

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Certificate of Completion and Final Inspection

Form 455

Property Owner: _____

Property Address: _____

Partial Draw # ___ for the following repairs: _____

Final Draw

Inspection Date: _____

Homeowner Certification:

Repairs (or partial repairs as noted above) made to my property have been satisfactorily completed in accordance with my contract with _____.
Typed contractor (s) name(s)

Signature of Homeowner(s)

Date

Contractor Certification:

Construction work has been satisfactorily completed and meets code and the rehabilitation work, including all change orders.

If this is the final draw, final cleaning passed HUD lead clearance standards as outlined in the rehabilitation contract. I have obtained or prepared all warranties (minimum 1 year). I further certify that there are no unpaid claims for materials, supplies or equipment, and no claims of laborers or mechanics for unpaid wages in connection with the performance of this contract.

Signature of Contractor(s)

Date

Certification of Final Inspection:

Inspection has been made of the property. The construction work has been satisfactorily completed in accordance with the contract including all (check applicable statement):

Partial Draw:

- The work performed meets all local codes, ordinances, zoning ordinances and rehabilitation standards.
- Local codes do not exist in the property's area. The work performed meets with the Universal Building Code.

Final Draw:

- The work performed meets all local codes, ordinances, zoning ordinances and rehabilitation standards.
- Local codes do not exist in the property's area. The work performed meets with the Universal Building Code.
- Local codes do not exist; this property now meets the Standard Housing Code.
- The entire house, if built before 1978, has passed a lead clearance test.

Payment is authorized in the amount of \$ _____.

Signature of Inspector / Agency Representative

Date

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Certificate of Release of Liens

From: _____ (Contractor)

To: _____ (Owner)

Reference contract entered into the _____ day of _____, _____ between the above parties for the rehabilitation of the property at _____

1. The undersigned hereby certifies that there is due from and payable by the Owner to the Contractor, the balance of \$ _____ pursuant to the Contract and duly approved Change Orders and modifications.

2. The undersigned certifies that all work required under this contract had been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of this Contract.

3. That upon receipt of the final payment stated in Paragraph 1 hereof, the undersigned does hereby release the Property Owner from any and all claims arising under or by virtue of this Contract; provided however, that if for any reason the Property Owner does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

Agency Name

Contractor/Company Name

Authorized Signature

Authorized Signature

Signed and sworn before me on this _____ day of _____.

Notary Public

My Commission Expires

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program -- Draw Request

Form 465

Partial Draw Final Draw

Agency Name: _____ Contact Person: _____
 Phone Number: _____ Fax Number: _____
 Property Owner Name: _____ Total Project Cost: \$ _____
 Property Address: _____

Activity	Home Request	Other Funds <i>(if applicable)</i>	Total Funds
1. Weatherization	\$	\$	\$
Repair/Replacement	\$	\$	\$
Environmental	\$	\$	\$
Accessibility	\$	\$	\$
Emergency Home Repair	\$	\$	\$
Lead Risk Reduction	\$	\$	\$
Soft Cost <i>(Must equal amount on Work Write-Up)</i>	\$	\$	\$
2. Less Program Income, Less 10% retained for program income administration: \$ _____ - _____ (10%) =	\$ ()	\$	\$
3. Administration (10%)	\$		\$
4. Total this Request: <i>(1 - 2) + 3 =</i>	\$	Previously Requested:	\$

Please Attach the Following: -Agency Certification
 -Certificate of Completion and Final Inspection
 -Release of Liens

Wire the Requested Funds to: Name On Account: _____
 Bank Name: _____
 Bank Location: _____
 ABA Routing Number: _____
 Account Number: _____

The Administrator certifies that they have verified this request for payment and that to the best of their knowledge and belief it is a true and accurate statement of the value of work performed and material supplied; that all work and material included in this request has been inspected by the Administrator and that such work has been performed or supplied in full, in accordance with the scope of work, the terms and conditions of the contract, and duly authorized deviations, submissions, alterations and additions all of which have been duly approved. The Administrator requests that MHDC disburse the amount indicated on Line 4.

 Authorized Signature

 Date

**MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Agency Certification**

AGENCY INFORMATION

Agency Name: _____

Agency Address: _____ **MO** _____
Street City Zip

Name of Interviewer: _____

Application Date: _____ **Project Completion Date:** _____

PERSONAL INFORMATION

Address: _____ **MO** _____
Street City Zip

Head of Household: _____ **SS#:** _____

Marital Status: Single Married Divorced Sex: Male Female Age: _____

Race: White Black Hispanic Am. Indian/Alaskan Asian/Pacific Isle Other _____

Occupation: _____

Co-Owner: _____ **SS#:** _____

Marital Status: Single Married Divorced Sex: Male Female Age: _____

Race: White Black Hispanic Am. Indian/Alaskan Asian/Pacific Isle Other _____

Occupation: _____

HOUSEHOLD INFORMATION

Total Annual Household Income: \$ _____
 MHDC Maximum Income: \$ _____

Total # in Household: _____
 # Adults: _____
 # Children: _____

1. Do you or anyone in your household have a disability? Yes No
 If YES, what is the nature of the condition? _____
2. Are you or anyone in your household related to any individual who is employed by the local government or agency administering this forgivable loan? Yes No
 If YES, what is the relationship? _____

PROPERTY INFORMATION	MHDC USE ONLY
Year Built: _____	MHDC Geographical Area: _____
Flood Zone: _____	Congressional District: _____
Census Tract: _____	MHDC Reviewer: _____
Square Footage of Home: _____	
Number of Bedrooms: _____	
Before Rehab Value: \$ _____	
Total Rehab Amount: \$ _____	
MHDC/HOME funds used: \$ _____	
Other contributions: \$ _____	
From: _____	
After-Rehab. Property Value \$ _____	

This is to certify that the above Agency's Certification complies with all applicable representations, warranties, and covenants specified in the Administration Agreement, as amended and supplemented from time to time, by and among the Agency, and the Missouri Housing Development Commission.

Date: _____

Agency: _____

By (authorized Signature): _____

Typed Name and Title: