

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

Agency (CAA): \_\_\_\_\_

CAA Technician Name: \_\_\_\_\_

CAA Address: \_\_\_\_\_

CAA Technician Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

CAA Technician Email: \_\_\_\_\_

Property: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

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 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.
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.

Furthermore, by checking the box below, the CAA Technician certifies that the home meets applicable rehabilitation standards.

I certify that the house meets applicable rehabilitation standards.

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CAA Technician Signature

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Date

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Applicant/Owner Signature

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Date

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Co-Applicant/Co-Owner Signature

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Date