon project specifications; and
2. The Applicant(s)/Owner(s) certify that he/she received all product warranty information from the Contractor and/or manufacturer.

CAA Technician Signature

Date

Applicant/Owner Signature

Date

Co-Applicant/co-Owner Signature

Date