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

Agency (CAA):  CAA Address:  Applicant Name:  Property:  Contractor:		CAA Technician Name:  CAA Technician Phone:	
		CAA Technician Email:  Co-Applicant Name:  Contract Date:	
3y sigr	ning this Certificate of Final Inspection,		
1.	The CAA Technician and Applicant(s)/Owner(s) cer the agreed upon project specifications; and	rtifies that the completed work is satisfactory and is in accordance	ce with
2.	The Applicant(s)/Owner(s) certify that he/she receive manufacturer.	ved all product warranty information from the Contractor and/or	
3.		e received a Client Satisfaction Survey card which provides an on about his/her experience with the Home Accessibility and Re	pair
urthe	ermore, by checking the box below, the CAA Technici	an certifies that the home meets applicable rehabilitation standa	ırds.
	I certify that the house meets applicable rehabilita	ation standards.	
	CAA Technician Signature	Date	_
	Applicant/Owner Signature	Date	_

Co-Applicant/Co-Owner Signature

Date