

EXHIBIT "B"

INSPECTION CHECKLIST

[illegible]

Applicant Acknowledgment

Applican Name

Co-Applicant Name

Signature
Date

Signature
Date

I, _____, certify that I inspected and evaluated the home and determined that it will be considered for rehabilitation assistance (between 35% thru 65%) or reconstruction assistance (between 66% thru 100%). If the evaluation score is less than 35%, no assistance will be provided.

Housing Staff Signature: _____

Date: _____

C.D. Director Signature: _____

Date: _____