

Certification of Repairs

To be completed by the project sponsor and homeowner and submitted to the financial institution for payment to contractor. Please complete a separate form for each contractor.

Contractor

Contractor:	_____
Address:	_____
Type of work done:	_____
Amount:	_____

Property Address

Street address:	_____
City, State, ZIP	_____

Homeowner signature

I (we) have inspected the work performed at the address listed below and am (are) satisfied.

_____	_____	_____
(Signature)	(Printed name)	(Date)
_____	_____	_____
(Signature)	(Printed name)	(Date)

Member/Sponsor authorization

A representative indicated below has inspected the above named property and authorizes payment to the above named contractor.

_____	_____	_____
(Signature of representative)	(Printed name)	(Date)
_____	Organization	