



Affordable Housing Program: Homeowner Certification for Owner-Occupied Rehabilitation

AHP Project #: _____ **Name of AHP Project:** _____

Project Sponsor: _____ **Homeowner:** _____

Property Address: _____

AHP Grant Received (per homeowner): \$ _____

Description of Rehabilitation Work	
Rehabilitation Cost	\$
Developer/Administration/Delivery Fee, if applicable	\$
Other	\$
Total Rehabilitation Cost	\$

Certification – Project Sponsor

By executing this certification, the sponsor hereby certifies that the rehabilitation work and the costs associated with such were completed as enumerated above.

Signature

Date

Name (Typed)

Title

Organization/Agency/Company

Phone Number

Certification – Homeowner

By executing this certification, the homeowner hereby certifies that the rehabilitation work and the costs associated with such were completed as enumerated above.

Signature

Date

Name (Typed)