

NORTH CAROLINA HOUSING FINANCE AGENCY
Essential Single-Family Rehabilitation Loan Pool – Disaster Recovery

Certificate of Final Inspection

Owner: _____

Address: _____

Prime/General Contractor: _____

Date of Contract: _____

CERTIFICATIONS:

On behalf of the Member Organization/Coordinating Agency, I have inspected the work performed on the above-listed property through financial assistance from the North Carolina Housing Finance Agency's Essential Single-Family Rehabilitation Loan Pool – Disaster Recovery. The construction work has been satisfactorily completed in accordance with the contract. The contractor named above is eligible for payment of any balance due under the contract.

Signature

Date of Inspection

Title

Member Organization/Coordinating Agency