

# Post-Rehabilitation Inspection

## Disaster Reconstruction Program

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: