

Post-Rehabilitation Inspection

Carol M. Peterson Housing Fund

Member Name: _____ Project Number: _____

Homeowner Name(s): _____

Property Address: _____
Street City State Zip Code

Sponsor Name: _____

Sponsor Primary Contact: _____ Phone Number: _____

Email Address: _____

Inspector's Name: _____ Phone Number: _____

Company Name: _____

Homeowner, Sponsor, and Inspector to sign and date certifying that the specified work has been completed in a satisfactory and workmanlike manner. Homeowner, Sponsor, and Inspector further acknowledge that the work, as described in the Pre-Rehabilitation Inspection, (including written changes), was authorized by the Homeowner and has been completed.

Homeowner(s): _____
Signature(s) Date

Sponsor: _____
Signature Date

Inspector: _____
Signature Date

Description of Work Completed:

Please briefly detail the following in the space below: 1) Accessibility/Rehab work actually completed; 2) Any changes (from the Pre-Inspection report) in the scope of work completed; and, 3) How the work completed meets accessibility/emergency repair needs.