



Affordable Housing Program (AHP)
Owner-occupied Rehabilitation Final Cost Certification

Project Number: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

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

Homeowner Certifications:

I certify all rehabilitation has been completed to my satisfaction.

Homeowner Signature(s) - DO NOT SIGN UNTIL ALL WORK IS COMPLETE Printed Name(s) Date

Sponsor Certifications:

- I certify I am authorized to sign for the project sponsor.
I certify the rehabilitation budget submitted with this disbursement request includes the entire scope of rehabilitation work completed for the property.
All invoices that detail the scope of work performed are accurate and have been provided with this disbursement request.

Rehabilitation completion date (see definition below\*):

I certify this amount was incurred by an unrelated 3rd party: Contractor Name Amount

I certify this amount was incurred by Sponsor: Rehabilitation Costs Amount
3rd-party Inspection Fee
Sponsor Fee
Developer Fee
Homeownership Counseling Fee

The final cost for the rehabilitation work completed was:

Sponsor Signature Printed Name Date

Completion Certifications:

I certify I am authorized to sign for the contractor/inspector, all work for the address listed above is complete, the rehabilitation completion date is correct, and I have received payment in full for all work completed at that address.

Contractor Entity Name(s) \_\_\_\_\_

Contractor Signature(s) Printed (Name(s)) Date

Contractor Entity Name(s) \_\_\_\_\_

Contractor Signature(s) Printed (Name(s)) Date

Contractor Entity Name(s) \_\_\_\_\_

Contractor Signature(s) Printed (Name(s)) Date

Inspector Entity Name(s) \_\_\_\_\_

Inspector Signature(s) Printed (Name(s)) Date

\*Rehabilitation completion date (date work was completed and entity doing work permanently exited the premises).
\*\*If more than three contractors completed the work, multiple copies of the certification may be printed for each to sign.