



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*):

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

		Amount
I certify this amount was incurred by Sponsor:	Rehabilitation Costs	_____
	3 rd -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.