



**Missouri Housing Trust Fund | Home Repair Completion Certification**

Date: \_\_\_\_\_

As of the date noted above, the home repairs for which Missouri Housing Trust Fund program funds have been awarded to \_\_\_\_\_ (“Homeowner”) by \_\_\_\_\_ (“Agency”) have been completed.

Homeowner Name

Agency Name

By the signatures below, both Homeowner and Agency agree that the repairs have been satisfactorily completed. Agency further represents by its signature that the necessary permits were obtained for all repair work performed and that all repairs meet any applicable municipal codes.

**HOMEOWNER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**AGENCY**

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title