HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) **CERTIFICATE OF FINAL INSPECTION**

Agency (CAA):	Technician Name: Technician Phone: Technician Email:		
Applicant: C		Co-Applicant:		
Property:		Contractor: Contract Date:		
	ndersigned, hereby certify that the Contractor has s as outlined in the Construction Contract between the			
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.			
3.	The Applicant(s)/Owner(s) acknowledge that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.			
	more, by checking the box below, the CAA Technic tation standards.	ian certifies that the home me	ets applicable	
☐ I certify that the house meets applicable rehabilitation standards.				
CAA Te	echnician Signature	Date		
Applica	nt/Owner Signature	Date		
Co-App	slicant/Co-Owner Signature	Date		