

**CERTIFICATION OF 60 DAY FOLLOW-UP INSPECTION BY GRANTEE &
HOMEOWNER**

OWNER(S): _____

ADDRESS: _____

CONTRACTOR: _____

JOB COMPLETION DATE: _____

DATE OF INSPECTION: _____

A 60 DAY FOLLOW-UP INSPECTION has been completed on the above described property that was rehabilitated/reconstructed with Community Development Block Grant – Disaster Recovery financial assistance.

The Homeowner and the Grantee/Representative agree to date that the rehabilitation work performed is satisfactory.

There were problems (as noted) that requires the Grantee to assist the Homeowner in obtaining corrective action:

Contractor was contacted on _____ by _____

Follow-up work was satisfactorily performed on _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Grantee Signature: _____ Date: _____